



Employee Benefits
 Ector County Independent School District
 802 N. Sam Houston, Odessa, Texas 79761
 Office: 432-456-9789 * Fax: 432-456-9788



PCA-Rx: 855-283-7882

Program Cost for our 2024 Prescription Coverage.

PRESCRIPTION BENEFIT FOR OPTION I – EFFECTIVE 1-1-24				
Tier	Title	Retail Networks	Mail	
Co-pays / Minimum Payment		National		
1	Generic	\$0	\$0	Specialty Rx’s may require authorization. Maximum out-of-pocket of \$9,000 individual and \$18,000 family includes medical and Rx out-of-pocket expenses, including deductibles and co-pays.
2	Preferred	\$100 after deductible	\$200	
3	Non-Formulary	\$125 after deductible	\$250	
Specialty Rx	Formulary	Brand /Specialty Drugs are Subject to a \$250 Individual Deductible. For Specialty Prescriptions the Plan will pay 20% after the Deductible until Maximum Out-of- Pocket of \$2,000 per Rx is reached.	N/A	
	Non-Formulary			

PRESCRIPTION BENEFIT FOR OPTION III – EFFECTIVE 1-1-24				
Tier	Title	Retail	Mail	
Co-pays and/or Minimum Payment				
1	Generic	Must Meet Plan Deductible - \$2,500 individual and \$5,000 family, then the Plan pays 100% of the cost of generic prescriptions, and 20% of Brand /Specialty prescriptions up to the maximum annual Medical, and or Rx out-of-pocket.		The 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 \$8,000 individual and \$16,000 family
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 Amazon Pharmacy and CVS Specialty. NOTES: Amazon 855-206-3605, then press 1 (prescriber only) ~ CVS Specialty 1-800-237-2767

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