

# Pharmacy Benefits

1. Prescription drug benefits are provided through MedImpact. Call toll-free 1-833-726-0668.
2. Mandatory generics with a dispense-as-written (DAW) waiver. The difference between cost of brand and generic is not covered under the copay limit or the out-of-pocket limit.
3. 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.
4. 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 inquiries and questions.

## Novant Health Premier Plan

Pharmacy	Novant Health and NHRMC Employee Pharmacy and Walgreens Retail Pharmacies	Non-Walgreens Retail Pharmacies 30-Day Supply	NHRMC Employee Pharmacy and Walgreens Prescription Delivery 90-Day Supply
<b>Deductible</b> — 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	\$35 (30 days) / \$85 (90 days)	\$40+20% up to \$150	\$85
Tier 3: Non-preferred Brands	\$60 (30 days) / \$180 (90 days)	\$85+40% up to \$150	\$180
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	\$150	N/A
Out-of-pocket maximum per Calendar Year	\$1,600 Employee Only / \$3,200 Family (\$1,600 OOP Limit for any one member)		

## CIGNA Standard Plan & Premium Plan

Pharmacy	Novant Health and NHRMC Employee Pharmacy and Walgreens Retail Pharmacies	Non-Walgreens Retail Pharmacies 30-Day Supply	NHRMC Employee Pharmacy and Walgreens Prescription Delivery 90-Day Supply
<b>Deductible</b> — Applies to Rx out-of-pocket	None	\$150, applies to brand drugs	None
Tier 1: Generics	\$10 (30 days) / \$25 (90 days)	\$15	\$25
Tier 2: Preferred Brands	\$40 (30 days) / \$100 (90 days)	\$45+20% up to \$250	\$100
Tier 3: Non-preferred Brands	\$80 (30 days) / \$240 (90 days)	\$100+40% up to \$250	\$240
Tier 4: Specialty Generics	\$100 (30-day limit)	Not covered	\$100 (30-day limit)
Tier 5: Specialty Preferred Brands	\$150 (30-day limit)	Not covered	\$150 (30-day limit)
Tier 6: Specialty Non-Preferred Brands	\$400 (30-day limit)	Not covered	\$400 (30-day limit)
Out-of-pocket maximum per claim	N/A	\$250	N/A
Out-of-pocket maximum per Calendar Year	\$1,600 Employee Only / \$3,200 Family (\$1,600 OOP Limit for any one member)		

## High Deductible Health Plan

Pharmacy	Novant Health and NHRMC Employee Pharmacy and Walgreens Retail Pharmacies	Non-Walgreens Retail Pharmacies 30-Day Supply	NHRMC Employee Pharmacy and Walgreens Prescription Delivery 90-Day Supply
<b>Deductible</b> — Applies to Medical/Rx out-of-pocket	\$2,000 / \$4,000	\$2,000 / \$4,000	\$2,000 / \$4,000
Tier 1: Generics	Deductible, then 10%	Deductible, then 25%	Deductible, then 10%
Tier 2: Preferred Brands	Deductible, then 10%	Deductible, then 25%	Deductible, then 10%
Tier 3: Non-preferred Brands	Deductible, then 10%	Deductible, then 25%	Deductible, then 10%
Tier 4: Specialty Generics	Deductible, then 10%	Not covered	Deductible, then 10%
Tier 5: Specialty Preferred Brands	Deductible, then 10%	Not covered	Deductible, then 10%
Tier 6: Specialty Non-Preferred Brands	Deductible, then 10%	Not covered	Deductible, then 10%
Out-of-pocket maximum per claim	N/A	N/A	N/A
Out-of-pocket maximum per Calendar Year	\$6,000 Employee Only / \$12,000 Family (Combined with Medical)		