



Plan Year 2024

HealthSelectSM of Texas Prescription Drug Program
& Consumer Directed HealthSelect Prescription Drug Program

Pharmacy Benefit Overview

A PDF of this presentation will be available on the plan website at expressscripts.com/employeesretirementsystemoftexas.

HealthSelectSM
of Texas
Prescription Drug Program

CONSUMER DIRECTED
HealthSelectSM



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WHAT WE WILL SHARE WITH YOU TODAY



Pharmacy Benefit Overview



Getting the Most from Your Pharmacy Plan



Ways to Manage Your Pharmacy Benefit

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PHARMACY BENEFIT OVERVIEW

Express Scripts



HealthSelect[®]
of Texas
Prescription Drug Program

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HealthSelect[™]

- Access affordable prescription drugs safely and efficiently

- Thousands of national, regional chain and independent neighborhood pharmacies in our network

- Convenient mail order services and specialty pharmacy



PHARMACY BENEFIT OVERVIEW

When it comes to pharmacy care, your choice matters.

COMPREHENSIVE PHARMACY CARE



Express Scripts Broad Retail Pharmacy Network

Retail Pharmacies for
SHORT-TERM
Medication Needs



National network of over 60,000 retail pharmacies.



Extended Days' Supply Retail Pharmacies or Express Scripts Mail Order

Options for
CHRONIC
Maintenance Medication Needs



Up to a 90-day supply at an EDS pharmacy or Express Scripts mail order pharmacy.



Specialty Pharmacy

Retail or Mail Order for
SPECIALTY
Medication Needs



Personalized care from our specialty pharmacy, Accredo, to treat chronic, complex conditions.

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Prescription Drug Program

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PHARMACY BENEFIT OVERVIEW

Information About Your Plan – A Deeper Dive

Important Reminders:

- If you are taking Insulin, regardless of the Tier, you will never pay more than \$25 for a 30-day supply of Insulin.
- If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days' supply of the drug you receive.
- You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) through an EDS pharmacy or by mail through Express Scripts® Pharmacy. There is no charge for standard shipping.
- Not all drugs are available at a 90-day supply and not all retail pharmacies offer a 90-day supply.



PHARMACY BENEFIT OVERVIEW

Information About Your Plan – A Deeper Dive

Formularies are a list of specific drugs covered by the plan and their costs and will change on January 1, 2024.

Reasons for formulary change:

- The Food and Drug Administration approves a new medication or existing medication as part of treatment for a new disease category.
- A brand-name medication loses its patent and generic versions become available.
- A medication has been withdrawn from the market for safety reasons.
- A medication becomes available without a prescription (over-the-counter drugs are not typically covered under prescription drug plans).
- You can contact Express Scripts Customer Service for more information regarding formularies and changes.



PHARMACY BENEFIT OVERVIEW

No changes from current plan!

Information About Your HealthSelectSM of Texas PDP– Retail or EDS Supply

Tier	Prescription drug type	Your costs			
		Retail Network		Extended Day Supply (EDS) Network	
	Annual deductible \$50	Retail 30-day supply Non-Maintenance	Retail 30-day supply Maintenance	31- to 60-day supply	61- to 90-day supply
1	Preferred Generic Most generic drugs	\$10 copay	\$10 copay	\$20 copay	\$30 copay
2	Preferred Brand Many common brand-name drugs, called preferred brands.	\$35 copay	\$45 copay	\$70 copay	\$105 copay
3	Non-preferred Drug Non-preferred brand or generic name drugs.	\$60 copay	\$75 copay	\$120 copay	\$180 copay

www.express-scripts.com/art/open_enrollment/ERS_QSG_HealthSelect.pdf

HealthSelect
of Texas
Prescription Drug Program



PHARMACY BENEFIT OVERVIEW

No changes from current plan!

Information About Your HealthSelectSM Of Texas PDP – Mail Order

Tier	Prescription drug type	Mail Order	
		31- to 60-day supply	61- to 90-day supply
	Annual deductible \$50		
1	Preferred Generic Most generic drugs	\$20 copay	\$30 copay
2	Preferred Brand Many common brand-name drugs, called preferred brands.	\$70 copay	\$105 copay
3	Non-preferred Drug Non-preferred brand or generic name drugs. In addition, Part D-eligible compound medications are covered in Tier 3.	\$120 copay	\$180 copay

www.express-scripts.com/art/open_enrollment/ERS_QSG_HealthSelect.pdf

PHARMACY BENEFIT OVERVIEW

No changes from current plan!

