

**DISCLAIMER: PRELIMINARY DRAFT – FOR GENERAL INFORMATION PURPOSES ONLY.** This Highlight Sheet is pending regulatory approval and is subject to change (which may be significant or material). The information and terms contained herein may not be relied upon for any reason and neither this Highlight Sheet nor any of the information or terms contained herein shall form the basis of any contract or commitment by any party. No representation or warranty, express or implied, is provided in relation to the accuracy, correctness, completeness or reliability of the information and terms contained herein. The final version of this Highlight Sheet will be furnished to interested parties following regulatory approval. Additional terms and conditions may apply.

Benefit Highlight Sheet Jefferson School District 251	HSA Blue <sup>SM</sup> PPO for Idaho School Benefit Trust	
	In-Network	Out-of-Network
<b>Effective Date</b> September 1, 2020		
<b>Benefit Period* Aggregate Deductible**</b> (Individual/Family, applies to benefits below unless noted.)	\$6,800/\$13,600	
<b>Cost Sharing</b>	No charge	No charge
<b>Out-of-Pocket Limit</b> (See Plan for services that do not apply to the limit.) (Includes applicable Deductible, Cost Sharing and Copayments)	\$6,800/\$13,600	
<b>COVERED SERVICES</b> <i>By choosing a non-contracting provider you may be responsible for the difference between what Blue Cross allows and what the non-contracting provider charges. This is called balance-billing. Some services may require prior authorization.</i>	In-Network	Out-of-Network
	<b>What you pay</b>	
<b>Ambulance Transportation Services</b>	Deductible	Deductible
<b>Breastfeeding Support and Supply Services</b> (Limited to one (1) breast pump purchase per benefit period, per Participant)	No charge	
<b>Chiropractic Care</b> (Limited to 18 visits combined per Participant, per benefit period)	Deductible	
<b>Dental Services Related to Accidental Injury</b>		
<b>Diabetes Self-Management Education Services</b> (Only for accredited providers approved by BCI.)		
<b>Diagnostic Services</b> (Including diagnostic mammograms)		
<b>Durable Medical Equipment, Orthotic Devices and Prosthetic Appliances</b>		
<b>Emergency Services – Facility Services</b> (Copayment waived if admitted) (Additional services, such as laboratory, x-ray, and other Diagnostic Services are subject to applicable Deductible, Cost Sharing and/or Copayment.) (BCI will provide in-network benefits for treatment of Emergency Medical Conditions. Participant may be balance-billed for these services.)	\$100 Copayment for hospital Outpatient emergency room visit, then Deductible	\$100 Copayment for hospital Outpatient emergency room visit, then Deductible
<b>Emergency Services – Professional Services</b> (BCI will provide in-network benefits for treatment of Emergency Medical Conditions. Participant may be balance-billed for these services.)	Deductible	Deductible
<b>Home Health Skilled Nursing</b>		
<b>Home Intravenous Therapy</b>		
<b>Hospice Services</b>		
<b>Hospital Services</b> (Inpatient and outpatient services at a licensed general hospital or ambulatory surgical facility.)		
<b>Rehabilitation or Habilitation Services</b>		
<b>Maternity Services and/or Involuntary Complications of Pregnancy</b>		
<b>Medical Services (Inpatient and outpatient)</b>		
<b>Mental Health– Inpatient and Outpatient</b> (Facility and Professional Services) (No charge after Deductible for Outpatient Psychotherapy Services, for Participants under the age of eighteen (18).)		
<b>Outpatient Applied Behavioral Analysis</b> (as part of an approved treatment plan)		

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<b>Outpatient Habilitation Therapy Services</b> (Includes physical, speech and occupational therapies. Limited to 20 visits combined per Participant, per benefit period.)	Deductible	Deductible
<b>COVERED SERVICES</b> <i>By choosing a non-contracting provider you may be responsible for the difference between what Blue Cross allows and what the non-contracting provider charges. This is called balance-billing. Some services may require prior authorization</i>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Outpatient Rehabilitation Therapy Services</b> (Includes physical, speech and occupational therapies. Limited to 20 visits combined per Participant, per benefit period.)	Deductible	Deductible
<b>Pediatric Physician Office Visit</b> (For Participants under the age of eighteen (18).)	No charge after Deductible	
<b>Physician Office Visit</b>	Deductible	
<b>Prescribed Contraceptive Services</b> (Includes diaphragms, intrauterine devices (IUDs), implantables, injections and tubal ligation.)	No charge	
<b>Post-Mastectomy/Lumpectomy Reconstructive Surgery</b>	Deductible	
<b>Skilled Nursing Facility</b> (Limited to 30 days combined per Participant, per benefit period.)		
<b>Surgical/Medical</b>		
<b>Therapy Services</b> (Including chemotherapy, growth hormone therapy, radiation and renal dialysis.)		
<b>Transplant Services</b>	No charge for services specifically listed  For services not specifically listed Deductible	
<b>Preventive Care Benefits</b> (See plan for specifically listed services)		
<b>Immunizations</b> (See Plan for specifically listed immunizations)	No charge for listed immunizations	
<b>Telehealth Services</b> (Services provided by MDLIVE for Medical Consult, Psychotherapy Treatment, Outpatient Medication Management and Psychiatric Evaluation/Medical Service covered services)	Deductible and Cost Sharing  To request a consultation, call 1-888-920-2975 or visit the website at <a href="http://www.mdlive.com/bcidaho">www.mdlive.com/bcidaho</a> [mdlive.com].	
<b>Treatment for Autism Spectrum Disorder</b> (Services identified as part of the approved treatment plan)	Covered the same as any other illness, depending on the services rendered, see appropriate Covered Services section. Visit limits do not apply to Treatments for Autism Spectrum Disorder, and related diagnoses.	

