

PRESCRIPTION DRUG PLAN VICTORIA COUNTY CUSTOM PLAN

Prescription Drug Program

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

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

Plan Year Deductible

\$1,500 Individual / \$3,000 Family combined with Medical

Lesser of \$15 Copayment Amount
OR
Actual Cost

Tier 2 Drug

20% Coinsurance, Subject to Medical Plan Year Deductible

Tier 3 Drug

20% Coinsurance, Subject to Medical Plan Year Deductible

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

- 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.
- Specialty and biotech medications are available only through mail order unless purchased and administered through the doctor's office.
 Specialty medications are limited to a 30-day supply and must be purchased through the specialty pharmacy Lumicera.

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

Tier 1 Drug	\$30 Copayment (2-month supply) / \$45 Copayment (3-month supply)
Tier 2 Drug	20% Coinsurance, Subject to Medical Plan Year Deductible
Tier 3 Drug	20% Coinsurance, Subject to Medical Plan Year Deductible
Specialty Copayment	20% Coinsurance, Subject to Medical Plan Year Deductible

Step Therapy Program

The Victoria County Employees' Primary Healthcare Clinic will provide a Step Therapy Program for asthma, cholesterol, diabetic and high blood pressure medications. After the patient has attempted and failed all viable generic medications, the clinic staff will make the determination to prescribe the more expensive brand name medication (Tier 2 / Tier 3).

All copays in the Step Therapy Program are at a 30-day supply and the copay for Tier 2 Lier 3 Brands is \$25.

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