

Prescription Drug Program At A Glance

For UT CARE Medicare Part D Participants Effective January 1, 2026 - December 31, 2026

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|--|--|---|---|
| Annual Deductible | | \$200 per individual per plan year | |
| Out-of-Pocket Maximum (OOP) | | \$9,100/individual, \$18,200/family combined with medical | |
| | | Retail Pharmacy Copayment (up to 30- or 90-day supply) | Mail Service Copayment (up to 90-day supply) |
| Generic Medication | | \$10 / \$20 | \$20 |
| Preferred Brand-Name Medication | | \$35 / \$87.50 | \$87.50 |
| Non-Preferred Brand-Name Medication | | \$60 / \$150 | \$150 |

Your Copayment

UT CARE Medicare Part D 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 (January – December), each covered individual will must pay the first \$200 in medication costs. After the \$200 annual deductible* is reached, members will be responsible for the copayments listed above. Members who are “aging-in” to the Medicare Part D plan will be given credit for any deductible amounts that were met under the standard UT CARE plan.

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 CARE plan. The non-preferred copayment will not apply.

**Express Scripts Member Services
for UT CARE Medicare Part D participants**

1-800-860-7849
Available 24 hours/day, 7 days/week
<https://www.express-scripts.com/UT>

*Insulin is not subject to the deductible. There is a \$35 max cost share for a month supply.

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CRP2406_9796