

Prescription drug program

The 2019 prescription drug benefit has three parts:

- Novant Health pharmacies retail -30 day
- Novant Health home delivery
- Non Novant Health pharmacies retail-30 day

Your cost

When your covered prescriptions are filled under this program, you share a portion of the cost; the plan pays for the rest. If you request a brand medication to be dispensed when a generic equivalent is available, you will be responsible for a higher copayment and the difference between the brand and generic price of each drug. Your costs for the program are as follows:

Novant Health pharmacy retail

Up to 30-day supply

Tier 1 generic	\$5 (minimum of \$3)
Tier 2 preferred brand	\$25
Tier 3 non-preferred brand	\$45
Tier 4 value specialty	\$70*
Tier 5 preferred specialty	\$100*
Tier 6 non-preferred specialty	\$200*

Novant Health home delivery

90-day supply

Tier 1 generic	\$12 (minimum of \$7)
Tier 2 preferred brand	\$65
Tier 3 non-preferred brand	\$135
Tier 4 value specialty	\$70*
Tier 5 preferred specialty	\$100*
Tier 6 non-preferred specialty	\$200*

**will only be dispensed 30 days at a time with applicable copay*

Non Novant Health retail

Up to a 30-day supply

Tier 1 generic	\$10 (minimum of \$3)
Tier 2 preferred brand	\$30 + 20%
Tier 3 non-preferred brand	\$55 + 40%
Tier 4, 5 & 6 specialty & injectable	N/A

Deductible

A \$150 individual deductible will apply to all brand medications (excluding specialty) when filled at any non-Novant Health pharmacy.

Out of pocket maximum

Your plan has an annual out of pocket maximum. For those with individual coverage, the out of pocket maximum is **\$1,600 per calendar year**. For those with family coverage, the out of pocket maximum is **\$3,200 per calendar year**. Once the individual or family meets the out of pocket maximum in covered pharmacy expenses will be paid at 100 percent coverage for the remainder of the calendar year.

Premium drug formulary

This document contains information about the drugs covered under your pharmacy benefit plan. You may access your 2019 premium drug formulary by visiting NovantHealth.org/openenrollment.

Network pharmacies

You will have convenient access to our nationwide network of more than 62,000 chain and independent pharmacies including:

- Novant Health Pharmacy (NHFMC)
- Novant Health Pharmacy (NHPMC)
- Novant Health Pharmacy (NHRMC)
- Novant Health Pharmacy (NHUVAPWMC)
- Novant Health Pharmacy (Mountainview Medical)
- Novant Health Pharmacy (Maplewood Family Practice)
- Novant Health Pharmacy (Forsyth Internal Medicine)
- Novant Health Pharmacy (Salem Family Medicine)
- Novant Health Pharmacy (Kernersville Family Medicine)
- Novant Health Pharmacy (Oncology Specialists)
- Novant Health Pharmacy (WSHC-retail & home delivery)
- Novant Health Specialty Pharmacy
- Costco
- CVS
- Harris Teeter
- Kerr Drug
- Sam's Club
- Target
- Walgreens
- Wal-Mart

Using a Novant Health pharmacy, either retail or home delivery, continues to be your most cost effective option.

OptumRx member services

If you have a question about your pharmacy benefits (for example, copayment, eligibility, or location of a nearby participating pharmacy), call OptumRx Customer Care Center toll-free at **1-866-230-8130**, 24 hours a day, 7 days a week. **TTY: 1-888-411-0767**.

Home delivery pharmacy

Through the prescription drug program, you can take advantage of convenient delivery of your covered maintenance medications to your home or other specified address. Before you begin using your mail service pharmacy benefit, you must register by completing the home delivery order enrollment form. This can be found at the Novant Health Benefit Enrollment Resource Center.

Pharmacy benefits all plans

OptumRx pharmacy benefits are the same for both of the Cigna plans. Prescription drug benefits are provided through OptumRx. Call toll-free 1-866-230-8130.

Pharmacy	Novant Health retail pharmacies up to 30-day supply	Non-Novant Health retail pharmacies up to 30-day supply	Novant Health home delivery up to 90-day supply
Deductible - Applies to RX OOP	None	\$150 applies to brand drugs	None
Tier 1 – generic	\$5 (minimum \$3)	\$10 (minimum \$3)	\$12 (minimum \$7)
Tier 2 – preferred brands	\$25	\$30 + 20%	\$65
Tier 3 – brands	\$45	\$55 + 40%	\$135
Tier 4 – value specialty	\$70	Not covered	\$70 (30-day limit)
Tier 5 – preferred specialty	\$100	Not covered	\$100 (30-day limit)
Tier 6 – non-preferred specialty	\$200	Not covered	\$200 (30-day limit)
OOP maximum per claim	N/A	\$145	N/A

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. Infertility drugs must be purchased from a Novant Health retail pharmacy or through Novant Health home delivery and are limited to a 30-day supply. There is a \$10,000 lifetime maximum benefit for infertility drugs.

OOP maximum per calendar year – \$1,600 employee only; \$3,200 family (\$1,600 OOP limit for any one member).