

<b>Benefit Highlight Sheet for Lewiston SD Effective Date: September 1, 2022</b>	
<b>Prescription Benefits for Idaho School Benefit Trust</b>	
(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.) <i>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)</i>	
<b>SPECIALTY PRESCRIPTION DRUGS</b>	
<i>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.</i>	
<b>Retail and Mail Order</b>	<b>What you pay</b>
<b>Tier 1 - Preferred Generic Drugs</b>	\$10 Copayment
<b>Tier 2 - Non-Preferred Generic Drugs</b>	\$20 Copayment
<b>\$250 Deductible for Preferred Brand Name Drugs, Non-Preferred Brand Name Drugs, Preferred Specialty Drugs, Generic Specialty Drugs and Non-Preferred Specialty Drugs</b>	
<b>Tier 3 - Preferred Brand Name Drugs</b>	\$30 Copayment
<b>Tier 4 - Non-Preferred Brand Name Drugs</b>	\$50 Copayment
<b>Tier 5 - Preferred Specialty Drugs and Generic Specialty Drugs*</b>	20% Cost Sharing
<b>Tier 6 - Non-Preferred Specialty Drugs*</b>	30% Cost Sharing
<b>*Specialty Prescription Drug Cost Relief Program</b> 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.	
<b>ACA Preventive Prescription Drugs</b>	No charge for ACA Preventive Prescription Drugs as specifically listed on the BCI Formulary on the BCI Website, <a href="http://www.bcidaho.com">www.bcidaho.com</a> . (Deductible does not apply)
<b>Prescribed Contraceptives</b>	No charge for Women's Preventive Prescription Drugs and devices as specifically listed on the BCI Formulary on the BCI Website, <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>	<b>Individual:</b> \$1,000 in Copayments and/or Cost Sharing per Benefit Period for a combination of all Prescription Drug charges incurred.  <b>Family:</b> Combination of \$2,000 in Copayments and/or Cost Sharing per Benefit Period for a combination of all Prescription Drug charges incurred.

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<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>
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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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