

Frenship ISD
Pharmacy Schedule of Benefits
Consumer Choice Health Maintenance Organization
Custom \$300 Deductible Rx Plan
FIS3RXH1

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	\$300 per Member \$600 per Family
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	50% after deductible	50% after deductible	Not covered
Tier 2 Preferred brand name drugs	50% after deductible	50% after deductible	Not covered
Tier 3 Non-preferred generic drugs and non-preferred brand name drugs	50% after deductible	50% after deductible	Not covered
Specialty Tier 1 Specialty preferred generic drugs	50% 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	50% after deductible	Not covered	Not covered
Specialty Tier 3 Specialty non-preferred brand name drugs	50% after deductible	Not covered	Not covered
Preferred diabetic test strips for blood glucose monitors	50% after deductible	50% after deductible	Not covered
Non-preferred diabetic test strips for blood glucose monitors	50% after deductible	50% 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. 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.