## Prescription Drug Program at a Glance

**For UT Connect Participants Effective September 1, 2021**

<table>
<thead>
<tr>
<th><strong>Annual Deductible</strong></th>
<th><strong>$100 per individual per plan year</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Out of Pocket Maximum (OOP)</strong></td>
<td><strong>$8,550/individual, $17,100/family combined with medical</strong></td>
</tr>
</tbody>
</table>

### Copayment

<table>
<thead>
<tr>
<th><strong>Copayment</strong></th>
<th><strong>Retail Pharmacy Copayment (up to 30 day supply)</strong></th>
<th><strong>Home Delivery/Walgreens/UT Pharmacy (90 Day Supply)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Generic Drug</strong></td>
<td><strong>$10.00</strong></td>
<td><strong>$20.00</strong></td>
</tr>
<tr>
<td><strong>Preferred Brand Name Drug</strong></td>
<td><strong>$35.00</strong></td>
<td><strong>$87.50</strong></td>
</tr>
<tr>
<td><strong>Non-Preferred Brand Name Drug</strong></td>
<td><strong>$50.00</strong></td>
<td><strong>$125.00</strong></td>
</tr>
</tbody>
</table>

**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 CONNECT 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 $8,550/individual, $17,100/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 CONNECT plan. The non-preferred copayment will not apply.

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**Express Scripts Member Services**  
1-800-818-0155  
Available 24 hours/day, 7 days a week  
https://www.express-scripts.com/UT