**PRESCRIPTION DRUG PROGRAM AT A GLANCE**

**FOR UT SELECT PARTICIPANTS EFFECTIVE SEPTEMBER 1, 2020**

<table>
<thead>
<tr>
<th>Annual Deductible</th>
<th>$100 per individual per plan year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out of Pocket Maximum (OOP)</td>
<td>$8,150/individual, $16,300/family combined with medical</td>
</tr>
</tbody>
</table>

<table>
<thead>
<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 Drug</td>
<td>$10.00</td>
<td>$20.00</td>
</tr>
<tr>
<td>Preferred Brand Name Drug</td>
<td>$35.00</td>
<td>$87.50</td>
</tr>
<tr>
<td>Non-Preferred Brand Name Drug</td>
<td>$50.00</td>
<td>$125.00</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 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.

**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