NOVANT HEALTH

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.

Novant Health Premier Plan

Pharmacy	Novant Health Pharmacies and Walgreens Retail Pharmacies (30-and 90-day supplies)	Non-Walgreens Retail Pharmacies (30-Day Supply)	Novant Health Pharmacies/Walgreens Prescription Home 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	$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)		

Blue Standard Plan & Blue Premium Plan

Pharmacy	Novant Health Pharmacies and Walgreens Retail Pharmacies (30-and 90-day supplies)	Non-Walgreens Retail Pharmacies (30-Day Supply)	Novant Health Pharmacies/Walgreens Prescription Home Delivery (90-day supply)
Deductible — 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)		

Blue High Deductible Health Plan with Health Savings Account

Pharmacy	Novant Health Pharmacies and Walgreens Retail Pharmacies (30-and 90-day supplies)	Non-Walgreens Retail Pharmacies (30-Day Supply)	Novant Health Pharmacies/Walgreens Prescription Home Delivery (90-day supply)
Deductible — 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 / $12,0000 Family (Combined with Medical)		