Blue Care Network medical plans

Point-of-service plans

Bold = 2027 modification | **Bold grey** = 2026 comparison | PCP = primary care provider visits | SP = specialist visits | UC = urgent care | ER = emergency room

Blue Elect Plus℠ POS • It offers up to 11% lower premiums than our PPO plans. • A winning choice if you want the ease of a PPO with the affordability and managed care of an HMO.	**Deductible Single/family**	**Coinsurance**	**Embedded coinsurance maximum Single/family**	**Out-of-pocket maximum Single/family**	**Copayments**	
					PCP/SP/UC/ER	**Prescription copay tiers *Custom Select Drug List*** Includes mail-order 90-day refills (at three times copay) for drugs and contraceptives
2027 Blue Elect Plus POS Platinum Option 1	$0/$0	20%	–	**$6,000/$12,000** **$3,000/$6,000**	$20/$30/**$40**/$150 $20/$30/**$35**/$150	$4/$15/$40/$80/20%-$200/20%-$300
2027 Blue Elect Plus POS Platinum Option 2	**$500/$1,000** **$250/$500**	20%	–	$4,500/$9,000	$20/$30/$50/$150	$4/$15/$40/$80/20%-$200/20%-$300
2027 Blue Elect Plus POS Gold Option 1	**$1,000/$2,000** **$500/$1,000**	20%	$5,000/$10,000	**$10,000/$20,000** **$9,100/$18,200**	$30/$50/$50/$250	$15/$40/$80/$100/20%-$200/20%-$300
2027 Blue Elect Plus POS Gold Option 2	**$1,500/$3,000** **$1,000/$2,000**	20%	$5,000/$10,000	**$10,500/$21,000** **$9,100/$18,200**	$30/$50/$50/$250	$10/$30/$60/$80/20%-$200/20%-$300
2027 Blue Elect Plus POS Gold Option 3	**$2,000/$4,000** **$1,500/$3,000**	20%	$5,000/$10,000	**$9,500/$19,000** **$9,100/$18,200**	$30/$50/$50/$250	$10/$30/$60/$80/20%-$200/20%-$300
2027 Blue Elect Plus POS Gold Option 4	**$2,500/$5,000** **$2,000/$4,000**	20%	–	**$8,000/$16,000** **$7,350/$14,700**	$30/$50/$50/$250	$15/$40/$80/$100/20%-$200/20%-$300
2027 Blue Elect Plus POS Gold Option 5	**$3,500/$7,000** **$3,000/$6,000**	20%	–	**$8,000/$16,000** **$7,350/$14,700**	$30/$50/$50/$250	$15/$40/$80/$100/20%-$200/20%-$300
2027 Blue Elect Plus POS Gold Option 6	$4,000/$8,000	0%	–	**$10,000/$20,000** **$8,000/$16,000**	**$30/$50/$60**/$250 **$20/$40/$50**/$250	**$15/$40/$100/$200/20%-$300/20%-$500** **$10/$30/$60/$80/20%-$200/20%-$300**
2027 Blue Elect Plus POS Gold Option 7	**$4,500/$9,000** **$4,000/$8,000**	20%	–	**$10,000/$20,000** **$9,200/$18,400**	$30/$50/$60/$250	**$10/$30/$60**/$80/20%-$200/20%-$300 **$4/$15/$40**/$80/20%-$200/20%-$300
2027 Blue Elect Plus POS Gold Option 8	**$5,500/$11,000** **$5,000/$10,000**	30%	–	**$10,000/$20,000** **$9,200/$18,400**	$30/$50/$60/$250	**$10/$30/$60**/$80/20%-$200/20%-$300 **$4/$15/$40**/$80/20%-$200/20%-$300

Out-of-pocket costs shown are for in-network coverage. The plans listed above have a $0 copay for medical online visits.

For prescription copay-tier descriptions, see Pages 48-49.

