

UCOR Drug Plan Summary – 2025

2025 Prescription Drug Coverage						
	Medical PPO		HSA CDHP		CDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Single/Family)	Integrated with Medical		Integrated with Medical		Integrated with Medical	
Formulary	BCBST Preferred Formulary		BCBST Preferred Formulary		BCBST Preferred Formulary	
Retail (30-day supply) or Home Delivery (90-day supply)						
Preferred Generic Participant pays	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible
Non-Preferred Generic Participant pays	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible
Preferred Brand Participant pays	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible
Non-Preferred Brand Participant pays	20% after deductible	20% after deductible	30% after deductible	30% after deductible	45% after deductible	45% after deductible
Self-Administered						
Preferred Specialty Participant pays	20% after deductible, to a max of \$400	Not covered	20% after deductible	Not covered	30% after deductible	Not covered
Non-Preferred Specialty Participant pays	20% after deductible, to a max of \$400	Not covered	30% after deductible	Not covered	45% after deductible	Not covered
Provider-Administered						
Specialty Participant pays	20% after deductible, to a max of \$400	Not covered	20% after deductible	Not covered	30% after deductible	Not covered
Annual Out-of-Pocket Maximum Single/Family	Integrated with Medical		Integrated with Medical		Integrated with Medical	