

Prescription Benefits for Statewide Schools

Prescription Drug Option SNAKE RIVER SCHOOL DISTRICT 52-EFFECTIVE SEPTEMBER 1, 2015		Prescription Benefits for Statewide Schools	
Retail and Mail Order (90 day supply with multiple copays)	Generic	You pay a \$10 copayment – No Deductible required	
Retail and Mail Order (90 day supply with multiple copays)		\$250 deductible per participant on Formulary and Non-Formulary Brand Name Drugs.*	
		Preferred Brand Name	You pay a \$30 copayment after Deductible is met
		Non-Preferred Brand Name	You pay a \$50 copayment after Deductible is met
Prescribed Contraceptives	You pay nothing for Women's Preventive Prescription Drugs and devices as specifically listed on the BCI Web site, www.bcidaho.com ; Deductible does not apply. The day supply allowed shall not exceed a 90-day supply at one (1) time, as applicable to the specific contraceptive drug or supply.		
Out-of-Pocket Limit	<p>Individual: You pay \$1,000 in Copayments and/or Coinsurance per Benefit Period for a combination of all Prescription Drug charges incurred.</p> <p>Family: You pay a combination of \$2,000 in Copayments and/or Coinsurance per Benefit Period for a combination of all Prescription Drug charges incurred.</p> <p><i>When the Prescription Drug Out-of-Pocket Limit is met, the Prescription Drug Benefits payable will increase to 100% of the Allowed Charge or the Usual Charge for the remainder of the Benefit Period.</i></p>		