

Frenship ISD
Pharmacy Schedule of Benefits
Consumer Choice Health Maintenance Organization
Custom HDHP Rx Plan
FIS3XHHD

The following represents 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 | Calendar Year |
| Pharmacy Deductible | Integrated with Medical |
| Maximum Out-of-Pocket <i>Includes Medical Deductible, Pharmacy Deductible and Copayments.</i> | Integrated with Medical |
| Annual Maximum | Unlimited |

| Pharmacy Benefits | Participating Provider Member Copayment | | Non-Participating Provider Member Copayment |
|---------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------|---------------------------------------------------|
| | 30-day Standard | 90-day Maintenance* | |
| ACA preventive drugs | No charge, deductible does not apply | No charge, deductible does not apply | Not covered |
| Tier 1 Preferred generic drugs | 0% after deductible | 0% after deductible | Not covered |
| Tier 2 Preferred brand name drugs | 0% after deductible | 0% after deductible | Not covered |
| Tier 3 Non-preferred generic drugs and non-preferred brand name drugs | 0% after deductible | 0% after deductible | Not covered |
| Specialty Tier 1 Specialty preferred generic drugs | 0% after deductible | Not covered | Not covered |

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

*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 pharmacy drugs limited to a 30-day supply. Formulary insulin prescriptions have a maximum copayment of \$25 per prescription. HDHP chronic preventive medications are not subject to deductible. If a brand name drug is requested when a generic equivalent is available, the member is responsible for the non-preferred copayment plus the difference in cost of the brand name drug and generic equivalent drug.