

BCU Prescription Drug Plan Options

Plan	PPO	HDHP
Retail (30-day supply) <ul style="list-style-type: none"> Generic Preferred Brand Non-Preferred Brand 	\$10 copay 25% after \$30 min/\$75 max copay 40% after \$50 min/\$125 max copay	20% 20% 40%
CVS Retail or Mail Order (up to 90-day supply) <ul style="list-style-type: none"> Generic Preferred Brand Non-Preferred Brand 	\$25 copay 25% after \$75 min/\$185 max copay 40% after \$125 min/\$300 max copay	20% 20% 40%
Specialty Pharmacy <ul style="list-style-type: none"> Generic Preferred Brand Non-Preferred Brand 	\$10 copay 25% after \$30 min/\$75 max copay 40% after \$50 min/\$125 max copay	20% 20% 40%
Prudent Rx Enrollment	0%	0% (deductible applies)
Preventive Drugs	0%	0% (deductible does not apply)

Additional Notes:

- When a generic is available and the brand is selected, the member will pay the difference between the brand and generic plus the generic cost share.
- Retail/mail refills available when 75% of original prescription filled
- Prior authorization and/or step therapy applies in specific situations