

**FORT BEND COUNTY  
EMPLOYEE BENEFIT PLAN  
PLAN DOCUMENT**

**July 7, 2009**

**ADDENDUM EFFECTIVE JULY 27, 2010**

The Fort Bend County Employee Benefit Plan Document (hereinafter “Plan”), bearing the date of July 7, 2009, is hereby amended as follows:

On July 27, 2010, the Fort Bend County Commissioners Court approved the Plan changes to “20. OUT-PATIENT PRESCRIPTION DRUG EXPENSE COVERAGE (PLAN A-250 / PLAN B-750)” on Page 9 of 55 and Page 10 of 55, effective on July 27, 2010; all other sections of the Plan remain unchanged.

Mandatory mail order for maintenance drugs will not be required. Remove all requirements that mail order for maintenance drugs will be mandatory from Retail Pharmacy and Maxor Mail Order Pharmacy sections.

		<u><b>OUTSIDE P.P.O. CO-INSURANCE PERCENTAGE</b></u>	<u><b>INSIDE P.P.O. CO-INSURANCE PERCENTAGE</b></u>
<b>18.</b>	<b>EXTENDED CARE – PLAN A-250 / PLAN B-750</b>		
1.	Skilled nursing facility services (Maximum of 120 days or \$10,000.00 per calendar year, whichever occurs first)	50%	80%
2.	Home health care (Maximum of 120 visits or \$10,000.00 per calendar year, whichever occurs first)	50%	80%
3.	Hospice (Maximum of 180 facility days or \$7,500.00 per lifetime, whichever occurs first)	50%	80%

**19. MEDICAL PLAN LIFETIME MAXIMUM BENEFITS (PLAN A-250 / PLAN B-750)**  
**Maximum lifetime benefits for all benefits available to each plan participant \$2,000,000.00**

Contained within the Lifetime maximum benefit are the following benefits:

1.	Skilled Nursing.....	\$10,000.00/calendar year
2.	Home Health Care.....	\$10,000.00/calendar year
3.	Hospice Care.....	\$7,500.00 lifetime maximum
4.	Morbid obesity (non-surgical).....	\$1,500.00 lifetime maximum
5.	Chiropractic charges (see Schedule of Benefits page).....	\$1,000.00/1,500.00/calendar year
6.	Mental Health Care, Alcohol and Substance Abuse.....	\$15,000.00/calendar year (in-patient/out-patient combined)

**20. OUT-PATIENT PRESCRIPTION DRUG EXPENSE COVERAGE (PLAN A-250 / PLAN B-750)**

\*This coverage pays benefits for prescription drugs bought for the medical care of a Plan Participant's sickness or injury. All out-patient prescription drugs must be filled with your benefit ID card. Reimbursement will not be allowed under the medical plan. Participants will be required to use their ID card for prescription drugs and pay the following amounts:

**RETAIL PHARMACY – 30-day supply or less ONLY**

**Maximum of two (2) months (60 days) for maintenance drugs**

<b>Generic</b>	<b>\$10.00** co-pay</b> per prescription per participant or the actual cost, if less
<b>Preferred Brand Name</b>	<b>\$25.00** co-pay</b> per prescription per participant or the actual cost, if less
<b>Non- Preferred Brand Name</b>	<b>\$40.00** co-pay</b> per prescription per participant or the actual cost, if less
<b>***Specialty (see below)</b>	<b>\$100.00**co-pay</b> per prescription per participant or the actual cost, if less
<b>***Medication requiring special handling and additional patient monitoring. Used for disease states not considered common, is chronic in nature and has a cost higher than traditional medications.</b>	
<b>**Co-payments are required for refills.</b>	

Contact Maxor @1-800-687-0707 to determine if your prescription drug is listed as a Generic, Preferred Brand Name, Non- Preferred Brand, Specialty or Maintenance drug. Maxor determines the category under which your prescription drug is listed, and it is the participant's responsibility to verify the Maxor category of their prescription drug. Maxor periodically updates these categories.

**MAXOR MAILORDER PHARMACY–Greater than a 30 day supply. MANDATORY for maintenance drugs after retail maximum is reached**

<b>Generic</b>	<b>\$20.00** co-pay</b> per prescription per participant or the actual cost, if less
<b>Preferred Brand Name</b>	<b>\$50.00** co-pay</b> per prescription per participant or the actual cost, if less
<b>Non- Preferred Brand Name</b>	<b>\$80.00** co-pay</b> per prescription per participant or the actual cost, if less
<b>***Specialty (see below)</b>	<b>\$200.00**co-pay</b> per prescription per participant or the actual cost, if less
<b>***Specialty Medication requiring special handling and additional patient monitoring. Used for disease states not considered common, is chronic in nature and has a cost higher than traditional medications.</b>	
<b>**Co-payments are required for refills</b>	

**Contact Maxor @1-800-687-0707 to determine if your prescription drug is listed as a Generic, Preferred Brand Name, Non- Preferred Brand, Specialty or Maintenance drug. Maxor determines the category under which your prescription drug is listed, and it is the participant's responsibility to verify the Maxor category of their prescription drug. Maxor periodically updates these categories.**

Not all charges are eligible; see definition of Eligible Charges (**page 10**). A person's eligibility under this coverage may be extended after the date that person ceases to be a Covered Person. See COBRA (**pages 30-31**) and continuation of health care benefits in event of total disability (**page 27**). The Plan is not liable for any prescription filled after the termination of coverage under this benefit. Any benefits paid after termination will be recovered from the former Plan Participant.

The Fort Bend County Employee Benefit Plan ID card will be honored by most local pharmacies. **MaxorPlus, Ltd. will be responsible for contracting with all pharmacies that will accept the ID card. They may be contacted at 800-687-0707.** The prescription must be filled with a generic unless there is a valid medical reason prescribed by your physician that requires a brand name. **If the Plan Participant requires a brand name and there is no valid medical reason, the Participant will be required to pay the difference in the price of the generic versus the brand name prescription drug in addition to the co-pay.**

**Any amounts spent on prescriptions, whether actual costs or co-pays, do not apply toward deductibles or co-insurance provisions.**

**This Plan will not coordinate benefits with any other entity in regard to out-patient prescription drugs purchased with your drug card.**

A Prescription Drug means:

- (1) A medicinal substance that, by law, can be dispensed only by prescription;
- (2) A compound medication that includes a substance described in (1); or
- (3) Injectable insulin.  
**\*Note: A "generic drug" is a Prescription Drug identified by its official or chemical name rather than by a brand name.**

## **ELIGIBLE CHARGES**

A charge is an Eligible charge if it is made for a Prescription Drug that meets all of these conditions:

- (1) It is prescribed in writing by a licensed physician;
- (2) It is bought while the person is a Covered Person;
- (3) It is dispensed by a pharmacy or any other person or organization licensed to dispense drugs in the U.S.A.;
- (4) Prenatal vitamins if prescribed by your physician to be used during pregnancy.