



Prescription Drug Program At A Glance

For UT Select participants

Deductible	\$50 per individual per plan year	
	Retail Pharmacy Up to a 30-day supply	Mail Service 90-day supply
Generic Medication	\$10	\$20
Preferred Brand Medication	\$30	\$75
Non-Preferred Brand Medication	\$45	\$112.50

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 \$50 in drug costs. After you reach \$50, you will only be responsible for the co-payments listed above.

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

Member Services
for current UT Select subscribers

1-800-818-0155

Available: 24 hours/day, 7 days/week

www.medco.com