



Blue Standard and Premium Out of Area Plan Pharmacy Benefits

1. Prescription drug benefits are provided through CapitalRx. Call toll-free 1-866-622-2779.
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 inquires and questions.

Blue Standard and Blue Premium Out-Of-Area Plan

Pharmacy	Novant Health and Walgreens Retail Pharmacies 30 & 90 day Supplies	Non-Walgreens Retail Pharmacies 30-Day Supply	Novant Health Specialty Pharmacies/Walgreens Prescription Home Delivery (90 day supply)
Deductible — Applies to Medical/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		