



# PRESCRIPTION DRUG PROGRAM AT A GLANCE

FOR UT SELECT PARTICIPANTS EFFECTIVE SEPTEMBER 1, 2023

<b>Annual Deductible</b>	<b>\$200 per individual per plan year</b>	
<b>Out-of-Pocket Maximum (OOP)</b>	<b>\$9,100/individual, \$18,200/family combined with medical</b>	
<b>Copayment</b>	<b>Retail Pharmacy Copayment (up to 30-day supply)</b>	<b>Home Delivery/Walgreens/UT Pharmacy (90-day supply)</b>
<b>Generic Medication</b>	\$10.00	\$20.00
<b>Preferred Brand-Name Medication</b>	\$35.00	\$87.50
<b>Non-Preferred Brand-Name Medication</b>	\$60.00	\$150.00

- Prescription Medications** Coverage administered by Express Scripts, Inc. You can get a 90-day supply of maintenance medication at Walgreens or a UT pharmacy for the same copayment as home delivery. Savings and convenience!
- Specialty Medications** Accredo, an Express Scripts specialty pharmacy, and UT specialty pharmacies are the exclusive providers of specialty medications.
- Your Copayment** UT SELECT 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 (September – August), each covered individual must pay the first \$200 in medication costs. After the \$200 annual deductible is reached, members are responsible for the copayments listed above. However, if a brand-name medication is requested when there is a generic alternative, the member must pay the difference between the cost of the brand-name medication and the generic medication, plus the applicable generic copayment.
- 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 SELECT plan. The non-preferred copayment will not apply.