



Plan Years 2025 - 2026

**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 www.HealthSelectRx.com

HealthSelect
of Texas
Prescription Drug Program

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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

www.HealthSelectRx.com



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Express Scripts

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- Safe and efficient access to prescription drugs at a reasonable cost
- 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
LONG-TERM
Maintenance Medication Needs



Up to a 90-day supply at an EDS pharmacy
or Express Scripts home delivery pharmacy.



Specialty Pharmacy

Retail or Home Delivery for
SPECIALTY
Medication Needs



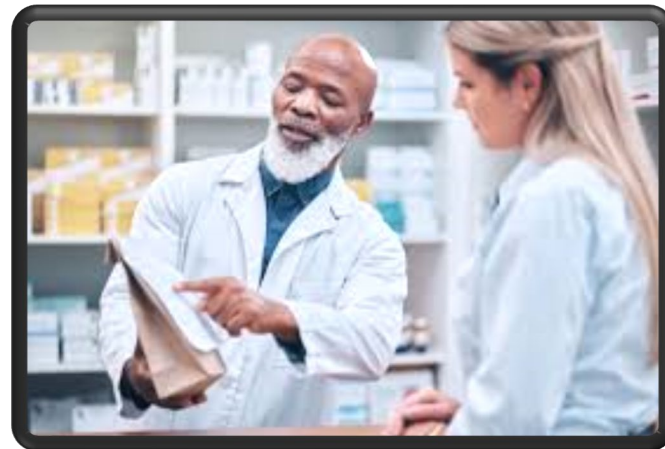
Personalized care from our specialty
pharmacy, Accredo, to treat chronic,
complex conditions.

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. You can find which pharmacies can dispense a 90-day supply by using the Find A Pharmacy Tool on your plan website.



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PHARMACY BENEFIT OVERVIEW

Information About Your Plan – A Deeper Dive

Formularies are a list of specific drugs covered by the plan and their costs

Information about formulary changes:

- 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.
- Formulary changes only occur in July and January each year. Participants affected by negative changes will be notified in advance.



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PHARMACY BENEFIT OVERVIEW

Your HealthSelectSM of Texas Prescription Drug Plan – Retail, EDS Supply, or Mail Order

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

www.HealthSelectRx.com

Member Services: 800-935-7189

HealthSelectSM
Prescription Drug Program



PHARMACY BENEFIT OVERVIEW

Your Consumer Directed HealthSelectSM Prescription Drug Plan – Retail, Mail Order, or EDS Supply

Tier	Prescription drug type	Your costs			
		Retail Network		Mail Order and 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	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

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Accredo Specialty Pharmacy

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

- **Ongoing support** from pharmacists and nurses with specialized training and expertise
- **Individualized counseling** and education
- **Proactive patient monitoring** through regular assessments and touch points
- **Exclusive mobile and online support tools** for patients in specific therapy classes
- **Care coordination** with your entire healthcare team
- Please note you are **not required** to use Accredo; most specialty medications are available at retail network pharmacies. A network of additional specialty pharmacies is available if you prefer using another specialty pharmacy.



**Accredo Member
Services:
800-455-8340**

Prior Authorization

MONITORS PRESCRIPTION MEDICATIONS



Makes sure your prescription is suitable for the intended use and covered by your plan

Simply means that more information is needed to see if your plan covers the medication



To get your prior authorization started, contact your doctor's office or call member services at **800-935-7189**



Step Therapy

HELPS REDUCE COSTS



Safe and proven-effective medication



First step medications are typically generic and lower-cost brand-name medications



Second step medications are best suited for the few patients who don't respond to first step medications



Getting the Most from Your Plan



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



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

Maintenance medication: If you choose home delivery

Convenient home delivery from Express Scripts® Pharmacy



→ Express Scripts® Pharmacy will contact your provider to get your new prescription if you choose this option



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



→ Talk with a pharmacist by phone 24/7

Member Services: 800-935-7189

Vaccinations: Don't Miss Your Shot to Protect Yourself



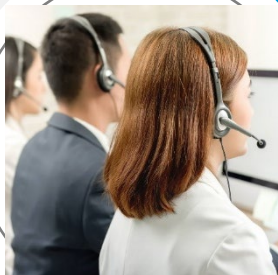
→ Covered by your prescription plan at a participating retail pharmacy

→ Common vaccines covered under your plan include influenza, measles, hepatitis A & B, and more