Blue Care Network medical plans

● = New plan | **Bold** = 2027 modification | **Bold grey** = 2026 comparison | PCP = primary care provider visits | SP = specialist visits | UC = urgent care | ER = emergency room

Blue Elect Plus HSA℠ POS	Deductible Single/family	Coinsurance	Out-of-pocket maximum Single/family	Copayments	
				PCP/SP/UC/ER	Prescription copay tiers ***Custom Select Drug List*** Includes mail-order 90-day refills (at three times copay) for drugs and contraceptives
2027 Blue Elect Plus HSA POS Platinum Option 1*	**$1,800/$3,600**	0%	**$1,800/$3,600**	Deductible	Deductible
2026 Blue Elect Plus HSA POS Platinum*	$1,700/$3,400		$1,700/$3,400		
● **2027 Blue Elect Plus HSA POS Platinum Option 2***	**$2,500/$5,000**	**0%**	**$2,500/$5,000**	**Deductible**	**Deductible**
2027 Blue Elect Plus HSA POS Gold Option 1*	**$1,750/$3,500**	20%	**$4,500/$9,000**	Deductible and coinsurance	$10/$30/$60/$80/20%-$200/20%-$300
2026 Blue Elect Plus HSA POS Gold*	$1,700/$3,400				
2027 Blue Elect Plus HSA POS Gold Option 2*	$2,500/$5,000	0%	$4,500/$9,000	Deductible	$15/$40/**$100**/**$200**/20%-**$300**/20%-**$500** $15/$40/**$80**/**$100**/20%-**$200**/20%-**$300**
● **2027 Blue Elect Plus HSA POS Gold Option 3****	**$3,500/$7,000**	**0%**	**$3,500/$7,000**	**Deductible**	**Deductible**
2027 Blue Elect Plus HSA POS Silver Option 1**	**$4,000/$8,000**	20%	**$8,000/$16,000**	Deductible and coinsurance	$6/$25/$60/$80/20%-$200/20%-$300
2026 Blue Elect Plus HSA POS Silver	$3,400/$6,800		$7,500/$15,000		
● **2027 Blue Elect Plus HSA POS Silver Option 2****	**$4,500/$9,000**	**10%**	**$8,000/$16,000**	**Deductible and coinsurance**	**$15/$40/$80/$100/20%-$200/20%-$300**
● **2027 Blue Elect Plus HSA POS Silver Option 3****	**$5,500/$11,000**	**0%**	**$8,000/$16,000**	**Deductible**	**$15/$40/$80/$100/20%-$200/20%-$300**
● **2027 Blue Elect Plus HSA POS Silver Option 4****	**$6,500/$13,000**	**0%**	**$8,000/$16,000**	**Deductible**	**Deductible**
2027 Blue Elect Plus HSA POS Bronze**	**$8,000/$16,000**	0%	**$8,000/$16,000**	Deductible	Deductible
	$7,500/$15,000		$7,500/$15,000		

Out-of-pocket costs shown are for in-network coverage.

For prescription copay-tier descriptions, see Pages 48-49.

* Aggregate deductible and OOPM. With aggregate deductible, one person on a family contract can potentially fulfill the entire family's deductible.
** Embedded deductible and OOPM. With embedded deductible, member copays are limited to the individual level. A contract member can fulfill only the individual requirements.

Blue Care Network medical plans

Bold = 2027 modification | **Bold grey** = 2026 comparison | PCP = primary care provider visits | SP = specialist visits | UC = urgent care | ER = emergency room

Blue Elect Plus HRA℠ POS	Deductible Single/family	Coinsurance	Employer contribution	Out-of-pocket maximum Single/family	Copayments	
					PCP/SP/UC/ER	Prescription copay tiers ***Custom Select Drug List*** Includes mail-order 90-day refills (at three times copay) for drugs and contraceptives
2027 Blue Elect Plus HRA POS Gold Option 1	$2,000/$4,000	20%	$100	**$8,500/$17,000** **$7,350/$14,700**	$30/$50/$50/$250	$15/$40/$**100/$200**/20%-**$300**/20%-**$500** $15/$40/**$80/$100**/20%-**$200**/20%-**$300**
2027 Blue Elect Plus HRA POS Gold Option 2	$4,000/$8,000	20%	$250	**$12,000/$24,000** **$10,150/$20,300**	$30/$50/$60/$250	**$6/$25/$50**/$80/20%-$200/20%-$300 **$4/$15/$40**/$80/20%-$200/20%-$300

Out-of-pocket costs shown are for in-network coverage. The plans listed above have a $0 copay for medical online visits.

For prescription copay-tier descriptions, see Pages 48-49.

