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

Prescription Drug Option Cottonwood School District 242 Effective Date September 1, 2018		Prescription Benefits for Idaho School Benefit Trust
Retail (90 day supply with multiple copays)	**Generic**	You pay $10 copayment
	Preferred Brand Name	You pay $25 copayment
	Non-Preferred Brand Name	You pay $40 copayment
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		**Individual:** You pay $3,000 in Copayments and/or Cost Sharing per Benefit Period for a combination of all Prescription Drug charges incurred. **Family:** You pay a combination of $6,000 in Copayments and/or Cost Sharing per Benefit Period for a combination of all Prescription Drug charges incurred. *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.*

This information is for comparison purposes only and not a completed 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. 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. This comparison is subject to annual update and may not reflect the information contained in the corresponding plan.