

## *Prescription Benefits for Statewide Schools*

| Prescription Drug Option Snake River School District 52<br>EFFECTIVE September 1, 2016 |   | Prescription Benefits for Statewide Schools   |  |
|--|---|---|--|
| <b>Retail and Mail Order</b><br>(90 day supply with multiple copays)                   | <b>Generic</b>  | You pay a \$10 copayment – No Deductible required   |  |
| <b>Retail and Mail Order</b><br>(90 day supply with multiple copays)                   |   | <b>\$250 deductible per participant on Formulary and Non-Formulary Brand Name Drugs.*</b> |  |
|  |   | <b>Preferred Brand Name</b>   | You pay a \$30 copayment after Deductible is met |
|  |   | <b>Non-Preferred Brand Name</b>   | You pay a \$50 copayment after Deductible is met |
| <b>Prescribed Contraceptives</b>   | You pay nothing for Women's Preventive Prescription Drugs and devices as specifically listed on the BCI Web site, <a href="http://www.bcidaho.com">www.bcidaho.com</a> ; 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.  |   |  |
| <b>Out-of-Pocket Limit</b>   | <p><b>Individual:</b> You pay \$1,000 in Copayments and/or Coinsurance per Benefit Period for a combination of all Prescription Drug charges incurred.</p> <p><b>Family:</b> 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> |   |  |