

Prescription Drug Program At A Glance

For UT SELECT Medicare Part D Participants Effective January 1, 2022 - December 31, 2022

Annual Deductible	\$100 per individual per plan year	
Out of Pocket Maximum (OOP)	\$8,550 individual, \$17,100/ family combined with medical	
	Retail Pharmacy Copayment (up to 30 or 90 day supply)	Mail Service Copayment (up to 90 day supply)
Generic Drug	\$10 / \$20	\$20
Preferred Brand Name Drug	\$35 / \$87.50	\$87.50
Non-Preferred Brand Name Drug	\$50 / \$125	\$125

Your Copayment	UT SELECT Medicare Part D 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 <i>on</i> the preferred list, and a higher copayment for brand-name drugs that are <i>not</i> on the preferred list.
Deductible	Each plan year (January – December), each covered individual will must pay the first \$100 in drug costs. After the \$100 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 SELECT plan.
Out of Pocket Maximum (OOP)	Your Annual OOP max is shared with your medical plan for a total of \$8,550/individual, Maximum OOP \$17,100/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.