Prescription Coverage: All Plans

		BILH Network High Deductible HSA	BILH Network Premier HMO	Flex HMO	Access PPO
Deductible*		Combined with Medical Deductible: $2,000 member/$4,000 family for BILH Pharmacy & Home Delivery; $4,000 member/$8,000 family for Retail Pharmacy	N/A	N/A	N/A
Preventive Medications		$0 (covered in full)	$0 (covered in full)	$0 (covered in full)	$0 (covered in full)
BILH Pharmacy and Home Delivery – 30 Day Supply	Generic	20% coinsurance after deductible	$5	$5	$10
	Preferred		$25	$25	$30
	Non-preferred		$40	$40	$60
	Specialty		$40	$40	$100
BILH Pharmacy and Home Delivery – 90 Day Supply	Generic	20% coinsurance after deductible	$12.50	$12.50	$25
	Preferred		$62.50	$62.50	$75
	Non-preferred		$100	$100	$150
	Specialty		$100	$100	$250
Retail Network Pharmacy – 30 Day Supply Only	Generic	40% coinsurance after deductible Specialty medications not covered	$10	$10	$10
	Preferred		$30	$30	$30
	Non-preferred		$60	$60	$60
	Specialty		Not covered	Not covered	Not covered
Out-of-Pocket Maximum		Combined with Medical Out-of-Pocket Maximum: $5,000 member/$10,000 family for BILH Pharmacy & Home Delivery; $7,500 member/$15,000 family for Retail Pharmacy	Separate Prescription Drug Out-of-Pocket Maximum: $3,000 member/ $6,000 family	Separate Prescription Drug Out-of-Pocket Maximum: $3,000 member/ $6,000 family	Separate Prescription Drug Out-of-Pocket Maximum: $3,000 member/ $6,000 family

Note: Family applies when one or more dependents are enrolled in the plan.

- *Deductible does not apply for generic drugs on the HDHP Preventive Drug list.*