



Prescription Drug Program At A Glance

For UT CARE Medicare Part D Participants Effective January 1, 2024 - December 31, 2024

Annual De ductible	\$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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