\*The specified period of time during which charges for covered services must be incurred in order to accumulate toward annual benefit limits, deductible amounts and out-of-pocket limits.

\*\*One family member will not accumulate more than the individual deductible or out-of-pocket maximum toward the family deductible or out-of-pocket maximum. After one family member has met the individual deductible, benefits begin for that person. After the family deductible has been met, benefits begin for all family members.

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<b>PRESCRIPTION DRUG BENEFITS</b>		
Each non Specialty Prescription Drug shall not exceed a 90-day supply at one (1) time (Prescription Drug Services apply to the In-Network Out-of-Pocket Limit.)		
<b>RETAIL OR BCI MAIL ORDER PHARMACIES</b>	<b>In-Network</b>	<b>Out-of-Network</b>
	<b>WHAT YOU PAY</b>	
<b>Generic Prescription Drugs</b>	No charge, after Deductible	
<b>Preferred Brand Name Prescription Drugs</b>		
<b>Non-Preferred Brand Name Prescription Drugs</b>		
<b>ACA Preventive Prescription Drugs</b>	No charge for ACA Preventive Prescription Drugs as specifically listed on the BCI Formulary on the BCI Web site, <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 Web site, <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.	

**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.

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# HSA PREVENTIVE DRUG LIST

You Make the Choices, We Make it Easy

If your Benefit Summary indicates specific coverage for preventive drugs, the Preventive Drug List provides the drugs you can obtain under this benefit. Plans that have specific preventive drug benefits are generally:

- High Deductible Health Plans (HDHPs) or Health Savings Account (HSA) plans
- Employer plans that have purchased an HDHP/HSA plan **OR**
- Employer plans that have purchased a preventive drug enhancement

Blue Cross of Idaho covers the drugs on this list at the preventive drug cost-sharing amount found in your plan documents, and you do not need to have met your deductible when you get these prescriptions filled at an in-network pharmacy.

## FOR OUR MEMBERS:

- Visit an in-network pharmacy to receive this benefit.
- Present your Blue Cross of Idaho member ID card to ensure you receive the complete benefit.
- You or your doctor may be asked to provide supporting documentation that the drug you are taking is being used for prevention.

## FOR OUR HEALTHCARE PROVIDERS:

- Please prescribe preventive drugs from this list and allow generic substitutions when medically appropriate.

**NOTE:** A drug's appearance on this list does not guarantee coverage. Not all drugs listed are covered by all prescription drug plans. Certain drug plans may cover additional drugs at a preventive benefit that are not listed below. Check your benefit materials for the specific drugs covered and the cost-share information for your prescription-drug benefit program. This list may not include all prescription drugs intended for preventive purposes. This list is periodically reviewed by clinical experts. Medications may be added or removed from this list based on clinical review of the medication's intended purpose and its availability.

## HOW TO USE THIS LIST:

Generic drugs are listed in lower case letters, example: atenolol. Generic medications contain the same active ingredients as their corresponding brand-name counterparts; though they may look different in shape and color, they have been FDA-approved under the same strict standards.

Brand-name drugs are listed in CAPITAL letters, example: NOVOLOG. When brand-name drugs lose their patents and become available generically, only the generic equivalent will be eligible under this preventive benefit.

