BENEFIT COVERAGE	Excellus BCBS BluePPO (HDHP)	Excellus BCBS Simply Blue Hybrid	Excellus BCBS Blue EPO
	In-Network Benefits	In-Network Benefits	In-Network Benefits (No Out-of-Network Coverage)
Other Services			
Chiropractic	70% after deductible	$60 copay	$80 copay
Retail Pharmacy (30-Day Supply)			
Generic (Tier 1)	$10 copay after deductible	$10 copay ($0 for kids)	$10 copay
Preferred (Tier 2)	$50 copay after deductible	$50 copay	$50 copay
Non-Preferred (Tier 3)	$100 copay after deductible	$100 copay	$100 copay
Preferred Specialty (Tier 4)	80% up to $250	80% up to $250	80% up to $250
Wegmans Preferred Pharmacy (30-Day Supply)			
Generic (Tier 1)	$5 copay after deductible	$5 copay ($0 for kids)	$5 copay ($0 for kids)
Preferred (Tier 2)	$40 copay after deductible	$30 copay	$20 copay
Non-Preferred (Tier 3)	$80 copay after deductible	$50 copay	$40 copay
Mail Order Pharmacy (90-Day Supply)			
Generic (Tier 1)	$20 copay after deductible	$20 copay	$20 copay
Preferred (Tier 2)	$100 copay after deductible	$100 copay	$100 copay
Non-Preferred (Tier 3)	$200 copay after deductible	$200 copay	$200 copay

*The deductible on the Hybrid plan applies to inpatient stays and outpatient surgical services/facilities (in-network) and all out-of-network care.

Important Prescription Drug Information

Affordable Care Act (ACA) guidelines list preventive prescription drugs that are often covered with little to no out-of-pocket cost ($0 copay or pre-deductible), including under a High Deductible Health Plan (HDHP). To view this list, contact CVS/Caremark.