

LIVINITI PHARMACY TIER RATES

2024

2024 Pharmacy Copay Structures for PPO (POS) Plan			
Medication Tier	Nabholz Preferred Network	Non-Preferred Network	Mail Order 90 Day Supply
Generic	\$10.00	\$35.00	\$25.00
Preferred	\$30.00	\$55.00	\$75.00
Non-Preferred	\$60.00	\$85.00	\$150.00
Specialty	20% with a \$250 max co-pay	No Coverage	No Coverage
2024 Pharmacy Copay Structures for High Deductible Plan			
Medication Tier	Nabholz Preferred Network	Non-Preferred Network	Mail Order 90 Day Supply
Generic	100% Coinsurance to deductible then 20% to Coinsurance max*	100% Coinsurance plus \$25 to deductible then 20% plus \$25 to Coinsurance max*	100% Coinsurance to deductible then 20% to Coinsurance max*
Preferred	100% Coinsurance to deductible then 20% to Coinsurance max*	100% Coinsurance plus \$25 to deductible then 20% plus \$25 to Coinsurance max*	100% Coinsurance to deductible then 20% to Coinsurance max*
Non-Preferred	100% Coinsurance to deductible then 20% to Coinsurance max*	100% Coinsurance plus \$25 to deductible then 20% plus \$25 to Coinsurance max*	100% Coinsurance to deductible then 20% to Coinsurance max*

*Employee Only Plan has a deductible of \$3,000, then you pay 20% until you reach \$4,000 coinsurance max. Employee + Spouse, Employee + Children and Family Plan has a \$6,000 deductible, then you pay 20% until you reach \$8,000 coinsurance max.

CONTACT THE EMPLOYEE SERVICES TEAM FOR MORE INFORMATION

NABHOLZ EMPLOYEE SERVICES
 EMPSEV@NABHOLZ.COM | 501.505.5948

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