

Prescription Drug Program At A Glance

For UT CARE Medicare Part D Participants Effective January 1, 2024 - December 31, 2024

Annual Deductible	\$200 per individual per plan year	
Out-of-Pocket Maximum (OOP)	\$9,100/individual, \$18,200/family combined with medical	
	Retail Pharmacy Copayment (up to 30- or 90-day supply)	Mail Service Copayment (up to 90-day supply)
Generic Medication	\$10 / \$20	\$20
Preferred Brand-Name Medication	\$35 / \$87.50	\$87.50
Non-Preferred Brand-Name Medication	\$60 / \$150	\$150

- Your Copayment** UT CARE Medicare Part D has a three-level copayment structure on prescription medications. Under this structure, members pay the lowest copayment for generic medications, a mid-level copayment for brand-name medications *on* the preferred list, and a higher copayment for brand-name medications that are *not* on the preferred list.
- Deductible** Each plan year (January – December), each covered individual will must pay the first \$200 in medication costs. After the \$200 annual deductible* is reached, members will be responsible for the copayments listed above. Members who are “aging-in” to the Medicare Part D plan will be given credit for any deductible amounts that were met under the standard UT CARE plan.
- Out-of-Pocket Maximum (OOP)** Your annual OOP max is shared with your medical plan for a total of \$9,100/individual, \$18,200/family. The annual OOP max is based on the combined accumulation of medical and prescription medication deductibles, copayments and coinsurance.
- Excluded** Participants are responsible for the full cost of medications used in the treatment of excluded services under the UT CARE plan. The non-preferred copayment will not apply.

**Express Scripts Member Services
for UT CARE Medicare Part D participants**

1-800-860-7849
Available 24 hours/day, 7 days/week
<https://www.express-scripts.com/UT>

*Insulin is not subject to the deductible. There is a \$35 max cost share for a month supply.

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