

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 Effective Date September 1, 2020	
Prescription Benefits for Idaho School Benefit Trust	
<p><i>Each non Specialty Prescription Drug shall not exceed a 90-day supply at one (1) time</i> <i>Specialty Prescription Drugs shall not exceed a 30-day supply at one (1) time</i> <i>(one Copayment for each 30-day supply)</i></p>	
Retail and Mail Order	What you pay
Preferred Generic Prescription Drugs	\$10 Copayment – No Deductible required
Non-Preferred Generic Prescription Drugs	\$20 Copayment – No Deductible required
\$250 Deductible for Preferred Brand Name Drugs, Non-Preferred Brand Name Drugs, Preferred Specialty Drugs, Generic Specialty Drugs and Non-Preferred Specialty Drugs	
Preferred Brand Name Prescription Drugs	\$30 Copayment after Deductible
Non-Preferred Brand Name Prescription Drugs	\$50 Copayment after Deductible
Preferred Specialty and Generic Specialty Prescription Drugs	20% Coinsurance after Deductible
Non-Preferred Specialty Prescription Drugs	30% Coinsurance after Deductible
ACA Preventive Prescription Drugs	No charge for ACA Preventive Prescription Drugs as specifically listed 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: \$2,000 in Copayments and/or Cost Sharing per Benefit Period for a combination of all Prescription Drug charges incurred.</p> <p>Family: Combination of \$4,000 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>

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.



Prescription Benefits

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.

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.