

# 2025 Atrium Health Wake Forest Baptist Rx Plan-at-a-Glance\*

## 2025 Prescription Plan Features

Prescription Drug Tiers	WFB/CarolinaCARE Mail Service (90-day Supply)	WFB/CarolinaCARE Mail Service (30-day Supply)	AH WFB Retail Pharmacies (30-Day Supply)	Community Retail Pharmacies (30-Day Supply)
Affordable Care Act Preventive List (ACA) <sup>1</sup>	\$0 (no deductible)	\$0 (no deductible)	\$0 (no deductible)	\$0 (no deductible)
AH WFB Preventive Drug List <sup>1</sup>	\$15 (no deductible)	\$6 (no deductible)	\$6 (no deductible)	\$20 (no deductible)
Generic <sup>2</sup>	\$25 (after deductible)	\$10 (after deductible)	\$10 (after deductible)	\$20 (after deductible)
Preferred Brand <sup>2</sup>	\$87.50 (after deductible)	\$35 (after deductible)	\$35 (after deductible)	\$45 (after deductible)
Non-Preferred Brand <sup>2</sup>	\$200 (after deductible)	\$80 (after deductible)	\$80 (after deductible)	\$110 (after deductible)
Specialty Drugs <sup>3</sup>	Not applicable	\$75 copay/\$150 HSA (after deductible)	Limited availability	Not applicable

\*Deductible applies to HSA Plan only. \$1,800 Individual/\$3,600 Family; Maximum Out of Pocket \$5,000 Individual/\$10,000 Family. Opioid prescriptions limited to 30-day quantity by law.

<sup>1</sup> Maximum of one fill allowed at community retail for maintenance medications on the ACA and Preventive Drug Lists. Plan then requires transition to AH WFB or CarolinaCARE.

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

<sup>3</sup> Specialty drugs are filled at AH WFB or CarolinaCARE only. Some exceptions may apply to drugs in limited distribution.

Specialty drug copays may vary with use of manufacturer coupons and copay assistance programs.