

PRESCRIPTION DRUG PROGRAM AT A GLANCE

FOR UT SELECT PARTICIPANTS EFFECTIVE SEPTEMBER 1, 2025

Annual Deductible	\$200 per individual per plan year	
Out-of-Pocket Maximum (OOP)	\$9,450/individual, \$18,900/family combined with medical	
Copayment	Retail Pharmacy Copayment (up to 1-month supply)	Home Delivery/Walgreens/ UT Pharmacy (3-month supply)
Generic Medication	\$10.00	\$20.00
Preferred Brand-Name Medication	\$35.00	\$87.50
Non-Preferred Brand-Name Medication	\$60.00	\$150.00

Prescription Medications	Coverage administered by Express Scripts® Pharmacy Benefit Services. You can get a 3-month supply of maintenance medication at Walgreens or a UT pharmacy for the same copayment as home delivery. Savings and convenience!
Specialty Medications	Accredo® 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 \$9,450/individual, \$18,900/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.

**Express Scripts Member Services
for UT SELECT participants**

800.818.0155.
Available 24 hours a day, 7 days a week
[express-scripts.com/UT](https://www.express-scripts.com/UT)

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