

Benefit Highlight Sheet Plummer-Worley School District 44 Effective Date: September 1, 2022

Prescription Benefits for Idaho School Benefit Trust

(The Formulary will be made available to any Participant on request by contacting Blue Cross of Idaho's Customer Services Department at 208-331-7347 or 800-627-1188.)

Each non Specialty Prescription Drug shall not exceed a 90-day supply at one (1) time

Specialty Prescription Drugs shall not exceed a 30-day supply at one (1) time

(one Copayment for each 30-day supply)

SPECIALTY PRESCRIPTION DRUGS

The Plan may increase the Cost Sharing listed below to take full advantage of any available drug cost share assistance program offered by drug manufacturers (either directly or indirectly through third parties). This feature, known as the Cost Relief Program, can lower overall costs to the Plan for certain Specialty Prescription Drugs. If a Participant enrolls in the Cost Relief Program, they will not be responsible for the additional Cost Sharing. If a Participant does not enroll, their Cost Sharing may increase, and may not count towards, their Deductible or Out-of-Pocket Limit.

Retail and Mail Order	What you pay
Tier 1 - Generic Drugs and Generic Specialty Drugs*	\$10 Copayment per prescription – No Deductible required
\$250 Deductible for Preferred and Non-Preferred Brand Name and Specialty Drugs	
Tier 2 - Preferred Brand Name Drugs and Preferred Specialty Drugs*	\$30 Copayment per prescription after Deductible is met
Tier 3 - Non-Preferred Brand Name Drugs and Non-Preferred Specialty Drugs*	\$50 Copayment per prescription after Deductible is met
*Specialty Prescription Drug Cost Relief Program Please note that certain Specialty Prescription Drugs are only available from an In-Network Specialty Pharmacy, and a Participant will not be able to get them at a Retail Pharmacy. For more information about applicable Cost-sharing amounts available to Specialty Drugs that are eligible for the Cost Relief Program, please see the "Drug Cost Relief Program" section in the Prescription Drug Benefits Section.	
ACA Preventive Prescription Drugs	No charge for ACA Preventive Prescription Drugs as specifically listed on the BCI Formulary on the BCI Website, www.bcidaho.com . (Deductible does not apply)
Prescribed Contraceptives	No charge for Women's Preventive Prescription Drugs and devices as specifically listed on the BCI Formulary on the BCI Website, 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	Individual: \$3,000 in Copayments and/or Cost Sharing per Benefit Period for a combination of all Prescription Drug charges incurred. Family: Combination of \$6,000 in Copayments and/or Cost Sharing per Benefit Period for a combination of all Prescription Drug charges incurred. <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>

The information in this Highlight Sheet is for informational and comparison purposes only. It is not a complete summary or description of benefits. Coverage is subject to the provisions of the corresponding Plan Documents and Summary Plan Description, which contains the details terms and conditions of coverage. Certain services not specifically noted may be excluded. Please refer to the Plan Document and Summary Plan Description issued for a more complete description of benefits, exclusions limitations and conditions of coverage. If there is a difference or conflict between this Highlight Sheet and its corresponding Plan Documents and Summary Plan Description, the Plan Documents and Summary Plan Description will control. This Highlight Sheet is subject to annual update.

Certain Prescription Drugs have generic equivalents. If the Participant requests a Brand Name Drug, the Participant is responsible for the difference between the price of the Generic Drug and the Brand Name Drug, regardless of the Preferred or Non-Preferred status.

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