

# 2025 Prescription Drug Coverage

	BILH Network Premier, Flex & Flex Plus HMOs			Access and Basic Out-of-Area PPOs		
	BILH Pharmacy & Home Delivery		Retail Network Pharmacy	BILH Pharmacy & Home Delivery		Retail Pharmacy
	30-Day Supply	90-Day Supply	30-Day Supply Only	30-Day Supply	90-Day Supply	30-Day Supply Only
Generic	\$5	\$12.50	\$10	\$10	\$25	\$10
Preferred Brand	\$25	\$62.50	\$30	\$30	\$75	\$30
Non-Preferred Brand	\$40	\$100	\$60	\$60	\$150	\$60
Specialty	\$40	\$100	Not covered	\$100	\$250	Not covered
Out-of-Pocket Maximum	\$3,000 member/\$6,000 family			\$3,000 member/\$6,000 family		