

# 2024 Atrium Health Navicent Rx Plan-at-a-Glance

## 2024 Prescription Plan Features

Prescription Drug Tiers	CarolinaCARE Mail Service (90-day Supply)	CarolinaCARE Mail Service (30-day Supply)	Atrium Health Retail Pharmacies (30-Day Supply)	Community Retail Pharmacies (30-Day Supply)
Affordable Care Act Preventive List (ACA) <sup>1</sup>	\$0 (no deductible)	\$0 (no deductible)	\$0 (no deductible)	\$0 (no deductible)
LiveWELL Preventive Drug List <sup>1</sup>	\$15 (no deductible)	\$6 (no deductible)	\$6 (no deductible)	\$20 (no deductible)
Generic <sup>2</sup>	\$25 (after deductible)	\$10 (after deductible)	\$10 (after deductible)	\$20 (after deductible)
Preferred Brand <sup>2</sup>	\$87.50 (after deductible)	\$35 (after deductible)	\$35 (after deductible)	\$45 (after deductible)
Non-Preferred Brand <sup>2</sup>	\$200 (after deductible)	\$80 (after deductible)	\$80 (after deductible)	\$110(after deductible)
Specialty Drugs <sup>3</sup>	Not applicable	\$150 (after deductible)	Limited availability <sup>4</sup>	Not applicable

*Deductible applies to HSA Plan only.* Limited specialty products available through Atrium Health Retail Pharmacies. Opioid prescriptions limited to 30-day quantity by law.

<sup>1</sup> Maximum of one fill allowed at retail for maintenance medications on the ACA and Preventive Drug Lists. Plan then requires transition to CarolinaCARE.

<sup>2</sup> Maximum of one fill allowed at retail for maintenance medications after the deductible is met. Plan then requires transition to CarolinaCARE or member will pay full cost, which will not apply to the deductible or annual out-of-pocket.

<sup>3</sup> Specialty drugs filled at CarolinaCARE only. Some exceptions may apply to drugs in limited distribution. Specialty drug copays may vary with use of manufacturer coupons and copay assistance programs.

<sup>4</sup> Limited availability of specialty medications. Fill once, then must use CarolinaCARE.