

Prescription Benefits

*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)*

Retail and Mail Order	What you pay
Preferred Generic Prescription Drugs	\$5 Copayment – No Deductible required
Non-Preferred Generic Prescription Drugs	\$15 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 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: \$3,000 in Copayments and/or Coinsurance per Benefit Period for a combination of all Prescription Drug charges incurred.</p> <p>Family: Combination of \$6,000 in Copayments and/or Coinsurance 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 Insured requests a Brand Name Drug, the Insured 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.

This information is for comparison purposes only and not a complete description of benefits. All descriptions of coverage are subject to the provisions of the corresponding policy/contract, which contains all the terms and conditions of coverage. Certain services not specifically noted may be excluded. Please refer to the policy/contract issued for a complete description of benefits, exclusions limitations and conditions of coverage. If there is a difference between this comparison and its corresponding policy/contract, the policy/contract will control. This comparison is subject to annual update and may not reflect the information contained in the corresponding policy/contract.