



# WESLACO INDEPENDENT SCHOOL DISTRICT

Medical Plan Summary - Effective September 1, 2016



## MEDICAL BENEFITS

	BASE PLAN			HIGH PLAN			STATE PLAN		
	EPO	PPO	Out-of-Network	EPO	PPO	Out-of-Network	EPO	PPO	Out-of-Network
<b>Office Visit Copay:</b> Primary Care	\$5	\$15	50% after deductible	\$5	\$15	60% after deductible	\$5	\$15	70% after deductible
<b>Office Visit Copay:</b> Specialist	\$10	\$25		\$10	\$25		\$10	\$25	
<b>Urgent Care Copay</b>	\$25	\$45		\$25	\$45		\$25	\$45	
<b>Per Admission Deductible</b>	\$0	\$250	\$250	\$0	\$250	\$250	\$0	\$250	\$250
<b>Deductible</b>									
Individual	\$250	\$750	\$1,000	\$250	\$450	\$750	\$250	\$250	\$500
Family	\$750	\$2,250	\$3,000	\$750	\$1,350	\$2,250	\$750	\$750	\$1,500
<b>Coinsurance</b>									
Plan	70%	70%	50%	80%	80%	60%	90%	90%	70%
Member	30%	30%	50%	20%	20%	40%	10%	10%	30%
<b>Out-of-Pocket Max</b> (deductible not included)									
Individual	\$3,500	\$3,500	\$4,500	\$1,500	\$1,500	\$2,500	\$1,000	\$1,000	\$2,000
Family	\$10,450	\$10,450	\$13,500	\$4,500	\$4,500	\$7,500	\$3,000	\$3,000	\$6,000

## PHARMACY BENEFITS

	BASE PLAN			HIGH PLAN			STATE PLAN		
	EPO	PPO	Out-of-Network	EPO	PPO	Out-of-Network	EPO	PPO	Out-of-Network
<b>Retail Pharmacy</b> (1-30-day supply)									
Generic Drugs	N/A	\$10	Not covered	N/A	\$10	Not covered	N/A	\$10	Not covered
Preferred Brand Name Drugs		\$30			\$30			\$30	
Non-Preferred Brand Name Drugs		\$50			\$50			\$50	
<b>Retail Pharmacy</b> (31-90 day supply)									
Generic Drugs	N/A	\$20	Not covered	N/A	\$20	Not covered	N/A	\$20	Not covered
Preferred Brand Name Drugs		\$60			\$60			\$60	
Non-Preferred Brand Name Drugs		\$100			\$100			\$100	



**MAXCARE PLAN 1861**  
**Weslaco Independent School District**  
**Frates Benefit Administrators**  
 (Update Effective 9/1/2016)

**CO-PAYMENTS**

If the member elects to fill a brand name drug that is available in a generic version, the applicable co-payment will be brand co-payment, plus the difference in price between the generic and brand name versions.

	<b>1-30 Day Supply</b>	<b>31-90 Day Supply</b>
<b>Generic Drugs</b>	\$10	\$20
<b>Preferred Brand Name Drugs</b>	\$30	\$60
<b>Non-Preferred Brand Name Drugs</b>	\$50	\$100
<b>Specialty Drugs (max 30 day supply)</b>	10% of drug cost; \$100 max	----
<b>Compounded Drugs (max 30 day supply)</b>	\$30	----

**Preventive Care -** *(Over the counter products require a prescription for coverage.)*

The following medications are covered with no member copayment:

- Aspirin
- Bowel Preps
- Breast Cancer Prevention Medications (tamoxifen, raloxifene)
- Contraceptives (generics & brands w/ no generic equivalent)
- Fluoride Supplements (through age 12)
- Iron Supplements (age 6-12 months)
- Prenatal Vitamins
- Smoking Cessation Products (limit 180 days of coverage per year)
- Vitamin D (age 65 and older)
- Vaccines

**COVERED DRUGS**

*(Medications may be subject to quantity limits, step therapy, or other prior authorization requirements.)*

- Legend drugs, which under applicable federal and state laws require a prescription by a physician or certain other, licensed practitioners, except those listed in the Exclusions and Limitations section
- Over the Counter (OTC) Nexium, OTC lice treatments, and OTC products included in the Preventive Care section. These OTC products require a valid prescription for coverage.

**SUBJECT TO PRIOR AUTHORIZATION**

*(Some products in these categories require prior authorization.)*

- Any medication exceeding \$500 for a 30-day supply or \$1,500 for a 90-day supply
- Acne Medications – All products require authorization for members age 23 and older
- Allergy medications
- Analgesics – Opioid
- Anticonvulsant medications
- Antifungals / Anti-Infective medications
- Anti-Ulcer medications
- Benign Prostatic Hypertrophy (BPH) medications
- Bladder Control medications
- Blood Pressure medications
- Cholesterol Lowering medications
- Compounded drugs \$75 - \$500 *(MaxCare non-clinical review; Compounded drugs over \$500 not covered.)*
- Dermatological medications
- Diabetic medications – Byetta, Symlin, and like products
- Drugs used for off-label or non-FDA approved indications require prior authorization and are subject to MaxCare's off-label guidelines.
- **Hepatitis C – treatment limited to one cycle per eligible member**
- Lice / Scabies treatments



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**SUBJECT TO PRIOR AUTHORIZATION (continued)**

- Mental Health medications – Antipsychotics, Antidepressants, Hypnotics
- Migraine medications
- Nausea/Vomiting medications
- NSAIDs
- Prescriptions exceeding the established quantity limit will require prior authorization.
- Psoriasis medications
- Specialty medications
- Substance Abuse treatments
- Testosterone Replacement medications

**EXCLUSIONS AND LIMITATIONS**

*(Non-covered products)*

- ADHD Drugs for members age 19 and older
- Anorexiant/Anti-Obesity medications
- Any quantity of drugs or medicine dispensed which exceeds a 30-day supply, when taken in accordance with the directions of the prescriber. Exceptions: maintenance drugs, which may be dispensed in quantities sufficient for a 90-day supply
- Compounded drugs over \$500
- Cosmetic drugs (Rogaine, Bleaching agents, Melanin stimulating agents, etc.)
- Daklinza
- Diabetic Supplies (Lancets & lancet devices, alcohol swabs, test strips, glucometers, etc.)
- Diagnostic agents / Test kits (pregnancy tests, HIV tests, etc.)
- Dietary / Nutritional supplements (Ensure, Foltx, etc.)
- Durable Medical Equipment (DME) – other than diabetic supplies
- Erectile Dysfunction medications
- Experimental or Investigational drugs
- Fertility treatments
- Growth Hormone medications
- Harvoni
- Incivek
- Medication consumed or administered (in whole or in part) where it is dispensed (Exception: vaccines)
- Nexium (Brand and generic prescription versions of Nexium not covered; OTC Nexium is covered.)
- Olysio
- Over-the-counter (OTC) medications and products lawfully obtainable without a prescription from a physician or other practitioner, other than those listed in the Covered Drugs and Preventive Care sections
- Pediculicides and Scabicides
- Sovaldi
- Technivie
- Therapeutic devices or appliances, including support garments and other non-medical substances regardless of their intended uses
- Unit-Dose Packaged Medications – Exceptions: Drugs that would otherwise be covered by plan that are only available in unit-dose packaging
- Victrelis
- Viekira