

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		\$40	\$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](#).