



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Prescription Drug Program Option 2A-G No Deductible

Prescription Drug Program

(Copayments will not apply to Co-Share Stoploss Maximum)

Network

Retail Pharmacy

Deductible

Non-Preferred Brand Name Drug

Brand Name Drug

Generic Drug

Participating CVS Caremark Retail Pharmacy

\$0 Individual /
\$0 Family

\$40 Copayment Amount
*(When no generic is available or Rx is prescribed
Dispense as Written-DAW)*

\$25 Copayment Amount
*(When no generic is available or Rx is prescribed
Dispense as Written-DAW)*

Lesser of \$10 Copayment Amount
OR
Actual Cost

Note: Members electing to purchase brand name drugs when “Dispense as Written” (DAW) is not indicated 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.

Mail Service Pharmacy-up to a 90-day supply

Non-Preferred Brand Name Drug

Brand Name Drug

Generic Drug

\$80 Copayment Amount

\$50 Copayment Amount

\$20 Copayment Amount

Note: Prescription Drug Benefits are provided by CVS Caremark 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

Initials _____ Date _____