

Pharmacy Benefits

1. Prescription drug benefits are provided through MedImpact. Call toll-free 1-833-726-0668.
2. Out-of-pocket maximum per calendar year:
 - \$1,600 employee only
 - \$3,200 family (\$1,600 out-of-pocket limit for any one member)
3. Mandatory generics with a DAW waiver. Difference between cost of brand and generic is not covered under the copay limit or the out-of-pocket limit.
4. Infertility drugs can be purchased from Walgreens and any other pharmacy but are limited to a 30-day supply each fill. There is a \$10,000 lifetime maximum benefit for infertility drugs.
5. Tiers 4 through 6 are filled by Novant Health specialty pharmacies unless otherwise noted by the specialty pharmacy. Call Novant Health Specialty Pharmacy toll free at 1-855-307-6868 or NHRMC Employee and Specialty Pharmacy at 1-844-662-7785 for inquires and questions.

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Pharmacy	Novant Health and NHRMC Pharmacies and Walgreens Retail Pharmacies 30-and 90-day Supplies	Non-Walgreens Retail Pharmacies 30-Day Supply	NHRMC Employee Pharmacy and Walgreens Prescription Delivery 90-Day Supply
Deductible — Applies to Rx out-of-pocket	None	\$150, applies to brand drugs	None
Tier 1: Generics	\$5 (30 days) / \$12 (90 days)	\$10	\$12
Tier 2: Preferred brands	\$25 (30 days) / \$65 (90 days)	\$30+20% up to \$145	\$65
Tier 3: Non-preferred brands	\$45 (30 days) / \$135 (90 days)	\$55+40% up to \$145	\$135
Tier 4: Specialty Generics	\$70 (30-day limit)	Not covered	\$70 (30-day limit)
Tier 5: Specialty Preferred Brands	\$100 (30-day limit)	Not covered	\$100 (30-day limit)
Tier 6: Specialty Non-Preferred Brands	\$200 (30-day limit)	Not covered	\$200 (30-day limit)
Out-of-pocket maximum per claim	N/A	\$145	N/A

SUREST			
Pharmacy	Novant Health and NHRMC Pharmacies and Walgreens Retail Pharmacies 30-and 90-day Supplies	Non-Walgreens Retail Pharmacies 30-Day Supply	NHRMC Employee Pharmacy and Walgreens Prescription Delivery 90-Day Supply
Deductible — Applies to Rx out-of-pocket	None	None	None
Tier 1: Generics	\$5 (30 days) / \$15 (90 days)	\$10	\$15
Tier 2: Preferred Brands	\$25 (30 days) / \$65 (90 days)	\$30	\$65
Tier 3: Non-Preferred Brands	\$100(30 days) / \$250(90 days)	\$160	\$250
Tier 4: Specialty generics	\$200 (30-day limit)	Not covered	\$200 (30-day limit)
Tier 5: Specialty Preferred brands	\$250 (30-day limit)	Not covered	\$250 (30-day limit)
Tier 6: Specialty Non-preferred Brands	\$300 (30-day limit)	Not covered	\$300 (30-day limit)