

# 2022 NAVICENT HEALTH Rx PLANS-at-a-GLANCE

## BASIC Rx Plan

## CHOICE Rx Plan with Health Savings Account (HSA)

Prescription Drug Tier	CarolinaCARE Mail Service (90-day supply)	CarolinaCARE Mail Service (30-day supply)	Community Retail Pharmacies (30-day supply)
Affordable Care Act Preventive List (ACA) <sup>1,2</sup>	\$0 copay	\$0 copay	\$0 copay
Preventive Drug List <sup>1</sup>	\$15 copay	\$6 copay	\$20
Generics <sup>1</sup>	\$25	\$10	\$10
Preferred Brand <sup>1</sup>	\$87.50	\$35	\$35
NON-preferred Brand <sup>1</sup>	\$180	\$60	\$60
Specialty Drugs <sup>3</sup>	Not Applicable	\$60	Not applicable

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Preventive Drug List <sup>1</sup>	\$15 copay	\$6 copay	\$20
Generics <sup>4</sup>	\$25 after deductible	\$10 after deductible	\$10 after deductible
Preferred Brand <sup>4</sup>	\$87.50 after deductible	\$35 after deductible	\$35 after deductible
NON-preferred Brand <sup>4</sup>	\$180 after deductible	\$60 after deductible	\$60 after deductible
Specialty Drugs <sup>3</sup>	Not applicable	\$60 after deductible	Not applicable

<sup>1</sup> After a maximum of one (1) fill at retail for maintenance drugs, member pays full cost unless Rx is transferred to CarolinaCARE

<sup>2</sup> Includes certain aspirin, fluoride, folic acid, oral contraceptives, etc. For complete list, visit [www.carolinacarerx.org](http://www.carolinacarerx.org)

<sup>3</sup> Specialty drugs are filled through CarolinaCARE only. Exceptions apply to drugs in a limited distribution network. Specialty drug copays may vary with use of manufacturer coupons & copay assistance programs.

- Maximum out-of-pocket: \$4,000 Individual/ \$8,000 Family
- Flexible Spending Account (FSA) fund balance does not roll over to the new plan year
- Opioids dispensed in 30-day quantity only after the initial limited supply, per FDA guidelines

<sup>4</sup> After deductible, one (1) additional fill allowed at retail for maintenance drugs. Then, member pays full cost unless Rx is transferred to CarolinaCARE.

- Copays apply after deductible is met
- Deductible: \$1,400 individual/\$2,800 Family
- Maximum out-of-pocket: \$3,600 Individual/ \$7200 Family
- Opioids dispensed in 30-day quantity only after the initial limited supply, per FDA guidelines
- Health Savings Account fund balance does roll over to the new plan year