→ Must remember to present drug plan ID card to the pharmacist

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

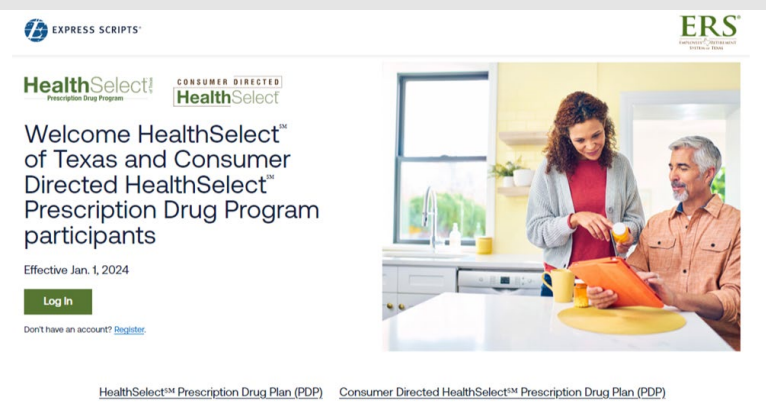


Call the customer service number on your ID card – available 24/7 for general support or to talk to a specially trained pharmacist for complex concerns or health conditions.

Member Services: 800-935-7189

www.HealthSelectRx.com

HealthSelect of Texas and Consumer Directed HealthSelect : www.HealthSelectRx.com



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



Locate a pharmacy near you



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

Member Services: 800-935-7189

PHARMACY BENEFIT OVERVIEW

Pricing a Medication

Member Services: 800-935-7189

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HealthSelectSM Prescription Drug Plan (PDP)



Benefit Overview

Get a better understanding of how you and your plan work together to cover your medication.

[Review Benefit](#)



Home Delivery

Choose Express Scripts[®] Pharmacy and get a 90-day supply of your maintenance medication delivered with free standard shipping.

[View Home Delivery brochure \(PDF\)](#)

[Home Delivery Order Form](#)



Retail Pharmacies

We also have a large pharmacy network, including Extended Day Supply (EDS) pharmacies. We'll help you find a nearby retail pharmacy.

[Find a Pharmacy](#)



Price a Medication

We'll make it easy to check medication coverage options so you can compare prices and find savings.

[Price a Medication](#)



Contact Us

Have questions about your benefits or medication? Our pharmacists will be available 24/7 from the privacy of your home.

Current members and prospective members should call (800) 935-7189. TTY users should call 711.

Price a Medication

Search for the lowest prices available for your medicine

Medicine Name

Example: Lipitor 20 Mg Tablet

Zip code

[Get Prices](#)

Easily view the cost of medications by brand or generic, 30 or 90 days, and multiple pharmacy options

Price a Medication >

Atorvastatin Calcium

Generic drug name for Lipitor
[Atorvastatin Calcium](#) | [Drug Details](#)

[Generic](#) [Brand](#)

Dosage information

Medicine form	Medicine strength	Take or use	Frequency of use	
Tablet	20 Mg	1 each	Daily	Edit Details

Pricing results for Atorvastatin Calcium 20 Mg Tablet
Showing 11 of 25 pharmacies for 78704

Pharmacy	Coverage	30-day	90-day
Home Delivery Pharmacy	Coverage rules apply	---	\$0.00 Price details
Cvs #01430 2501 S Lamar Blvd Unit B Austin, TX 78704-4702 (512) 383-8522	Coverage rules apply	\$0.00 Price details	\$0.00 Price details
Walgreens #01933 2501 S Lamar Blvd Austin, TX 78704-4702 (512) 443-7534	Coverage rules apply	\$0.00 Price details	\$0.00 Price details

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Why has the cost of your medication changed?

There are four possible reasons the cost of your medication changed after Dec. 31:

The cost of your medication may have changed because:

- Express Scripts has different contracts with drug manufacturers and pharmacies than the previous administrator.
- Each year deductibles start over on Jan. 1.
- You used a pharmacy that isn't in the Express Scripts network.
- Drug prices go up and down, just like the prices of gas or a carton of eggs.



Prescription ID Card

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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

Rx Retail Non-Maint:	\$10/\$35/\$60	<u>Individual</u>	<u>Family</u>
Maintenance:	\$10/\$45/\$75	\$50	N/A
90-day supply:	\$30/\$105/\$180	Max OOP: \$7,050	\$14,100



Includes important information



Customer service telephone number



Digital prescription ID card available

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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

Coinurance:	<u>Individual</u> 20%	<u>Family</u> 20%
Deductible:	\$2,100	\$4,200
Max Out of Pocket:	\$7,050	\$14,100

Thank You

Member Services: 800-935-7189

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