

Pharmacy benefit tips.

Check your Preferred Drug List/Formulary

The Preferred Drug List is a summary of the drugs covered under the HealthSelectSM of Texas Prescription Drug Program and Consumer Directed HealthSelectSM Prescription Drug Program. Drugs are evaluated based on how effective they are and their cost. To see a list of prescription drugs covered under your prescription drug plan, visit www.HealthSelectRx.com and click on Preferred Drug List, or call a customer care representative toll-free at (800) 935-7189, (TTY: 711).

Know your plan

Some drugs covered under your prescription drug plan may require additional steps before they can be covered, such as:

- **Prior authorization** — determines whether a medication meets the requirements for prescription benefit coverage
- **Step therapy** — requires you to first try a more cost-effective medication before the more expensive medication will be covered
- **Quantity limits** — limits the amount of a medication that will be covered under your prescription drug plan

To find out if your medications require prior authorization, step therapy or have quantity limits, go to www.HealthSelectRx.com and click on Preferred Drug List, or call a customer care representative toll-free at (800) 935-7189, (TTY: 711).

Talk to your Doctor

If you have any questions about coverage of your medications, talk to your doctor. You can use our website www.HealthSelectRx.com or mobile app to confirm drug coverage and costs. You may want to bring a copy of your Preferred Drug List with you when you have an appointment so that your doctor can see the drugs covered by your plan. As a way to help lower your out-of-pocket costs, ask your doctor to approve generic medications when it is medically appropriate.

Compare Prices

If you are looking for ways to save money, you can search for lower-cost alternatives to the drugs you take. To find out an estimated cost for the medications you take and any lower-cost alternatives available go to www.HealthSelectRx.com and click on **Drug Pricing Tool** or open the Express Scripts app.

Questions? We can help

Call a customer care representative toll-free at (800) 935-7189, (TTY: 711).

Or visit: www.HealthSelectRx.com



Welcome to Express Scripts

As a Consumer Directed HealthSelectSM member, your prescription drug program administrator is Express Scripts[®] beginning Jan. 1, 2024.



How do I access my pharmacy benefits?

- 1) Set up your online account by visiting www.HealthSelectRx.com
- 2) Download and use the Express Scripts mobile app from the Apple® App Store or Google® Play. Once you have logged in, the two step verification screen will pop up and ask where we should send your login code. You will have the options of either text message or email. After you have received the code, you will then enter that code in order to complete the login process.
- 3) Track your prescription history; compare medication prices, set up automatic refill reminders, and more.

Where do I fill my prescriptions?

Network Retail Pharmacies

- You can fill up to a 30-day supply of a non-maintenance or maintenance medication (a maintenance fee may apply) at an in-network retail pharmacy. The retail pharmacy network includes chain pharmacies and many independent pharmacies.
- Show your prescription drug ID card at any Express Scripts in-network retail pharmacy to receive network benefits. You will receive a new prescription drug ID card from Express Scripts.
- To see a list of network pharmacies, visit www.HealthSelectRx.com and select **Locate a Pharmacy**, or use the Express Scripts app and select **Find a Network Pharmacy**.
- You can also call customer service at **(800) 935-7189**, (TTY: 711).

Extended Days' Supply Retail Pharmacy

- You can get up to a 90-day supply of your maintenance medications using an EDS Network Pharmacy. To locate an EDS Network Pharmacy, go to www.HealthSelectRx.com and select **Locate a Pharmacy**, or call a customer care representative toll-free at **(800)935-7189**.

Express Scripts Mail Service

You can order up to a 90-day supply of the medication you take regularly for less through Express Scripts Home Delivery. There are three ways to manage your mail service order:

- Log in to www.HealthSelectRx.com and select **Get Started**
- Log in to the Express Scripts mobile app, downloadable from the Apple® App Store or Google® Play. Once you have logged in, the two step verification screen will pop up and ask where we should send your login code. You will have the options of either text message or email. After you receive the code, you will then enter it to complete the login process.
- Call a customer care representative toll-free at **(800) 935-7189**, (TTY: 711). Have the following information ready when you call:
 - Your doctor's contact information
 - Names and strength of current medications
 - Payment Information
- There is no charge for standard shipping within the U.S.

Questions? We can help

Call a customer care representative toll-free at **(800) 935-7189**, (TTY: 711).

Or visit: www.HealthSelectRx.com

What will my prescription medication cost?

Your Prescription Benefit Program	In Network			
	Retail pharmacy Network (1 to 30 day supply)		Extended Days' Supply (EDS) Retail Pharmacy or Express Scripts Mail Service For long-term medications (Up to a 90-day supply)	
Where	You can use your prescription benefit at more than 60,000 HealthSelect participating pharmacies, including more than 24,000 independent community pharmacies. To locate a participating retail pharmacy in your area, go to www.HealthSelectRx.com and use the Find a Pharmacy tool or call a customer care representative toll-free at (800) 935-7189 , (TTY: 711).		To locate an EDS retail pharmacy in your area, go to www.HealthSelectRx.com and use the Find a Pharmacy tool, or call a customer care representative toll-free at (800) 935-7189 , (TTY: 711).	
Tier 1	20% coinsurance after the in-network annual deductible is met.		20% coinsurance after the in-network annual deductible is met.	
Tier 2*	20% coinsurance after the in-network annual deductible is met.		20% coinsurance after the in-network annual deductible is met.	
Tier 3*	20% coinsurance after the in-network annual deductible is met.		20% coinsurance after the in-network annual deductible is met.	
Out of Network	40% coinsurance after out-of-network annual deductible is met.			
Annual Deductible**	In-Network		Out of Network	
	Individual	Family	Individual	Family
	\$2,100	\$4,200	\$4,200	\$8,400
Web Services	Visit www.HealthSelectRx.com to locate a network pharmacy; estimate the cost of your medications; and find out more about your prescription benefits.			
Customer Care	Visit www.HealthSelectRx.com or call toll-free (800) 935-7189 , (TTY: 711).			

* **Tier 2 and Tier 3:** If a generic is available and you choose to buy the brand-name medication, you will pay the generic coinsurance plus the cost difference between the brand-name and the generic medication.

** The annual deductible includes both medical services and prescription claims.