

Prescription Benefits for Statewide Schools

Prescription Drug Option Teton School District 401 Effective: September 1, 2017		Prescription Benefits for Statewide Schools
Retail (90 day supply with multiple copays)	Copayment and Coinsurance	You pay \$0 generic/\$10 brand You also pay 20% Coinsurance
Mail Order (90 day supply with multiple copays)	Copayment	Matches Retail
Prescribed Contraceptives	You pay nothing 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	Individual: You pay \$2,000 in Copayments and/or Coinsurance per Benefit Period for a combination of all Prescription Drug charges incurred. Family: You pay a combination of \$4,000 in Copayments and/or Coinsurance per Benefit Period for a combination of all Prescription Drug charges incurred.	
Drug Benefits payable will increase t		cription Drug Out-of-Pocket Limit is met, the Prescription ayable will increase to 100% of the Allowed Charge or ge for the remainder of the Benefit Period.