



EXPRESS SCRIPTS®

UT SELECT

PRESCRIPTION DRUG PROGRAM AT A GLANCE

FOR UT SELECT PARTICIPANTS EFFECTIVE SEPTEMBER 1, 2024

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

Accredo, an Express Scripts specialty pharmacy, and UT specialty pharmacies are the exclusive providers of specialty medications.

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.

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.

Excluded

Express Scripts Member Services for UT SELECT participants

1-800-818-0155
Available 24 hours/day, 7 days a week
<https://www.express-scripts.com/UT>

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