

# 2023 ATRIUM HEALTH FLOYD Rx PLAN-at-a-GLANCE

## CHOICE PLAN with Health Spending Account(HSA)

## COPAY PLAN with Flexible Spending Account (FSA)

Prescription Drug Tier	CarolinaCARE Mail Service (90-day supply)	CarolinaCARE Mail Service (30-day supply)	Community Retail Pharmacy (30-day supply)	Prescription Drug Tier	CarolinaCARE Mail Service (90-day supply)	CarolinaCARE Mail Service (30-day supply)	Community Retail Pharmacy (30-day supply)
Affordable Care Act List (ACA) <sup>1</sup>	\$0 copay	\$0 copay	\$0 copay One Fill Allowed	Affordable Care Act List (ACA) <sup>1</sup>	\$0 copay	\$0 copay	\$0 copay One Fill Allowed
Preventive Drug List (PDL) <sup>1</sup>	\$0 copay	\$0 copay	\$0 copay One Fill Allowed	Preventive Drug List (PDL) <sup>1</sup>	\$0 copay	\$0 copay	\$0 copay One Fill Allowed
Generics <sup>2,3</sup>	10%	10%	10%	Generics <sup>2</sup>	10% up to \$30	10% up to \$15	10% up to \$15
Preferred Brand <sup>2,3</sup>	20%	20%	20%	Preferred Brand <sup>2</sup>	20% up to \$100	20% up to \$50	20% up to \$50
NON-preferred Brand <sup>2,3</sup>	30%	30%	30%	NON-preferred Brand <sup>2</sup>	30% up to \$180	30% up to \$90	30% up to \$90
Specialty Drugs <sup>4</sup>	Not Applicable	30%	Not applicable	Specialty Drugs <sup>3</sup>	Not applicable	10% up to \$125	Not applicable

<sup>1</sup> For complete list, visit [www.carolinacarerx.org](http://www.carolinacarerx.org)

<sup>2</sup>After deductible, one (1) additional fill allowed at retail for each maintenance drug. Then, member pays full cost unless Rx is transferred to CarolinaCARE.

<sup>3</sup>Co-insurance (10%, 20%, and 30% as indicated) applies after deductible is met

- Deductible: \$1,500 Individual/\$3,000 Family

- Maximum out-of-pocket: \$3,500 Individual/ \$7,000 Family

- Opioids dispensed in 30-day quantity only after the initial limited supply, per FDA guidelines

<sup>4</sup> Specialty products are allowed for 30-day supply ONLY at CarolinaCARE. Specialty drug copays may vary with use of manufacturer coupons and copay assistance programs

<sup>1</sup> For complete list, visit [www.carolinacarerx.org](http://www.carolinacarerx.org)

<sup>2</sup>After a maximum of one (1) fill at retail for each maintenance drug, member pays full cost unless Rx is transferred to CarolinaCARE

-Maximum out-of-pocket: \$4,000 Individual/ \$8,000 Family

- Opioids dispensed in 30-day quantity only after the initial limited supply, per FDA guidelines

<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 and copay assistance programs.