

High Deductible Health Plan

(\$2,200 single coverage / \$4,400 family coverage)

High Deductible Health Plan with Health Savings Account (HSA)

- All eligible health plan expenses, including prescription drugs, apply toward the deductible.
- There is a \$2,200 deductible for single coverage, and a \$4,400 deductible for family coverage (for a family of two or more).
- If you have family coverage, you will pay \$4,400 before the plan pays for anything (other than eligible preventive services).
- The High Deductible Health Plan is paired with an HSA to allow you to pay for covered medical expenses with pretax dollars.
- An HSA is compatible only with the High Deductible Health Plan.
- The in-network, out-of-pocket maximum for this plan is \$5,300 per person or \$10,275 for a family of two or more.

How Prescription Drug Coverage Works

PRESCRIPTION DRUG COVERAGE UNDER THE HIGH DEDUCTIBLE HEALTH PLAN

Member pays for eligible prescription drug expenses directly to the pharmacy at the time of service, which then applies to the deductible.

Pharmacy charges are applied to deductible: \$2,200 single coverage or \$4,400 family coverage per family of two or more.

After the deductible has been met, the member pays 25% coinsurance for covered generic and brand preferred prescription charges. The member pays 37.5% coinsurance for covered brand non-preferred prescription charges. Coinsurance continues throughout the plan year until the out-of-pocket maximum is met.

PREVENTIVE THERAPY DRUG COVERAGE ON THE HIGH DEDUCTIBLE HEALTH PLAN

Prescriptions included on the preventive therapy list at <https://bhr.sd.gov/benefits/active/forms-documents/index.html> will be available to you at a reduced price even before you meet your deductible.

*Tiered Prescription Drug Coverage	Up to 30 Day Supply Copayment	60-90 Day Supply Copayment
Tier 1 - Generic	\$0	\$0
Tier 2 - Brand Preferred	\$55	\$137.50
Tier 3 - Brand Non-Preferred	\$75	\$187.50
Tier 4 - Specialty Preferred	\$85	n/a
Tier 5 - Specialty Non-Preferred	\$110	n/a

*To determine your prescription's category, please visit your local pharmacy or call CVS at 1.866.443.1185.

- Only prescriptions on the preventive therapy list will be available to members of the High Deductible Health Plan at no cost (generic drugs) or at a maximum of \$110 for a 30-day supply. This is to help you continue to take preventive maintenance drugs before satisfying the deductible. To see a complete list of prescriptions covered by preventive therapy, go to <https://bhr.sd.gov/benefits/active/forms-documents/index.html>

