

# 4-Tier Plan



The BCBSRI formulary (drug list) covers a wide range of commonly prescribed medications. The chart below shows how the drugs are divided into four

## Your Prescription Drug Coverage

**Go**

**to My Pharmacy Benefits Manager**

2. **Forms**  
bar at the top of the screen
3. **Plan Documents**  
from the drop down menu
4. 4 Tier Formulary and click on **Download PDF**

**Extended Supply Network**  
The Extended Supply Network

<b>Tier 1</b> Low-cost generics	\$7*	\$17.5	\$21
<b>Tier 2</b> Higher-cost generics Preferred brand name drugs	\$25	\$67.5	\$75
<b>Tier 3</b> Highest cost generics Non-preferred brand name drugs	\$40	\$120	\$120
<b>Tier 4</b> Specialty drugs	\$65	Not Covered	Not Covered

\*\$2 copay for certain tier 1 drugs for asthma, diabetes and COPD (Network Blue New England, Blue Choice, Network Blue New England Opti

*This is a summary of your pharmacy benefits. It is not a contract. For details about your coverage, including any limitations or exclusions not noted here, please refer to your subscriber agreement or call the number located on the back of your BCBSRI ID card. If you have questions about receiving medical care, please call your doctor.*