

**Amendment No. One
to the**

**EMPLOYEE BENEFIT PLAN
(herein referred to as the "Plan")**

SUPPLEMENTARY BENEFIT PLAN DOCUMENT

describing the

**PRESCRIPTION DRUG PROGRAM
for the
HealthSelect of Texas Plan**

for the

**EMPLOYEES RETIREMENT SYSTEM OF TEXAS
(hereinafter referred to as "ERS")**

Account No. 38000-B

Effective: January 1, 2006

- A. **Article III (Benefits Provided) Section E is modified by deleting it in its entirety and substituting the following:**

The benefits of this Supplementary Document shall be available for Covered Drugs up to a 30-day supply dispensed by a Participating (Network) Pharmacy after the Plan Year prescription drug deductible has been met and with application of one of the following Copayment amounts:

1. *Tier 1 Drugs (Primarily Generic Drugs):*

A Copayment amount of \$10.00 shall apply to each covered non-maintenance Tier 1 Drug dispensed.

A Copayment amount of \$15.00 shall apply to each covered maintenance Tier 1 Drug dispensed.

2. *Tier 2 Drugs (Mostly Preferred Brand Name Drugs):*

A Copayment amount of \$25.00 shall apply to each covered non-maintenance Tier 2 Drug dispensed.

A Copayment amount of \$35.00 shall apply to each covered maintenance Tier 2 Drug dispensed.

3. *Tier 3 Drugs (Non-Preferred Brand Name Drugs and Certain Preferred Brand Name Drugs):*

A Copayment amount of \$40.00 shall apply to each covered non-maintenance Tier 3 Drug dispensed.

A Copayment amount of \$55.00 shall apply to each covered maintenance Tier 3 Drug dispensed.

The benefits of this Supplementary Document shall be available for Covered Drugs up to a 90-day supply dispensed by the mail order pharmacy after the Plan Year prescription drug deductible has been met and with application of one of the following Copayment amounts:

1. *Tier 1 Drugs (Primarily Generic Drugs):*

A Copayment amount of \$30.00 shall apply to each covered Tier 1 Drug dispensed.

2. *Tier 2 Drugs (Mostly Preferred Brand Name Drugs):*

A Copayment amount of \$75.00 shall apply to each covered Tier 2 Drug dispensed.

3. *Tier 3 Drugs (Non-Preferred Brand Name Drugs and Certain Preferred Brand Name Drugs):*

A Copayment amount of \$120.00 shall apply to each covered Tier 3 Drug dispensed.

The Copayment amounts for non-maintenance drugs at a participating pharmacy described above will be shown on the ID Card. The Participant is obligated to pay the appropriate Copayment amount to the Pharmacy before benefits under this Supplementary Document will apply.

For Employees Retirement System of Texas

By: _____
Ann S. Fuelberg, Executive Director