Blue Care Network medical plans

Health maintenance organization plans

PCP Focus network

If you have a business location in one of the following Michigan counties, why not take advantage of the PCP Focus network? Most HMO plans may be paired with the cost-saving PCP Focus network. You'll gain up to 10% premium savings versus the BCN HMO standalone plan, and your employees have access to a local, custom network of high quality providers.

- Allegan
- Bay
- Benzie
- Berrien
- Calhoun
- Cass
- Clinton
- Eaton
- Genesee
- Grand Traverse
- Ingham
- Jackson
- Kalamazoo
- Kent
- Lapeer
- Leelanau
- Lenawee
- Livingston
- Macomb
- Manistee
- Monroe
- Muskegon
- Oakland
- Ottawa
- Saginaw
- Shiawassee
- St. Clair
- Van Buren
- Washtenaw
- Wayne
- Wexford

Bold = 2027 modification | **Bold grey** = 2026 comparison | PCP = primary care provider visits | SP = specialist visits | UC = urgent care | ER = emergency room

BCN HMO Fixed Cost℠	Deductible Single/family	Coinsurance	Embedded coinsurance maximum Single/family	Out-of-pocket maximum Single/family	Copayments	
					PCP/SP/UC/ER	Prescription copay tiers ***Custom Select Drug List*** Includes mail-order 90-day refills (at three times copay) for drugs and contraceptives
2027 BCN Fixed Cost Platinum	$0/$0	0%	–	**$4,500/$9,000** **$4,000/$8,000**	$15/$30/$30/$250	$4/$15/$40/$80/$200/$300
2027 BCN Fixed Cost Gold Option 1	$0/$0	0%	–	**$12,000/$24,000** **$10,150/$20,300**	$30/$50/$50/$350	$15/$40/$80/$100/$200/$300
2027 BCN Fixed Cost Gold Option 2	$0/$0	0%	–	**$12,000/$24,000** **$10,150/$20,300**	$40/$60/$60/$550	$15/$40/$80/$100/$200/$300

BCN HMO℠ Without deductble	Deductible Single/family	Coinsurance	Embedded coinsurance maximum Single/family	Out-of-pocket maximum Single/family	Copayments	
					PCP/SP/UC/ER	Prescription copay tiers ***Custom Select Drug List*** Includes mail-order 90-day refills (at three times copay) for drugs and contraceptives
2027 BCN Platinum Option 1	$0/$0	10%	$1,000/$2,000	$5,000/$10,000	**$40/$50/$50/$150** **$20/$30/$35/$150**	**$10/$30/$60/$80/20%-$200/20%-$300** **$6/$25/$50/$80/20%-$200/20%-$300**
2027 BCN Platinum Option 2	$0/$0	20%	$1,000/$2,000	$6,600/$13,200	**$40/$50/$50/$150** **$25/$35/$35/$150**	**$10/$30/$60/$80/20%-$200/20%-$300** **$6/$25/$50/$80/20%-$200/20%-$300**
2027 BCN Gold	$0/$0	30%	–	**$12,000/$24,000** **$10,150/$20,300**	$40/**$50/$50**/$350 $40/**$60/$60**/$350	$15/$40/**$100/$200**/20%-**$300**/20%-**$500** $15/$40/**$80/$100**/20%-**$200**/20%-**$300**

Out-of-pocket costs shown are for in-network coverage. The plans listed above have a $0 copay for medical online visits.

For prescription copay-tier descriptions, see Pages 48-49.

Blue Care Network medical plans

Bold = 2027 modification | **Bold grey** = 2026 comparison | PCP = primary care provider visits | SP = specialist visits | UC = urgent care | ER = emergency room

