

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b> More information about <b>prescription drug coverage</b> is available at <a href="https://www.bchsok.com/member/prescription-drug-plan-information/pharmacy-prescription-plan-information">https://www.bchsok.com/member/prescription-drug-plan-information/pharmacy-prescription-plan-information</a>	Preferred generic drugs	\$3 retail \$6 mail order/prescription; deductible does not apply	\$3 retail/prescription; deductible does not apply	Limited to a 30-day supply at retail (or a 90-day supply at a <u>network</u> of select retail pharmacies). Up to 90-day supply at mail order.
	Non-preferred generic drugs	\$10 retail \$20 mail order/prescription; deductible does not apply	\$10 retail/prescription; deductible does not apply	Payment of the difference between the cost of a brand name drug and a generic may be required if a generic drug is available.
	Preferred brand drugs	\$45 retail \$90 mail order/prescription; deductible does not apply	\$45 retail/prescription; deductible does not apply	Specialty drugs should be obtained from <u>Network</u> specialty pharmacy <u>provider</u> ; 20% penalty if any other vendor is used. 30-day supply except for certain FDA-designated dosing regimens. Mail order is not covered.
	Non-preferred brand drugs	\$70 retail \$140 mail order/prescription; deductible does not apply	\$70 retail/prescription; deductible does not apply	Your cost for a covered insulin drug will not exceed \$30 per 30-day supply or \$90 per 90-day supply.
	Preferred <u>specialty drugs</u>	30% <u>coinsurance</u> , \$300 max/prescription; deductible does not apply	30% <u>coinsurance</u> , \$300 max/prescription; deductible does not apply	
	Non-preferred <u>specialty drugs</u>	50% <u>coinsurance</u> , \$500 max/prescription; deductible does not apply	50% <u>coinsurance</u> , \$500 max/prescription; deductible does not apply	
	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Elective abortion is not covered.
	Physician/surgeon fees	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
<b>If you need immediate medical attention</b>	Emergency room care	Facility Charges: 20% <u>coinsurance</u> after deductible ER Physician Charges: 20% <u>coinsurance</u> after deductible	Facility Charges: 20% <u>coinsurance</u> after deductible ER Physician Charges: 20% <u>coinsurance</u> after deductible	None
	<u>Emergency medical transportation</u>	No Charge; deductible does not apply	No Charge; deductible does not apply	None
	<u>Urgent care</u>	\$85/visit; deductible does not apply	30% <u>coinsurance</u>	None
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Additional \$300 per occurrence <u>deductible</u> Out-of-Network. <u>Preauthorization</u> required; \$500 penalty if not <u>preauthorized</u> Out-of-Network.
	Physician/surgeon fees	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None