

2024 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) ¹	\$0 copay (no deductible)	\$0 copay (no deductible)	\$0 copay (one fill allowed)	Affordable Care Act List (ACA) ¹	\$0 copay	\$0 copay	\$0 copay (one fill allowed)
Preventive Drug List (PDL) ¹	\$0 copay (no deductible)	\$0 copay (no deductible)	\$0 copay (one fill allowed)	Preventive Drug List (PDL) ¹	\$0 copay	\$0 copay	\$0 copay (one fill allowed)
Generics ^{2,3}	10% (after deductible)	10% (after deductible)	10% (after deductible)	Generics ²	10% up to \$30	10% up to \$15	10% up to \$15
Preferred Brand ^{2,3}	20% (after deductible)	20% (after deductible)	20% (after deductible)	Preferred Brand ²	20% up to \$100	20% up to \$50	20% up to \$50
NON-preferred Brand ^{2,3}	30% (after deductible)	30% (after deductible)	30% (after deductible)	NON-preferred Brand ²	30% up to \$180	30% up to \$90	30% up to \$90
Specialty Drugs ⁴	Not Applicable	10% (after deductible)	Not applicable	Specialty Drugs ³	Not applicable	10% up to \$125	Not applicable

¹ For complete list, visit www.carolinacarerx.org

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

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

- Deductible: \$1,600 Individual/\$3,200 Family

- 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

⁴ 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

¹ For complete list, visit www.carolinacarerx.org

² 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

³ 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.