



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

PRESCRIPTION DRUG PLAN OPTION 4A-G NO DEDUCTIBLE

Prescription Drug Program

(Copayments will not apply to Medical Out-of-Pocket Maximum)

Up to a 30-day Supply at Participating Navitus Health Solutions Network Retail Pharmacy

Plan Year Deductible	\$0 Individual / \$0 Family
Tier 3 Drug	\$45 Copayment Amount
Tier 2 Drug	\$30 Copayment Amount
Tier 1 Drug	Lesser of \$10 Copayment Amount OR Actual Cost

ATTENTION: Please note the following guidelines regarding your Prescription benefits:

- 1) Members electing to purchase brand name drugs when a generic is available will be required to pay the difference between the cost of the Generic drug and Brand Name drug, plus the Brand Name Copayment.
- 2) Specialty and biotech medications are available only through mail order unless purchased and administered through the doctor's office.

Up to a 90-day supply at In-Network Retail or Mail Service Pharmacy

Tier 3 Drug	\$90 Copayment Amount
Tier 2 Drug	\$60 Copayment Amount
Tier 1 Drug	\$20 Copayment Amount

Note: Prescription Drug Benefits are provided by Navitus Health Solutions through a master contract with the Texas Association of Counties Health and Employee Benefits Pool. Prescription Drugs are not administered by Blue Cross and Blue Shield of Texas