

**PRESCRIPTION DRUG BENEFITS**

- The Formulary will be made available to any Participant on request by contacting the Contract Administrator’s Customer Service Department at (208) 331-7347 or (800) 627-1188.
- Each non-Specialty Prescription Drug shall not exceed a 90 day supply at one (1) time.
- Each Specialty Prescription Drug shall not exceed a 30 day supply at one (1) time.
- One Copayment for each 30 day supply

**RETAIL OR MAIL ORDER PHARMACIES**

**SPECIALTY PRESCRIPTION DRUGS**

*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.*

**OUT-OF-POCKET LIMIT (PER BENEFIT PERIOD)**

**Individual:** \$3,000 in Copayments and/or Cost Sharing for a combination of all Prescription Drug charges incurred.

**Family:** \$6,000 in Copayments and/or Cost Sharing for a combination of all Prescription Drug charges incurred. *(No Participant may contribute more than the Individual Prescription Drug Out-of-Pocket Limit amount toward the Family Prescription Drug Out-of-Pocket Limit.)*

*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.*

<b>Retail</b>	
<b>Tier 1*</b>	\$15 Copayment per prescription. No Deductible required.
<b>Tier 2*</b>	\$30 Copayment per prescription. No Deductible required.
<b>Tier 3*</b>	\$45 Copayment per prescription. No Deductible required.
<b>Mail Order Pharmacy</b>	
<b>Tier 1*</b>	\$15 Copayment per prescription. No Deductible required.
<b>Tier 2*</b>	\$30 Copayment per prescription. No Deductible required.
<b>Tier 3*</b>	\$45 Copayment per prescription. No Deductible required.

**\*Specialty Prescription Drug Cost Relief Program**  
 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
<b>Prescribed Contraceptives</b>	No Charge

**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.