

TELEHEALTH SERVICES	
Telehealth Virtual Care Services	Telehealth Virtual Care Services are available for any category of covered outpatient services. The amount of payment and other conditions for in-person services will apply to Telehealth Virtual Care Services. Please see the appropriate section of the Benefits Outline for those terms.

PRESCRIPTION DRUG BENEFITS
<ul style="list-style-type: none"> • 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. • Prescription Drug Services apply to the Out-of-Pocket Limits.

RETAIL OR MAIL ORDER PHARMACIES		
Tier 1	30% Cost Sharing after the Individual/Family Deductible is met	
Tier 2		
Tier 3		
Tier 4		
Tier 5		
Tier 6		
ACA Preventive Prescription Drugs	No Charge	
HSA Preventive Prescription Drugs	No Charge	30% Cost Sharing after the Individual/Family Deductible is met
Prescribed Contraceptives	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.

COVERED SERVICES	In-Network	Out-of-Network <small>CFIS</small>
<i>Some services may require Prior Authorization.</i>		
<i>The Participant is responsible to pay these amounts:</i>		
Ambulance Transportation Services <ul style="list-style-type: none"> • Ground Ambulance Services • Air Ambulance Services <i>Payment for Out-of-Network Air Ambulance Services is based on the Qualifying Payment Amount. Out-of-Network Air Ambulance Services accumulate towards the In-Network Out-of-Pocket Limit.</i>	Deductible and Cost Sharing Deductible and Cost Sharing	Deductible and Cost Sharing In-Network Deductible and In-Network Cost Sharing
Breastfeeding Support and Supply Services <i>(Includes rental and/ or purchase of manual or electric breast pumps. Limited to one (1) breast pump purchase per Benefit Period, per Participant.)</i>	No Charge (Deductible does not apply)	Deductible and Cost Sharing