

Prescription Drug Program At A Glance

For UT SELECT participants

Deductible	\$100 per individual per plan year	
	Retail Pharmacy Copayment (up to 30 day supply)	Mail Service Copayment (up to 90 day supply)
Generic Drug	\$10	\$20
Preferred Brand Name Drug	\$35	\$87.50
Non-Preferred Brand Name Drug	\$50	\$125

Your Copayment UT SELECT has a three-level copayment structure on prescription drugs. Under this structure, members pay the lowest copayment for generic drugs, a mid-level copayment for brand-name medications *on* the preferred list, and a higher copayment for brand-name drugs that are *not* on the preferred list.

Deductible Each plan year (September – August), each covered individual will pay the first \$100 in drug costs. After the \$100 annual deductible is reached, members will be responsible for the copayments listed above. However, if a Brand Name drug is requested when there is a Generic alternative, the member must pay the difference between the cost of the Brand name drug and the Generic drug plus the applicable Generic copayment. This difference does not count toward the \$100 annual deductible.

Excluded Participants are responsible for the full cost of drugs which are used for treatment of excluded services and supplies under the UT SELECT plan. The non-preferred copayment will not apply.