

Client: Brownsville ISD  
 Coverage Period: 1/1/2025 – 12/31/2025  
 Summary of Benefits and Coverage: What this plan covers and what it costs



Plan Type: Plan C

Common Medical Event: If you need drugs to treat your illness or condition														
Generic Drugs				Preferred Brand Drugs				Non-Preferred Brand Drugs				Specialty		
Retail 30 Copay	Retail 31-89 Copay	Retail 90 Copay	Mail Order Copay	Retail 30 Copay	Retail 31-89 Copay	Retail 90 Copay	Mail Order Copay	Retail 30 Copay	Retail 31-89 Copay	Retail 90 Copay	Mail Order Copay	Generic	Preferred	Non-Preferred Brand
\$5	\$10	\$0	1-30DS: \$5 31-89DS: \$10 90DS: \$0	\$25	\$50	\$50	1-30DS: \$25 31-89DS: \$50 90DS: \$50	\$25	\$50	\$50	1-30DS: \$25 31-89DS: \$50 90DS: \$50	20%	20%	20%
Limitations & Exceptions														
<p>More information about Prescription Drug Coverage is available at <a href="http://www.arayarx.com">www.arayarx.com</a></p> <p><b>Out of Pocket Maximum (Combined with Medical)</b></p> <ul style="list-style-type: none"> <li>○ Individual \$750</li> <li>○ Family \$1,000</li> </ul>								<ul style="list-style-type: none"> <li>• Up to a 90 day supply of your medication through retail and mail order pharmacy</li> <li>• Contraception<sup>1</sup>, Preventative Medications<sup>2</sup> and Smoking Deterrents<sup>3</sup> covered at no copayment</li> <li>• Drugs for the following purposes are excluded: Fertility / infertility, erectile dysfunction, weight loss, cosmetic purposes and medications prescribed for non FDA approved indications.</li> <li>• Prior authorizations are required for some medications in order to ensure the most appropriate therapies are being utilized for each patient. A list of these medications can be provided to you. Araya monitors drugs that reject for prior authorization and we reach out to your prescriber to collect the necessary information. The patient will be notified of the outcome after review.</li> <li>• GLP1 medication coverage limited to patients with diagnosis of Diabetes, HBA1c &gt; 6.5 and failure of first line agent.</li> </ul> <p><b>Personal Importation Program via ElectRx:</b>            (Only when medication is available via ElectRx) After the first two domestic fills, at the standard copay, the plan will pay 100% of the cost (no member cost) when the drug is delivered through the international program. The member will obtain notice of their medication being eligible via ElectRx via mail. If the member does not participate in the international program, the member will be responsible for 100% of the cost. Patients may receive certain eligible brand name and specialty medications through ElectRx for a \$0 copay. Enrollment into the program can be obtained by reaching out to ElectRx directly at 1-855-353-2879.</p>						

<sup>1</sup>Contraception includes medications that require a prescription for example oral contraception, contraception patches and injectable contraception. This does not include abortifacients, whether prescription or over-the-counter, condoms or other over the counter devices. Brand contraceptive medications with generic alternatives will be charged a third tier copayment. <sup>2</sup>ACA Preventative Medications include: Aspirin for Men ages 50-69 and Women ages 12-69; Fluoride 6 months to 10 years; Iron Supplements ages 0 – 12 months; Folic Acid Women of child bearing age 12-60; not in combination; Breast Cancer prevention for Women age 35 and older; Colonoscopy prep ages 50-85 one time per year; Vitamin D age 65 or older; Cardiovascular Disease prevention age 40-75, once daily. Your employer also includes other commonly used generics in certain therapeutic categories. <sup>3</sup>Smoking Deterrents restrictions per calendar year: 18 years and older; up to 180 days per year: Nicotrol Nasal Spray; Nicotrol Inhaler; Nicorette Gum; upron HCL; Nicotine Transdermal System; Chantix

Questions? Please call 1-866-352-5171 or visit [www.arayarx.com](http://www.arayarx.com)