



# Boise State University

## Medical Benefits

|   | Voluntary SHIP   |                          |                          | International Students   |                       |                | Graduate Assistants                           |                          |                       |
|---|--|--------------------------|--------------------------|--|-----------------------|----------------|---|--------------------------|-----------------------|
|   | HEALTH SERVICES  | IN-NETWORK               | OUT-OF-NETWORK           | HEALTH SERVICES  | IN-NETWORK            | OUT-OF-NETWORK | HEALTH SERVICES                               | IN-NETWORK               | OUT-OF-NETWORK        |
| <b>Annual Deductible</b><br>Individual / Family,<br>Per Contract Year   | None /<br>None   | \$1,500 /<br>\$3,000     | \$3,000 /<br>\$6,000     |  | None /<br>None        |                | None /<br>None                                | \$1,250 /<br>\$2,500     | \$2,500 /<br>\$5,000  |
| <b>Out-of-Pocket Limit</b><br>Individual / Family,<br>Per Contract Year |  | \$7,150 /<br>\$14,300    | \$14,300 /<br>\$28,600   |  | \$2,500 /<br>\$12,500 |                | \$2,500 /<br>\$5,000                          | \$4,500 /<br>\$9,000     | \$9,000 /<br>\$18,000 |
| <b>OTHER COVERED SERVICES</b>   |  |                          |                          |  |                       |                |   |                          |                       |
| <b>Chiropractic Manipulation and Acupuncture</b>                        | Not available  | After deductible,<br>40% | After deductible,<br>50% | Not available  | \$20                  | 20%            | Not available                                 |                          |                       |
| <b>Massage Therapy</b>  | No deductible,<br>0%   |                          |                          | No charge  |                       |                | No deductible,<br>0%                          | After deductible,<br>90% |                       |
|   | Up to 18 Massage Therapy visits and 18 Chiropractic Manipulation and Accupuncture visits per plan year |                          |                          |  |                       |                | Up to 20 Massage Therapy visits per plan year |                          |                       |
| <b>Premium</b>  | \$291.84/month   |                          |                          | \$585/semester for Fall and Spring,<br>\$234 for Summer semester |                       |                | \$259.09/month                                |                          |                       |



# Boise State University

## Prescription Drug Benefits

|   |                  | Voluntary SHIP          | International Students                       | Graduate Assistants                |
|---|------------------|-------------------------|--|------------------------------------|
| <b>Annual Pharmacy Deductible:</b>                                |                  | <b>\$250</b>            | <b>\$0</b>                                   | <b>\$0</b>                         |
| <b>IN-NETWORK RETAIL PHARMACY<sup>^</sup></b>                     |                  |                         |  |                                    |
| <b>Up to a 30 day supply</b>                                      | <b>Tier 1</b>    | \$15 co-pay             | 50%  | No deductible, \$25                |
|   | <b>Tier 2</b>    | After deductible, \$45  |  | No deductible, \$45                |
|   | <b>Tier 3</b>    | After deductible, \$75  |  | No deductible, \$75                |
| <b>IN-NETWORK MAIL ORDER PHARMACY</b>                             |                  |                         |  |                                    |
| <b>Up to a 30 day supply</b>                                      | <b>Tier 1</b>    | \$15 co-pay             | 50%  | No deductible, \$25                |
|   | <b>Tier 2</b>    | After deductible, \$45  |  | No deductible, \$45                |
|   | <b>Tier 3</b>    | After deductible, \$75  |  | No deductible, \$75                |
| <b>30 - 90 day supply</b>   | <b>Tier 1</b>    | \$15 co-pay             | 50%  | No deductible, \$25                |
|   | <b>Tier 2</b>    | After deductible, \$135 |  | No deductible, \$135               |
|   | <b>Tier 3</b>    | After deductible, \$225 |  | No deductible, \$225               |
| <b>OUT-OF-NETWORK PHARMACY</b>                                    |                  |                         |  |                                    |
| <b>Up to a 30 day supply</b>                                      | <b>All Tiers</b> | After deductible, 90%   | 50%  | Same as in-network retail pharmacy |
| <b>TIER 4 SPECIALTY DRUGS - IN-NETWORK SPECIALTY PHARMACY</b>     |                  |                         |  |                                    |
| <b>Up to a 30 day supply</b>                                      | <b>All Tiers</b> | After deductible, \$250 | 50%<br>No more than 3 fills allowed per year | Same as in-network retail pharmacy |
| <b>TIER 4 SPECIALTY DRUGS - OUT-OF-NETWORK SPECIALTY PHARMACY</b> |                  |                         |  |                                    |
| <b>30 day max fill, no more than 3 fills allowed per year</b>     | <b>All Tiers</b> | After deductible, 90%   | 50%  | No deductible, 90%                 |
| <b>COMPOUND DRUGS<sup>**</sup></b>                                |                  |                         |  |                                    |
| <b>Up to a 30 day supply</b>                                      | <b>All Tiers</b> | After deductible, \$75  | 50%  | No deductible, \$75                |

<sup>^</sup> Remember to show your PacificSource ID card each time you fill a prescription at a retail pharmacy. If your ID card is not used, your benefits cannot be applied.

<sup>\*\*</sup> Compounded medications are subject to a prior authorization process. Compounds are generally covered only when all commercially available formulary products have been exhausted and all the ingredients in the compounded medications are on the applicable formulary.