



Plan Year 2025

HealthSelect<sup>SM</sup> 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](http://www.HealthSelectRx.com)

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of Texas  
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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](http://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 & 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 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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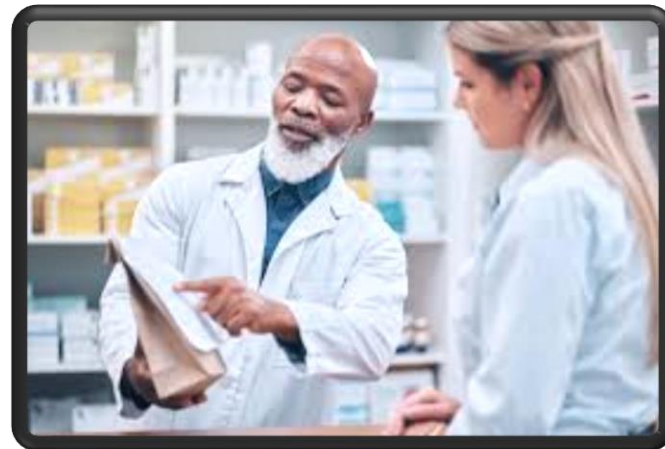
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## PHARMACY BENEFIT OVERVIEW

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



[www.HealthSelectRx.com](http://www.HealthSelectRx.com)

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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

### 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.
- 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 HealthSelect<sup>SM</sup> 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	31–60 day supply	61-90 day supply	1-90 day supply
1	<b>Generic</b> Most generic drugs	\$10 copay	\$10 copay	\$20 copay	\$30 copay	\$30 copay
2	<b>Preferred Brand</b> Many common brand-name drugs, called preferred brands.	\$35 copay	\$45 copay	\$70 copay	\$105 copay	\$105 copay
3	<b>Non-preferred Drug</b> Non-preferred brand or generic name drugs.	\$60 copay	\$75 copay	\$120 copay	\$180 copay	\$180 copay

[www.HealthSelectRx.com](http://www.HealthSelectRx.com)

Member Services: 800-935-7189

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## PHARMACY BENEFIT OVERVIEW

# Your Consumer Directed HealthSelect<sup>SM</sup> 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	
	<b>In-Network Annual deductible:</b> Individual: \$2,100 Family: \$4,200	<b>Retail 30-day supply Non-Maintenance</b>	<b>Retail 30-day supply Maintenance</b>	<b>31–60 day supply</b>	<b>61-90 day supply</b>
1	<b>Generic</b> 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	<b>Preferred Brand</b> 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	<b>Non-preferred Drug</b> 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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# 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.



# 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**

## PHARMACY BENEFIT OVERVIEW

# Pricing a Medication

Member Services: 800-935-7189

www.HealthSelectRx.com



### HealthSelect<sup>SM</sup> 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<sup>®</sup> 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 drug actions](#) | [Drug details](#)

[Search](#) [Reset](#)

**Dosage information**

Medicine form	Medicine strength	Take or use	Frequency of use	
Tablet	20 Mg	1 each	Daily	<a href="#">Edit details</a>

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

Pharmacy	Coverage	30-day	90-day
Home Delivery Pharmacy	<a href="#">Coverage rules apply</a>	Not available	\$0.00 <a href="#">Price details</a>
Cvs #01430 2501 S Lamar Blvd Unit B Austin, TX 78704-4921 (512) 353-8522	<a href="#">Coverage rules apply</a>	\$0.00 <a href="#">Price details</a>	\$0.00 <a href="#">Price details</a>
Walgreens #01933 2501 S Lamar Blvd Austin, TX 78704-4730 (512) 443-7534	<a href="#">Coverage rules apply</a>	\$0.00 <a href="#">Price details</a>	\$0.00 <a href="#">Price details</a>

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# Prior Authorization

## MONITORS PRESCRIPTION MEDICATIONS

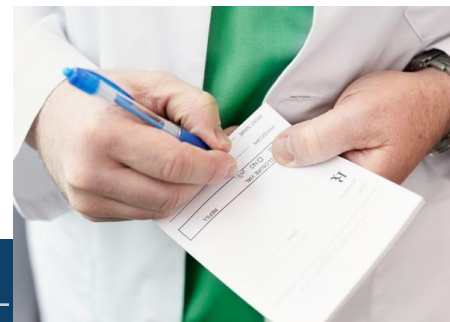


Makes sure your prescription is suitable for the intended use and covered by your prescription plan

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 for assistance 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 Mail Order

### Convenient mail order 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



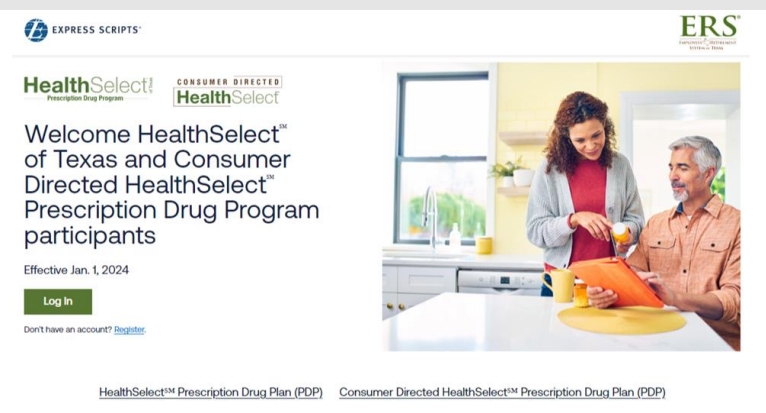
→ Covered by your prescription plan at a participating retail pharmacy

→ 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

# WAYS TO MANAGE YOUR PHARMACY BENEFIT

HealthSelect of Texas and Consumer Directed HealthSelect : [www.HealthSelectRx.com](http://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

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## 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.

Member Services: 800-935-7189

[www.HealthSelectRx.com](http://www.HealthSelectRx.com)

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# Prescription ID Card

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**Prescription ID Card**

**RxBIN** 003858 **Issued** XX/XX/XXXX

**RxPCN** A4

**RxGrp** ERSOFTX

**Issuer** 9151014609

**ID** CWK000100002

**Name** JOHN Q SAMPLE

Rx Retail Non-Maint:	\$10/\$35/\$60	Deductible:	<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

**ID** CWK000100002

**Name** JOHN Q SAMPLE

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

# Thank You

Member Services: 800-935-7189

[www.HealthSelectRx.com](http://www.HealthSelectRx.com)

