



## Prescription Drug Benefits at a Glance

### Employees Retirement System of Texas

HealthSelect<sup>SM</sup> Medicare Rx (PDP) Plan

Plan Year: Jan. 1, 2026 – Dec. 31, 2026

Medication Tier	Retail One-Month (30-day) Supply	Retail Extended Days' Supply Three-Month (90-day) Supply	Express Scripts <sup>®</sup> Pharmacy Home Delivery Three-Month (90-day) Supply
<b>Tier 1: Generic Medications</b>	\$10 copay	\$30 copay	\$30 copay
<b>Tier 2: Preferred Brand Medications</b>	\$35 copay (non-maintenance) \$45 copay (maintenance)	\$105 copay	\$105 copay
<b>Tier 3: Nonpreferred Brand Medications</b>	\$60 copay (non-maintenance) \$75 copay (maintenance)	\$180 copay	\$180 copay

\*Important notes about your prescription benefit can be found on the next page.

#### Your Copay

The **HealthSelect<sup>SM</sup> Medicare Rx** plan has copays for each medication tier. Under this plan, you pay the lowest copay for generic medications.

**Important note about insulin:** Regardless of the medication tier, you will never pay more than \$25 for a 30-day supply of insulin.

#### Deductible

You pay a \$50 annual deductible. Your deductible will reset every Jan. 1. The deductible doesn't apply to covered insulin products and most adult Medicare Part D vaccines.

#### Initial Coverage Stage

After you pay your annual deductible, you will pay the copay until your total annual out-of-pocket costs reach \$2,100.

For information on your prescription plan benefits or any other questions about your account or coverage, visit **HSMedicareRx.com** or use the Express Scripts<sup>®</sup> mobile app.

**Catastrophic Stage**

If you reach the Catastrophic Coverage Stage, you pay nothing for covered Medicare Part D medications.

**Enhanced Drug Coverage**

Our plan covers additional medications not normally covered by Medicare Part D. You will have cost sharing for these medications, regardless of the coverage stage you are in.

**Plan Premium Eligibility**

ERS will tell you the premium amount that you pay for your plan. If you have any questions, please call ERS toll-free at (877) 275-4377 (TTY: 711).

**Reminder**

You can choose where and how often to fill your medications. There are retail pharmacies offering 30-day, 60-day and 90-day supplies. Or, you can have your medications mailed to you.

**Contact Us**

Visit us at **HSMedicareRx.com** or use the QR code to the right.



You can also call toll-free **(866) 264-4676 (TTY: [800] 716-3231)**, 24 hours a day, 7 days a week.

Retiree plan prospects must meet the eligibility requirements to enroll for group coverage.

This information is not a complete description of benefits. Contact Express Scripts Medicare Customer Service at **(866) 264-4676 (TTY: [800] 716-3231)**, 24 hours a day, 7 days a week for more information. Limitations, copay, and restrictions may apply.

Prescription Drug List/Formulary, pharmacy network, premium, and/or copays/coinsurance may change each plan year. You will receive notice when necessary.

**\*Important notes:** 1. If your doctor prescribes less than a full month's supply of certain medications, you will pay a daily cost-sharing rate based on the actual number of days' supply of the medication you receive. 2. You may receive up to a 90-day supply of certain maintenance medications (medications taken on a long-term basis) by mail through an Extended Days' Supply pharmacy or Express Scripts<sup>®</sup> Pharmacy. There is no charge for standard shipping. 3. Not all medications are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. 4. Please contact Express Scripts Medicare Customer Service for more information.

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