<b>ANTIDEPRESSANTS</b>		
citalopram tablets	fluoxetine capsules	sertraline tablets
escitalopram tablets	paroxetine immediate-release tablets	venlafaxine immediate-release tablets
<b>ASTHMA</b>		
ADVAIR HFA	fluticasone propionate-salmeterol inh	SPIRIVA
ASMANEX	ipratropium soln	SPIRIVA RESPIMAT
ASMANEX HFA	ipratropium-albuterol soln	SYMBICORT
budesonide susp	levalbuterol	terbutaline
COMBIVENT RESPIMAT	montelukast	theophylline
cromolyn sodium soln	PULMICORT INH	theophylline ER
FLOVENT DISKUS	QVAR REDHALER	zafirlukast
FLOVENT HFA	SEREVENT	
<b>BLOOD PRESSURE-LOWERING MEDICATIONS</b>		
<b>ACE Inhibitors &amp; Diuretic Combinations</b>		
benazepril	fosinopril	olmesartan medoxomil
benazepril-HCTZ	fosinopril-HCTZ	olmesartan medoxomil-HCTZ
captopril	lisinopril	quinapril
captopril-HCTZ	lisinopril-HCTZ	quinapril-HCTZ
enalapril	moexipril	ramipril
enalapril-HCTZ	moexipril-HCTZ	trandolapril
<b>Angiotensin Receptor &amp; Diuretic Combinations</b>		
candesartan	irbesartan-HCTZ	telmisartan-HCTZ
candesartan-HCTZ	losartan	valsartan
eprosartan	losartan-HCTZ	valsartan-HCTZ
irbesartan	telmisartan	
<b>Beta Blockers &amp; Diuretic Combinations</b>		
acebutolol	labetalol	propranolol SR
atenolol	metoprolol succinate ER	propranolol-HCTZ
atenolol-chlorthalidone	metoprolol tartrate	sotalol
betaxolol	metoprolol-HCTZ	sotalol AF

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Check your benefit materials for cost-share information.

For specific questions regarding your coverage, please call the phone number printed on your member ID card.

bisoprolol	nadolol	timolol
bisoprolol-HCTZ	pindolol	
carvedilol	propranolol	
<b>Calcium Channel Blockers</b>		
afeditab CR	diltiazem SR	nifedipine osmotic
amlodipine	felodipine SR	verapamil
diltiazem	isradipine	verapamil CR
diltiazem CD	nicardipine	verapamil SR
diltiazem ER	nifedipine	
diltiazem LA	nifedipine ER	
<b>Diuretics (water pills)</b>		
amiloride	eplerenone	spironolactone
amiloride-HCTZ	furosemide	spironolactone-HCTZ
bumetanide	hydrochlorothiazide (HCTZ)	torsemide
chlorthalidone	indapamide	triamterene-HCTZ
chlorothiazide	metolazone	
<b>Other Blood Pressure-Lowering Medications &amp; Combinations</b>		
amlodipine-atorvastatin	clonidine	methyl dopa
amlodipine-benazepril	clonidine patches	minoxidil
amlodipine-valsartan	guanfacine	telmisartan-amlodipine
amlodipine-valsartan-HCTZ	hydralazine	trandolapril-verapamil
<b>BLOOD THINNING AGENTS</b>		
anagrelide	clopidogrel	warfarin
cilostazol	pentoxifylline	
<b>CHOLESTEROL-LOWERING MEDICATIONS</b>		
<b>Statin/HMG CoA Reductase Inhibitors &amp; Combinations</b>		
atorvastatin	lovastatin	rosuvastatin
fluvastatin	pravastatin	simvastatin
<b>Other Cholesterol-Lowering Medications</b>		
cholestyramine	ezetimibe	fenofibrate
cholestyramine light	ezetimibe-simvastatin	fenofibrate, micronized
colestipol	fenofibric acid	gemfibrozil
<b>DIABETES</b>		
acarbose	LANTUS	pioglitazone-metformin
FIASP	LEVEMIR	repaglinide
glimepiride	metformin	RYBELSUS (ST, QL)
glipizide	metformin ER	SYMLINPEN
glipizide extended release	nateglinide	TRESIBA
glipizide-metformin	NOVOLIN (Not including Novolin Relion Products carried at Walmart Pharmacies)	TOUJEO
glyburide	NOVOLOG	TRULICITY (ST, QL)
glyburide, micronized	OZEMPIC (ST, QL)	VICTOZA (ST, QL)
glyburide-metformin	pioglitazone	
HUMULIN-R 500	pioglitazone-glimepiride	
<b>Diabetic Supplies</b>		
BD Lancets	insulin syringes	ONETOUCH Lancets
insulin pen needles	NOVOFINE Lancets	ONETOUCH test strips (QL)
<b>OSTEOPOROSIS</b>		
alendronate (QL)	ibandronate (QL)	risedronate (QL)
<b>WOMENS HEALTH</b>		
<b>Breast Cancer Prevention</b>		
raloxifene (AL)	tamoxifen (AL)	
<b>Birth Control</b>		
All generic oral contraceptives	Medroxyprogesterone acetate (IM) (QL)	Xulane (generic Ortho-Evra)
DIAPHRAGMS (QL)	etonogestrel/ethinyl estradiol ring (QL)	
<b>Birth Control (Emergency Contraception)</b>		
All generic emergency contraceptives	ELLA	
<b>Thyroid</b>		
levothyroxine tablets		
<b>VACCINES</b>		
FLU	PNEUMONIA	SHINGLES (AL)

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