# Prescription Drug Program at a Glance

**For UT Select Participants Effective September 1, 2023**

<table>
<thead>
<tr>
<th></th>
<th>Annual Deductible</th>
<th>$200 per individual per plan year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Out-of-Pocket Maximum (OOP)</strong></td>
<td></td>
<td>$9,100/individual, $18,200/family combined with medical</td>
</tr>
</tbody>
</table>

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<tr>
<th>Copayment</th>
<th>Retail Pharmacy Copayment (up to 30-day supply)</th>
<th>Home Delivery/Walgreens/UT Pharmacy (90-day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic Medication</td>
<td>$10.00</td>
<td>$20.00</td>
</tr>
<tr>
<td>Preferred Brand-Name Medication</td>
<td>$35.00</td>
<td>$87.50</td>
</tr>
<tr>
<td>Non-Preferred Brand-Name Medication</td>
<td>$60.00</td>
<td>$150.00</td>
</tr>
</tbody>
</table>

**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.

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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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