

ORRCC Drug Plan Summary – 2025

Plan C

	In-Network	Out-of-Network
Annual Deductible (Single/Family)	Integrated with Medical	
Formulary	BCBST Preferred Formulary	
Retail (30-day supply)		
Generic Participant pays	10% no deductible	10% after deductible
Non-Preferred Generic Participant pays	10% no deductible	10% after deductible
Preferred Brand Participant pays	10% no deductible	10% after deductible
Non-Preferred Brand Participant pays	10% no deductible	10% after deductible
Home Delivery (90-day supply)		
Generic Participant pays	\$5 no deductible	10% after deductible
Non-Preferred Generic Participant pays	\$5 no deductible	10% after deductible
Preferred Brand Participant pays	\$15 no deductible	10% after deductible
Non-Preferred Brand Participant pays	\$15 no deductible	10% after deductible
Self-Administered		
Preferred Specialty Participant pays	10% no deductible	Not covered
Non-Preferred Specialty Participant pays	10% no deductible	Not covered
Provider-Administered		
Specialty Participant pays	10% no deductible	Not covered
Annual Out-of-Pocket Maximum (Single/Family)		
	Integrated with Medical	

Plan E

	In-Network	Out-of-Network
Annual Deductible (Single/Family)	Integrated with Medical	
Formulary	BCBST Preferred Formulary	
Retail (30-day supply) or Home Delivery (90-day supply)		
Preferred Generic Participant pays	20% after deductible	20% after deductible
Non-Preferred Generic Participant Pays	20% after deductible	20% after deductible
Preferred Brand Name Participant pays	20% after deductible	20% after deductible
Non-Preferred Brand Name Participant pays	20% after deductible	20% after deductible
Self-Administered		
Preferred Specialty Participant pays	20% after deductible, to a max of \$400	Not covered
Non- Preferred Specialty Participant pays	20% after deductible, to a max of \$400	Not covered
Provider-Administered		
Specialty Participant pays	20% after deductible, to a max of \$400	Not covered
Annual Out-of-Pocket Maximum Single/Family	Integrated with Medical	

Plan H

	In-Network	Out-of-Network
Deductible	Retail: Integrated with Medical; Mail Order: no deductibles	Integrated with Medical
Out of Pocket Maximum	Pharmacy only: \$600/\$1,200 Family	Integrated with Medical
Formulary	BCBST Preferred Formulary	
Retail Pharmacy (30-day supply)		
Generic	10% no deductible	10% after deductible
Preferred Brand	10% no deductible	10% after deductible
Non-Preferred Brand	10% no deductible	10% after deductible
Mail Order Pharmacy (90-day supply)		
Generic	\$5 - no deductible	10% after deductible
Preferred Brand	\$15 - no deductible	10% after deductible
Non-Preferred Brand	\$15 - no deductible	10% after deductible
Specialty Medications		
Preferred	10% after deductible	Not covered
Non-Preferred Brand	10% after deductible	Not covered