

## Prescription Drug Benefits at a Glance

### Employees Retirement System of Texas HealthSelect<sup>SM</sup> Medicare Rx (PDP) Plan Plan Year: Jan. 1, 2024 – Dec. 31, 2024

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
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: Non-Preferred Brand Medications	\$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

You are in the Initial Coverage Stage until your total yearly medication costs reach \$5,030. During this stage, you pay a copay for prescription medications. Total yearly medication costs include payments you and the plan make.

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



<b>Coverage Gap Stage</b>	After your total yearly medication costs reach \$5,030, you will continue to pay the same cost-sharing amount as in the Initial Coverage Stage until your yearly out-of-pocket medication costs reach \$8,000.
<b>Catastrophic Stage</b>	If you reach the Catastrophic Coverage Stage, you pay nothing for covered Medicare Part D medications.
<b>Enhanced Drug Coverage</b>	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.
<b>Plan Premium Eligibility</b>	ERS will tell you the amount that you pay for your plan. If you have any questions, please call ERS toll-free at (877) 275-4377; TTY 711.
<b>Reminder</b>	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.
<b>Contact us</b>	Visit us at <b>HS Medicare Rx.com</b> .  You can also call toll-free <b>(866) 264-4676</b> , <b>(TTY: (800) 716-3231)</b> , 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 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® 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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