

Frenship ISD
Pharmacy Schedule of Benefits
Preferred Provider Organization
Custom HDHP Rx Plan
FIS3XPHD

The following is a summary of the copayment amounts members must pay when receiving the covered pharmacy benefits listed below. If you have any questions or would like more information about the Issuer's pharmacy benefits go to **BSWHealthPlan.com** or contact Customer Service, Monday through Friday, 7:00 AM – 7:00 PM CT, at **844.633.5325**, TTY Line 711.

The Issuer does not discriminate based on race, color, national origin, disability, age, sex, gender identity, sexual orientation, political affiliation or expression, or health status in the administration of the plan, including enrollment and benefit determinations.

Plan Year	Contract Year	
	<i>Participating Provider</i>	<i>Non-Participating Provider</i>
Pharmacy Deductible	Integrated with Medical	Integrated with Medical
Maximum Out-of-Pocket <i>Includes Medical Deductible, Pharmacy Deductible, Copayments and Coinsurance.</i>	Integrated with Medical	Integrated with Medical
Annual Maximum	Unlimited	

Member may be balance billed and will be responsible for Non-Participating Provider balance billing charges over the Usual and Customary Rate. The balance billing charges will not be applied toward the Maximum Out-of-Pocket.

Pharmacy Benefit	<i>Participating Provider Member Copayment</i>		<i>Non-Participating Provider Member Copayment</i>
	<i>30-day Standard</i>	<i>90-day Maintenance*</i>	
ACA preventive drugs	No charge, deductible does not apply	No charge, deductible does not apply	40% after deductible
Tier 1 Preferred generic drugs	0% after deductible	0% after deductible	40% after deductible
Tier 2 Preferred brand name drugs	0% after deductible	0% after deductible	40% after deductible
Tier 3 Non-preferred generic drugs and non-preferred brand name drugs	0% after deductible	0% after deductible	40% after deductible

Pharmacy Benefit	Participating Provider Member Copayment		Non-Participating Provider Member Copayment
	30-day Standard	90-day Maintenance*	
Specialty Tier 1 Specialty preferred generic drugs	0% after deductible	Not covered	40% after deductible
Specialty Tier 2 Specialty preferred brand name drugs	0% after deductible	Not covered	40% after deductible
Specialty Tier 3 Specialty non-preferred brand name drugs	0% after deductible	Not covered	40% after deductible
Preferred diabetic test strips for blood glucose monitors	0% after deductible	0% after deductible	40% after deductible
Non-preferred diabetic test strips for blood glucose monitors	0% after deductible	0% after deductible	40% after deductible

*Maintenance drugs are allowed up to a 90-day supply if obtained through a participating pharmacy. Mail Order: Available for a 1- to 90-day supply. Non-maintenance drugs obtained through mail order are limited to a 30-day supply maximum. Specialty drugs limited to a 30-day supply. HDHP chronic preventive medications are not subject to deductible. Formulary insulin prescriptions have a maximum copayment of \$25 per prescription per 30-day supply. If a brand name drug is requested when a generic equivalent is available, the member is responsible for the applicable brand name drug copayment plus the difference in cost of the brand name drug and generic equivalent drug.