

Benefit Highlight Sheet for Canyon-Owyhee SD Effective Date: September 01, 2020		
Prescription Benefits for Idaho School Benefit Trust		
	What you pay	
Retail (90-day supply with multiple copays)	Generic	\$15 Copayment per prescription
	Preferred Brand Name	\$30 Copayment per prescription
	Non-Preferred Brand Name	\$45 Copayment per prescription
Mail Order (90-day supply with multiple copays)	Matches Retail	
ACA Preventive Prescription Drugs	No charge for ACA Preventive Prescription Drugs as specifically listed on the BCI Formulary on the BCI Formulary on the BCI Web site, 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 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: \$1,000 in Copayments and/or Cost Sharing per Benefit Period for a combination of all Prescription Drug charges incurred.</p> <p>Family: Combination of \$2,000 in Copayments and/or Cost Sharing 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>	

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.

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.