BCN HMO℠ With deductible	Deductible Single/family	Coinsurance	Embedded coinsurance maximum Single/family	Out-of-pocket maximum Single/family	Copayments	
					PCP/SP/UC/ER	Prescription copay tiers ***Custom Select Drug List*** Includes mail-order 90-day refills (at three times copay) for drugs and contraceptives
2027 BCN Platinum	$500/$1,000	0%	–	**$4,000/$8,000** **$2,000/$4,000**	$20/$30/$35/$150	**$10/$30/$60/$80**/20%-$200/20%-$300 **$4/$15/$40/$80**/20%-$200/20%-$300
2027 BCN Gold Option 1	**$1,000/$2,000** **$500/$1,000**	20%	$5,000/$10,000	$9,100/$18,200	$30/$50/$50/$350	$15/$40/$80/$100/20%-$200/20%-$300
2027 BCN Gold Option 2	**$1,500/$3,000** **$1,000/$2,000**	20%	$3,500/$7,000	**$9,450/$18,900** **$9,100/$18,200**	$20/$40/$50/$250	$15/$40/$80/$100/20%-$200/20%-$300
2027 BCN Gold Option 3	**$2,000/$4,000** **$1,500/$3,000**	20%	$3,000/$6,000	**$9,450/$18,900** **$9,100/$18,200**	$20/$40/$50/$250	$10/$30/$60/$80/20%-$200/20%-$300
2027 BCN Gold Option 4	**$2,500/$5,000** **$2,000/$4,000**	20%	$2,500/$5,000	**$9,450/$18,900** **$9,100/$18,200**	$20/$40/$50/$150	$10/$30/$60/$80/20%-$200/20%-$300
2027 BCN Gold Option 5	**$3,000/$6,000** **$2,500/$5,000**	20%	**$3,000/$6,000** **$3,500/$7,000**	**$7,350/$14,700** **$9,100/$18,200**	$30/$50/$50/$150	**$10/$30/$60**/$80/20%-$200/20%-$300 **$4/$15/$40**/$80/20%-$200/20%-$300
2027 BCN Gold Option 6	**$3,500/$,7000** **$3,000/$6,000**	20%	**$2,500/$5,000** **$3,000/$6,000**	**$7,350/$14,700** **$9,100/$18,200**	$30/$50/$50/$150	**$10/$30/$60**/$80/20%-$200/20%-$300 **$4/$15/$40**/$80/20%-$200/20%-$300
2027 BCN Gold Option 7	**$4,500/$9,000** **$4,000/$8,000**	0%	–	**$8,150/$16,300** **$8,000/$16,000**	$20/$40/$50/$250	**$15/$40/$80/$100**/20%-$200/20%-$300 **$10/$30/$60/$80**/20%-$200/20%-$300
2027 BCN Gold Option 8	**$4,500/$9,000** **$4,000/$8,000**	10%	**$2,500/$5,000** **$3,000/$6,000**	**$8,150/$16,300** **$9,100/$18,200**	**$30/$50**/$50/$150 **$20/$40**/$50/$150	**$10/$30/$60**/$80/20%-$200/20%-$300 **$4/$15/$40**/$80/20%-$200/20%-$300
2027 BCN Gold Option 9	**$5,500/$11,000** **$5,000/$10,000**	10%	–	**$9,450/$10,900** **$10,000/$20,000**	$10/$30/$50/**$250** $10/$30/$50/**$150**	**$10/$30/$60**/$80/20%-$200/20%-$300 **$4/$15/$40**/$80/20%-$200/20%-$300
2027 BCN Silver Option 1	**$5,500/$11,000** **$5,000/$10,000**	0%	–	**$12,000/$24,000** **$10,150/$20,300**	$40/$60/$60/$350	$15/$40/**$100/$200**/20%-$300/20%-$500 $15/$40/**$80/$150**/20%-$300/20%-$500
2027 BCN Silver Option 2	**$5,500/$11,000** **$5,000/$10,000**	30%	–	**$12,000/$24,000** **$10,150/$20,300**	$40/$60/$60/$350	$15/$40/**$100/$200**/20%-$300/20%-$500 $15/$40/**$80/$150**/20%-$300/20%-$500
2027 BCN Silver Option 3	**$6,500/$13,000** **$6,000/$12,000**	0%	–	**$12,000/$24,000** **$10,150/$20,300**	$40/$60/$60/$350	$15/$40/**$100/$200**/20%-$300/20%-$500 $15/$40/**$80/$150**/20%-$300/20%-$500

Out-of-pocket costs shown are for in-network coverage. The plans listed above have a $0 copay for medical online visits.

For prescription copay-tier descriptions, see Pages 48-49.

