

Prescription Benefits for Statewide Schools

| Prescription Drug Option Weiser School District Effective 09/01/2017 | | Prescription Benefits for Statewide Schools | |
|---|---|---|--|
| Retail (90 day supply with multiple copays) | Generic | You pay \$10 copayment | |
| | Preferred Brand Name | You pay 50% Coinsurance | |
| | Non-Preferred Brand Name | You pay 70% Coinsurance | |
| | Specialty | You pay 50% Coinsurance | |
| Mail Order (90 day supply with multiple copays) | Copayment | Matches Retail | |
| 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> | | |