

2022 Blue Ridge Healthcare Rx Plan-at-a-Glance

2022 Prescription Plan Features-at-a-Glance **

Prescription Drug Tiers	CarolinaCARE Mail Service (90-day supply)	CarolinaCARE Mail Service (30-day supply)	Community Retail Pharmacies (30-day supply)
Affordable Care Act Preventive List ^{1,2} (ACA)	\$0 copay	\$0 copay	\$0 copay
Preventive Drug List ^{1,4}	\$25 copay	\$10 copay	\$25 copay
Generic ^{1,3}	\$50 copay	\$20 copay	\$25 copay
Preferred Brand ³	\$125 copay	\$50 copay	30% coinsurance not less than \$50 or more than \$150
Non-Preferred Brand ^{1,3}	40% coinsurance not less than \$225 or more than \$500	40% coinsurance not less than \$75 or more than \$200	50% coinsurance not less than \$100 or more than \$350
Specialty Drugs (self-administered) ⁶	Not applicable	20% coinsurance not more than \$150	Not applicable
Step Care Therapy Programs	Therapies for depression, allergies, asthma, and COPD may begin with a generic drug. Refer to the prescription benefit documents at www.carolinacarerx.org		

¹After a maximum of one fill at retail member pays full cost unless transferred to CarolinaCARE

² Includes certain aspirin, fluoride, folic acid, etc. For complete the complete list, visit www.carolinacarerx.org

³ After deductible is met for HSA Plan, one fill allowed at retail before transfer to CarolinaCARE

⁴ Copays apply to out-of- pocket maximum expense only on the HSA Plan.

⁵ Opioids dispensed in 30-day quantity only

⁶ Specialty drugs are filled through CarolinaCARE only. Exceptions may apply to drugs in limited distribution networks. Specialty drug copays may vary with use of manufacturer coupons and copay assistance programs.

2022 Prescription Plan Features-at-a-Glance Diabetic Medications & Testing Supplies**

Prescription Drug Tiers	CarolinaCARE Mail Service (90-day supply)	CarolinaCARE Mail Service (30-day supply)	Community Retail Pharmacies (30-day supply)
Select Diabetes Meds ^{1,3}	\$0	\$0	\$0
Preferred & Non-Preferred Brands* ^{1,3}	\$125	\$50	\$30% coinsurance not less than \$50 or more than \$150
Contour Next Products, BD Unifine Needles & Syringes ^{1,3}	\$0 copay	\$0 copay	\$0 copay

Select **diabetes medications** and testing supplies available at no charge to member when enrolled in the Diabetes Care Program.

Complete list of preferred diabetic agents & supplies will be provided upon enrollment in the Diabetes Care Program.

****Health Savings Account Plan (HSA)** – Copays & co-insurance apply **after** the deductible is met. Exception-Copays apply immediately for products on the Affordable Care Act & Preventive Medication Drug lists.

Deductibles: PPO Individual/ Family T1-\$1,250/\$3,750 T2: \$2,400/\$7,200

Out of Pocket Maximum: Individual/Family – T1- \$5,500/\$11,000

Deductibles HSA Individual/Family: T1-\$2,000/\$4,000 T2 - \$3,000/\$6,000

Out of Pocket Maximum Individual/Family: T1- \$4,500/\$9,000 T2: \$6450/\$12,900

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