Blue Care Network medical plans

● = New plan | **Bold** = 2027 modification | **Bold grey** = 2026 comparison | PCP = primary care provider visits | SP = specialist visits | UC = urgent care | ER = emergency room

BCN HSA℠ HMO	Deductible Single/family	Coinsurance	Out-of-pocket maximum Single/family	Copayments	
				PCP/SP/UC/ER	Prescription copay tiers ***Custom Select Drug List*** Includes mail-order 90-day refills (at three times copay) for drugs and contraceptives
2027 BCN HSA Platinum Option 1*	**$1,800/$3,600**	0%	**$1,800/$3,600**	Deductible	Deductible
2026 BCN HSA Platinum*	$1,700/$3,400		$1,700/$3,400		
● **2027 BCN HSA Platinum Option 2***	**$2,500/$5,000**	**0%**	**$2,500/$5,000**	**Deductible**	**Deductible**
2027 BCN HSA Gold Option 1*	**$1,750/$3,500**	20%	**$5,000/$10,000**	Deductible and coinsurance	$10/$30/$60/$80/20%-$200/20%-$300
	$1,700/$3,400		$4,500/$9,000		
2027 BCN HSA Gold Option 2*	$2,500/$5,000	0%	$4,500/$9,000	Deductible	$15/$40/**$100**/**$200**/20%-**$300**/20%-**$500**
					$15/$40/**$80**/**$100**/20%-**$200**/20%-**$300**
2027 BCN HSA Gold Option 3**	**$3,500/$7,000**	0%	**$3,500/$7,000**	Deductible	Deductible
	$3,400/$6,800		$3,400/$6,800		
2027 BCN HSA Silver Option 1**	**$3,500/$7,000**	20%	**$8,000/$16,000**	Deductible and coinsurance	$6/$25/$60/$80/20%-$200/20%-$300
	$3,400/$6,800		$7,500/$15,000		
2027 BCN HSA Silver Option 2**	**$4,500/$9,000**	10%	**$8,000/$16,000**	Deductible and coinsurance	$15/$40/$80/$100/20%-$200/20%-$300
	$4,000/$8,000		$7,500/$15,000		
2027 BCN HSA Silver Option 3**	**$5,500/$11,000**	0%	**$8,000/$16,000**	Deductible	$15/$40/$80/$100/20%-$200/20%-$300
	$5,000/$10,000		$7,500/$15,000		
● **2027 BCN HSA Silver Option 4****	**$6,500/$13,000**	**0%**	**$6,500/$13,000**	**Deductible**	**Deductible**
2027 BCN HSA Bronze Option 1**	**$6,500/$13,000**	20%	**$8,500/$17,000**	Deductible and coinsurance	$15/$40/**$100**/**$200**/20%-**$300**/20%-**$500**
	$6,000/$12,000		$8,300/$16,600		$15/$40/**$80**/**$100**/20%-**$200**/20%-**$300**
2027 BCN HSA Bronze Option 2**	**$8,000/$16,000**	0%	**$8,000/$16,000**	Deductible	Deductible
	$7,500/$15,000		$7,500/$15,000		

Out-of-pocket costs shown are for in-network coverage.

For prescription copay-tier descriptions, see Pages 48-49.

* Aggregate deductible and OOPM. With aggregate deductible, one person on a family contract can potentially fulfill the entire family's deductible.
** Embedded deductible and OOPM. With embedded deductible, member copays are limited to the individual level. A contract member can fulfill only the individual requirements.

Blue Care Network medical plans

Bold = 2027 modification | **Bold grey** = 2026 comparison | PCP = primary care provider visits | SP = specialist visits | UC = urgent care | ER = emergency room

BCN HRA℠ HMO	Deductible Single/family	Coinsurance	Embedded coinsurance maximum Single/family	Employer contribution	Out-of-pocket maximum Single/family	Copayments	
						PCP/SP/UC/ER	Prescription copay tiers ***Custom Select Drug List*** Includes mail-order 90-day refills (at three times copay) for drugs and contraceptives
2027 BCN HRA Platinum Option 1	$1,500/$3,000	20%	$500/$1,000	**$500** **$750**	$6,350/$12,700	$20/$40/$50/$150	$4/$15/$40/$80/20%-$200/20%-$300
2027 BCN HRA Platinum Option 2	$2,000/$4,000	20%	$500/$1,000	**$750** **$1,000**	$6,350/$12,700	$20/$40/$50/$150	$4/$15/$40/$80/20%-$200/20%-$300
2027 BCN HRA Gold Option 1	$3,000/$6,000	20%	–	$150	$9,100/$18,200	$30/$50/$50/$150	$6/$25/$50/$80/20%-$200/20%-$300
2027 BCN HRA Gold Option 2	$4,000/$8,000	20%	–	$350	$9,100/$18,200	$30/$60/$60/$150	$6/$25/$60/$80/20%-$250/20%-$350
2027 BCN HRA Platinum Option 3	$5,000/$10,000	20%	–	**$2,000** **$2,500**	$6,350/$12,700	$20/$40/$50/$150	$6/$25/$50/$80/20%-$200/20%-$300

Out-of-pocket costs shown are for in-network coverage. The plans listed above have a $0 copay for medical online visits.

