Blue Cross of Idaho
An Independent Licensee of the Blue Cross and Blue Shield Association

Prescription Benefits

Benefit Highlight Sheet for Canyon-Owyhee PPO3000 Effective Date:09/01/2023

PRESCRIPTION DRUG BENEFITS

- The Formulary will be made available to any Participant on request by contacting our Blue Cross of Idaho Customer Service 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.
- Each Specialty Prescription Drug shall not exceed a 30 day supply at one (1) time.
- One Copayment for each 30 day supply

RETAIL OR BCI MAIL ORDER PHARMACIES
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.

OUT-OF-POCKET LIMIT (PER BENEFIT PERIOD)

Individual: $1,000 in Copayments and/or Cost Sharing for a combination of all Prescription Drug charges incurred.

Family: $2,000 in Copayments and/or Cost Sharing for a combination of all Prescription Drug charges incurred. (*No Participant may contribute more than the Individual Prescription Drug Out-of-Pocket Limit amount toward the Family Prescription Drug Out-of-Pocket Limit.)*

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.

Tier	Cost
Tier 1 – Generic Drugs and Generic Specialty Drugs*	**$15** Copayment per prescription. No Deductible required.
Tier 2 – Preferred Brand Name Drugs and Preferred Specialty Drugs*	**$30** Copayment per prescription. No Deductible required.
Tier 3 – Non-Preferred Brand Name Drugs and Non-Preferred Specialty Drugs*	**$45** Copayment per prescription. No Deductible required.

***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
Prescribed Contraceptives	No Charge

Note: 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.

This information is for comparison purposes only and not a complete description of benefits. All descriptions of coverage are subject to the provisions of the corresponding plan, which contains all the terms and conditions of coverage and exclusions and limitations. Certain services not specifically noted may be excluded. Please refer to the plan issued for a complete description of benefits, exclusions limitations and conditions of coverage. If there is a difference between this comparison and its corresponding plan, the plan will control.