

# 2018 LiveWELL Rx Plan-at-a-Glance

2018 Prescription Plan Features				
Prescription Drug Tiers	CarolinaCARE Mail Service (90-day Supply)	CarolinaCARE Mail Service (30-day Supply)	CMC Rx Retail Pharmacies (30-Day Supply)	Community Retail Pharmacies (30-Day Supply)
Affordable Care Act Preventive List (ACA) <sup>1</sup>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
LiveWELL Preventive Drug List <sup>1</sup>	\$12 copay	\$4 copay	\$4 copay	\$15 copay
Generic <sup>2,4</sup>	Deductible then \$25 copay	Deductible then \$10 copay	Deductible then \$10 copay	Deductible then \$15 copay
Preferred Brand <sup>2,4</sup>	Deductible then \$85 copay	Deductible then \$35 copay	Deductible then \$35 copay	Deductible then 30% coinsurance not less than \$35 or more than \$100
Non-Preferred Brand <sup>2,4</sup>	Deductible then 40% coinsurance not less than \$125 or more than \$375	Deductible then 40% coinsurance not less than \$50 or more than \$150	Meet deductible then 40% coinsurance not less than \$50 or more than \$150	Deductible then 50% coinsurance not less than \$60 or more than \$250
Specialty Drugs <sup>3</sup>	Not applicable	Deductible then 20% coinsurance not more than \$125	Not applicable	Not Applicable

<sup>1</sup> Maximum of one fill allowed at retail for maintenance medications of ACA Preventive and Preventive Drug List. Plan requires transition to CarolinaCARE. For comprehensive drug listings, visit [www.carolinacarerx.org](http://www.carolinacarerx.org)

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

<sup>3</sup> Specialty drugs required at CarolinaCARE. Exceptions may apply to drugs in a limited distribution network.

<sup>4</sup> Copay and co-insurance apply after deductible is met. One additional fill allowed at retail, then transition to CarolinaCARE.