



Employee Benefits
 Ector County Independent School District
 802 N. Sam Houston, Odessa, Texas 79761
 Office: 432-456-9780 * Fax: 432-456-9358



There are no Program Cost Increases for our 2022 Prescription Coverage.

PRESCRIPTION BENEFIT FOR OPTION I – EFFECTIVE 1-1-22 (NO CHANGES)				
Tier	Title	Retail Networks	Mail	Specialty Rx’s may require authorization. Maximum out-of-pocket of \$7,900 individual and \$15,800 family includes medical and Rx out- of-pocket expenses, including deductibles and co-pays.
Co-pays / Minimum Payment		National		
1	Generic	\$12	\$25	
2	Preferred	\$80	\$160	
3	Non-Formulary	\$100	\$200	
Specialty Rx	Formulary	20% Until Maximum Out-of-Pocket of \$1,900 per Rx is reached	N/A	
	Non-Formulary			

PRESCRIPTION BENEFIT FOR OPTION III – EFFECTIVE 1-1-22 (NO CHANGES)				
Tier	Title	Retail	Mail	Maximum out-of-pocket for any Rx is part of the maximum annual out-of-pocket for all medical and prescription services including deductibles and co-pays. Maximum out of pocket if \$6,750 individual and \$13,500 family
		Co-pays and/or Minimum Payment		
1	Generic	Must Meet Plan Deductible - \$1,900 individual and \$3,800 family , then the Plan pays 80% of the cost of the prescription up to the maximum annual Medical and/ or Rx out-of-pocket.		
2	Preferred			
3	Non-Formulary			
Specialty Rx	Formulary			
	Non-Formulary			

LIMITATIONS ON Rx COVERAGE FOR PLAN 1: All Mail Order and Specialty prescriptions must be processed by 4U Rx.

NOTES: 4U Rx: 1-888-708-4879, info@4urx.com