

Prescription Drug Benefits at a Glance

Employees Retirement System of Texas

HealthSelectSM Medicare Rx (PDP) Plan

Plan Year: Jan. 1, 2027 – Dec. 31, 2027

Medication Tier	Retail One-Month (30-day) Supply	Retail Extended Days' Supply Three-Month (90-day) Supply	Express Scripts [®] Pharmacy Home Delivery Three-Month (90-day) Supply
Tier 1: Generic Medications	\$10 copay	\$30 copay	\$30 copay
Tier 2: Preferred Brand Medications	\$35 copay (non-maintenance) \$45 copay (maintenance)	\$105 copay	\$105 copay
Tier 3: Nonpreferred Brand Medications	\$60 copay (non-maintenance) \$75 copay (maintenance)	\$180 copay	\$180 copay
Find important notes about your prescription benefits on the next page.			

Your Copay

The **HealthSelectSM 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 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 \$2,400.

This information is not a complete description of benefits. For more information on your prescription plan benefits or questions about your account or coverage, call (866) 264-4676 (TTY: [800] 716-3231), visit HSMedicareRx.com or use the Express Scripts[®] mobile app.

Catastrophic Stage	If you reach the Catastrophic Coverage Stage (after paying more than \$2,400 in out-of-pocket costs), you pay nothing for covered Medicare Part D medications for the rest of the plan year.
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. 

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 drug you receive. We calculate the amount you pay per day for your drug (the Daily Cost-Sharing Rate) and multiply it by the number of days that the prescription is filled for.
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® 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.

*Anyone who wants to enroll in this group coverage plan must meet the eligibility requirements to enroll for group coverage. Prescription Drug List/Formulary, pharmacy network, premium, and/or copays/coinsurance may change each plan year. You will receive notice when necessary.

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