Information About Your Consumer Directed HealthSelect PDPSM – Retail or EDS Supply

Tier	Prescription drug type	Your costs			
		Retail Network		Extended Day Supply (EDS) Network	
	In-Network Annual deductible: Individual: \$2,100 Family: \$4,200	Retail 30-day supply Non-Maintenance	Retail 30-day supply Maintenance	31- to 60-day supply	61- to 90-day supply
1	Preferred Generic Most generic drugs	20% coinsurance after the in-network deductible is met.	20% coinsurance after the in-network deductible is met.	20% coinsurance after the in-network deductible is met.	20% coinsurance after the in-network deductible is met.
2	Preferred Brand Many common brand-name drugs, called preferred brands.	20% coinsurance after the in-network deductible is met.	20% coinsurance after the in-network deductible is met.	20% coinsurance after the in-network deductible is met.	20% coinsurance after the in-network deductible is met.
3	Non-preferred Drug Non-preferred brand or generic name drugs.	20% coinsurance after the in-network deductible is met.	20% coinsurance after the in-network deductible is met.	20% coinsurance after the in-network deductible is met.	20% coinsurance after the in-network deductible is met.

www.express-scripts.com/art/open_enrollment/ERS_QSG_CDHS.pdf

Information About Your Consumer Directed HealthSelectSM PDP – Mail Order

Tier	Prescription drug type	Mail Order	
	In-Network Annual deductible: Individual: \$2,100 Family: \$4,200		
1	Preferred Generic Most generic drugs	31- to 60-day supply 20% coinsurance after the in-network deductible is met.	61- to 90-day supply 20% coinsurance after the in-network deductible is met.
2	Preferred Brand Many common brand-name drugs, called preferred brands.	20% coinsurance after the in-network deductible is met.	20% coinsurance after the in-network deductible is met.
3	Non-preferred Drug Non-preferred brand or generic name drugs. In addition, Part D-eligible compound medications are covered in Tier 3.	20% coinsurance after the in-network deductible is met.	20% coinsurance after the in-network deductible is met.

www.express-scripts.com/art/open_enrollment/ERS_QSG_CDHS.pdf



PHARMACY BENEFIT OVERVIEW

Accredo Specialty Pharmacy

Personalized patient care for a wide range of complex and chronic conditions



Specialty
clinicians are
your guide



An easy route for
getting your
medication

Accredo Member
Services:
800-455-8340

PHARMACY BENEFIT OVERVIEW

Getting the Most from Your Plan



Ask your doctor for a generic or a lower-cost equivalent



If using a coupon, be sure to speak to the pharmacist first about any coupons you may plan to use



Take your medications as prescribed and set reminders to help you stay on track

GETTING THE MOST FROM YOUR PLAN

Maintenance Medications

Convenient mail order from Express Scripts® Pharmacy



Express Scripts® Pharmacy will contact your doctor to get your new prescription



Delivered straight to your door with free standard shipping, with auto-refills and reminders available



Talk with a pharmacist by phone 24/7

GETTING THE MOST FROM YOUR PLAN

Vaccinations: Don't Miss Your Shot to Protect Yourself



- Covered by prescription plan at a participating retail pharmacy


- Common vaccines covered under your plan include Influenza, Measles, Hepatitis A & B, and more

- Must remember to present ID card to the pharmacist

WAYS TO MANAGE YOUR PHARMACY BENEFIT

Resources for You

- Download the Express Scripts® mobile app for free – go to your mobile device’s app store and search for “Express Scripts.”
- Create your digital profile at HealthSelectRx.com or on the Express Scripts® mobile app – which helps you connect to:
 - Your digital prescription ID card
 - Lower-cost medication options
 - Nearby, in-network pharmacies
 - Easy medication refills
 - Home delivery with order tracking



Call the customer service number on your ID card – available 24/7 for general support or to talk to a specially trained pharmacist for complex concerns or health conditions.

