



Prescription Drug Program At A Glance

For UT SELECT participants

Effective September 1, 2011

Deductible	\$100 per individual per plan year	
	Retail Pharmacy Copayment (up to 30 day supply)	Mail Service Copayment (up to 90 day supply)
Generic Drug	\$10	\$20
Preferred Brand Name Drug	\$35	\$87.50
Non-Preferred Brand Name Drug	\$50	\$125

Your Copayment UT SELECT has a three-level copayment structure on prescription drugs. Under this structure, you 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 in your family will pay the first \$100 in drug costs. After the \$100 annual deductible is reached, you will be responsible for the copayments listed above. However, if you choose a Brand Name drug when there is a Generic alternative, you must pay the difference between the cost of the Brand name drug and the Generic drug plus the applicable Generic copayment. This difference does not count toward your \$100 annual deductible.

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