For prescription copay-tier descriptions, see Pages 48-49.

Blue Care Network medical plans

Bold = 2027 modification | **Bold grey** = 2026 comparison | Enhanced level | Standard level | PCP = primary care provider visits | SP = specialist visits | UC = urgent care | ER = emergency room

BCN Healthy *Blue* Living℠ HMO	Deductible Single/family	Coinsurance	Embedded coinsurance maximum Single/family	Out-of-pocket maximum Single/family	Copayments	
					PCP/SP/UC/ER	Prescription copay tiers ***Custom Select Drug List*** Includes mail-order 90-day refills (at three times copay) for drugs and contraceptives
2027 BCN Healthy *Blue* Living Platinum	$500/$1000	0%	–	$2,000/$4,000	$10/$30/$35/$150	**$6/$25/$50**/$80/20%-$200/20%-$300 **$4/$15/$40**/$80/20%-$200/20%-$300
	$1,250/$2,500	20%	–	$4,000/$8,000	$20/$40/$50/$150	**$10/$30/$60**/$80/20%-$200/20%-$300 **$6/$25/$50**/$80/20%-$200/20%-$300
2027 BCN Healthy *Blue* Living Gold Option 1	$1,000/$2,000	20%	$3,500/$7,000	$8,150/$16,300	$30/$40/$50/$150	$10/$30/$60/$80/20%-$200/20%-$300
	$3,000/$6,000	30%	$4,000/$8,000	$8,150/$16,300	$40/$60/$60/$250	$15/$40/$60/$80/20%-$200/20%-$300
2027 BCN Healthy *Blue* Living Gold Option 2	$1,500/$3,000	20%	$2,500/$5,000	**$8,150/$16,300** **$6,600/$13,200**	$30/$40/$50/$150	$6/$25/$50/$80/20%-$200/20%-$300
	$4,000/$8,000	30%	–	**$8,150/$16,300** **$6,600/$13,200**	$40/$60/$60/$250	$10/$30/$60/$80/20%-$200/20%-$300
2027 BCN Healthy *Blue* Living Gold Option 3	$2,000/$4,000	20%	$1,000/$2,000	**$8,150/$16,300** **$6,600/$13,200**	$30/$40/$50/$150	$10/$30/$60/$80/20%-$200/20%-$300
	$4,000/$8,000	30%	$2,000/$4,000	**$8,150/$16,300** **$6,600/$13,200**	$40/$60/$60/$250	$15/$40/$60/$80/20%-$200/20%-$300

Out-of-pocket costs shown are for in-network coverage. The plans listed above have a $0 copay for medical online visits.

For prescription copay-tier descriptions, see Pages 48-49.

Blue Care Network medical plans

Prescription copay-tier descriptions

Preferred generic — This tier includes common, nonspecialty generic and select brand-name drugs that treat certain chronic diseases. Offering these drugs at the lowest out-of-pocket costs makes them more accessible to members and helps ensure they take them as prescribed.

Generic — This tier includes generic drugs made with the same active ingredients, available in the same strengths and dosage forms and are administered in the same way as equivalent brand-name drugs. They also require the lowest copay or coinsurance, making them the most cost-effective option for the treatment.

Preferred brand — This tier includes nonspecialty preferred brand-name drugs. These drugs are more expensive than generics, and members pay more for them.

Nonpreferred brand — This tier includes nonspecialty brand-name drugs for which there's either a generic alternative or a more cost-effective preferred brand-name drug available. Members pay more for these nonpreferred brand-name drugs.

Preferred specialty — This tier includes generic specialty, preferred brand-name specialty and preferred specialty drugs that are used to treat difficult health conditions. These drugs are more cost-effective than nonpreferred specialty drugs.

Nonpreferred specialty — This tier includes nonpreferred brand-name specialty drugs that are used to treat difficult health conditions. Members pay more for nonpreferred specialty drugs because there are cost-effective generic or preferred drugs available.