

PPO Plan

Tier I: In-Network

(CHNW Community Health Center)*

Tier II: In-Network

(Blue Cross Blue Shield/BlueCard)

Tier III: Out-of-Network

(Any licensed provider)

Pharmacy supply limit

Generic

Brand formulary

Brand Non Formulary

30 days

\$10 copay

Plan pays 50% up to \$250

Plan pays 50%

30 days

\$10 copay

Plan pays 50% up to \$250

Plan pays 50%

30 days

\$10 then plan pays 50%

Plan pays 50% up to \$250

Plan pays 50%

Mail order supply limit

Generic

Brand formulary

Brand Non Formulary

90 days

\$20 copay

Plan pays 50% up to \$500

Plan pays 50%

90 days

\$20 copay

Plan pays 50% up to \$500

Plan pays 50%

Not applicable

Not covered

Not covered

Not covered