

Express Scripts / Medco



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

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)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Not applicable	Not applicable	This is a prescription drug only plan
	<u>Specialist</u> visit	Not applicable	Not applicable	This is a prescription drug only plan
	<u>Preventive care/screening/immunization</u>	Not applicable	Not applicable	This is a prescription drug only plan
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	Not applicable	Not applicable	This is a prescription drug only plan
	Imaging (CT/PET scans, MRIs)	Not applicable	Not applicable	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.bsneny.com	Generic drugs (Tier 1)	\$5 co-pay/prescription	Not covered	\$10 co-pay per 90 day supply for mail order. \$40 co-pay per 90 day supply for mail order. \$70 co-pay per 90 day supply for mail order.
	Preferred brand drugs (Tier 2)	\$20 co-pay/prescription	Not covered	
	Non-preferred brand drugs (Tier 3)	\$35 co-pay/prescription	Not covered	
	<u>Specialty drugs</u> (Tier 4)	See Limitations and Exceptions	Not covered	Specialty drugs could be generic, preferred brand, or non-preferred brand. For Member Service related to prescriptions call 1-866-591-3878.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Not applicable	Not applicable	This is a prescription drug only plan
	Physician/surgeon fees	Not applicable	Not applicable	This is a prescription drug only plan
If you need immediate medical attention	<u>Emergency room care</u>	Not applicable	Not applicable	This is a prescription drug only plan
	<u>Emergency medical transportation</u>	Not applicable	Not applicable	
	<u>Urgent care</u>	Not applicable	Not applicable	
If you have a hospital stay	Facility fee (e.g., hospital room)	Not applicable	Not applicable	This is a prescription drug only plan
	Physician/surgeon fees	Not applicable	Not applicable	This is a prescription drug only plan