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WAYS PARTICIPANTS CAN MANAGE THEIR PHARMACY BENEFIT

Resources to Help Members with Transition

Express Scripts Member Services HealthSelect and Consumer Directed HealthSelect :

800-935-7189

Hearing Impaired: Dial Relay Texas 711 or 1-800-716-3231

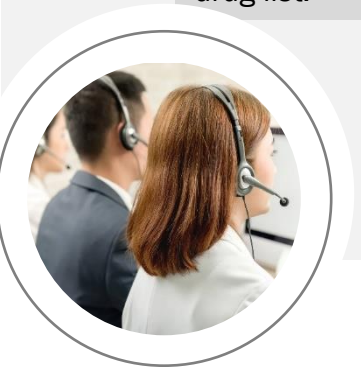
- **Customer Service available 24 hours a day, seven days a week.**
- Visit us at www.express-scripts.com/employeesretirementsystemoftexas

Today - Participants can call for help with any of the following:

- * Web / Mobile App Registration
- * Locate your pharmacy
- * Price your medication(s)
- * Any plan benefit questions.

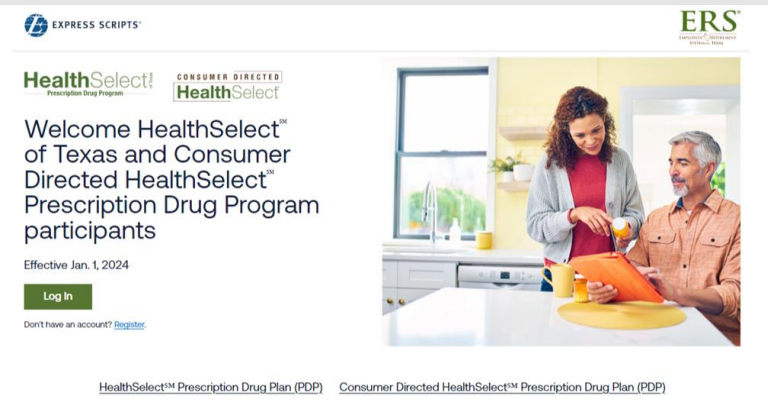
- Visit online to review 2024 plan and many other resources available such as plan's preferred drug list.

- Beginning Jan.1:**
- Begin using new Express Scripts Prescription card.
 - Access most current information on their 2024 plan by visiting the updated site, HealthSelectRx.com.
 - If using mail order, can request new prescriptions or refills as needed.
 - Must discontinue using RX coverage with United Healthcare.



WAYS TO MANAGE YOUR PHARMACY BENEFIT

HealthSelect and Consumer Directed HealthSelect : express-scripts.com/employeesretirementsystemoftexas



Preview helpful information including plan details, medication prices and covered medications.



Locate a pharmacy or confirm current pharmacy used will remain in network for 2024.



Learn more about the plan with Express Scripts and how to get started with optional mail order service.

WAYS TO MANAGE YOUR PHARMACY BENEFIT

Prescription ID Card

When will participants get a new card?

- In December, Express Scripts will send participants new ID cards to use starting Jan.1 2024.

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Prescription Drug Program

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Prescription ID Card

RxBIN 003858 **Issued** XX/XX/XXXX
RxPCN A4
RxGrp ERSOFTX
Issuer 9151014609
(80840)
ID CWK000100002
Name JOHN Q SAMPLE

30-day supply after deductible: \$10 / \$35 / \$60
90-day supply after deductible: \$30 / \$105 / \$180
Deductible: \$50 individual / N/A family
Max out of pocket: \$7,050 individual / \$14,100 family



Includes important information



Customer service telephone number



Digital prescription ID card available

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EXPRESS SCRIPTS®

Prescription ID Card

RxBIN 003858 **Issued** XX/XX/XXXX
RxPCN A4
RxGrp ERSOFTX
Issuer 9151014609
(80840)
ID CWK000100002
Name JOHN Q SAMPLE

30-day supply after deductible: 20%
90-day supply after deductible: 20%
Deductible: \$2,100 individual / \$4,200 family
Max out of pocket: \$7,050 individual / \$14,100 family

Thank You

