



PRESCRIPTION DRUG PROGRAM AT A GLANCE

FOR UT SELECT PARTICIPANTS EFFECTIVE SEPTEMBER 1, 2020

Annual Deductible	\$100 per individual per plan year	
Out of Pocket Maximum (OOP)	\$8,150/individual, \$16,300/family combined with medical	
Copayment	Retail Pharmacy Copayment (up to 30 day supply)	Home Delivery/Walgreens/UT Pharmacy (90 Day Supply)
Generic Drug	\$10.00	\$20.00
Preferred Brand Name Drug	\$35.00	\$87.50
Non-Preferred Brand Name Drug	\$50.00	\$125.00

Prescription Drugs

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 and UT specialty pharmacies are the exclusive providers of specialty medications.

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 must pay the first \$100 in drug costs. After the \$100 annual deductible is reached, members are 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.

Out of Pocket Maximum (OOP)

Your annual OOP max is shared with your medical plan for a total of \$8,150/individual, \$16,300/family. The annual OOP max is based on the combined accumulation of medical and prescription drug deductibles, copayments and coinsurance.

Excluded

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