

Thank you for your interest in Prescription Advantage, the state-sponsored prescription drug program administered by the Commonwealth of Massachusetts Executive Office of Elder Affairs. The following information provides detailed instructions for completing the online Prescription Advantage Application Form. If you have any questions, please call Prescription Advantage Customer Service at 1-800-243-4636 or TTY (toll free) at 1-877-610-0241 for the deaf and hard of hearing with Text Telephone capability. Representatives are available to help you Monday - Friday, 9:00 am - 5:00 pm.

General Information

- Any information followed by an * must be completed.
- If you and your spouse are both applying, you must each fill out a separate application.
- The *Prescription Advantage Rate Schedule Guide* provides important Prescription Advantage benefits information. You can print a copy of the guide and keep it nearby for reference as you complete the form. Click on the *Prescription Advantage Rate Schedule Guide* link.
- Prescription Advantage uses gross annual household income to determine the appropriate membership category. Common types of income include Social Security, employment, pensions, annuities, dividends/interest, retirement account(s) disbursements, capital gains, unemployment, rental, and alimony. You must verify any income you receive. See *Income Documentation* for a list of acceptable documents to verify your income.
- Make copies of all the documents, such as federal tax returns and/or 1099 forms, you must send to Prescription Advantage. Original documents cannot be returned to you.
- You may authorize someone to have access to your Protected Health Information by completing an Authorization Form. Representatives may be designated at any time. If you wish to name a representative, please contact Prescription Advantage Customer Service, or click on the *Representative Authorization Forms* link to print a copy of the document required to appoint a representative.
- This application is available in other languages in hard copy upon request. Interpretation assistance is available for non-English speakers. Call Prescription Advantage Customer service to learn more.

Important Message

Applicants eligible for Medicare may **apply** for Prescription Advantage if they are not yet enrolled in a Medicare prescription drug plan. However, applicants must be enrolled in a Medicare or creditable coverage prescription drug plan before they can receive any benefits from Prescription Advantage.

To Begin Completing the Application:

Answer Yes or No to the first question. Additional information may be required.

Applicant Information:

This section provides information about the applicant. If you and your spouse both wish to apply, you must complete separate application forms.

Residence and Contact Information:

Provide your primary address information, mailing address (if different from primary), and telephone contact information. Additional information may be required.

- Prescription Advantage is only available to those with a primary residence in Massachusetts. A primary residence is one in which you reside for at least six (6) months during the calendar year. You may not give a post office box as a primary residential address.
If you sometimes reside at another location (e.g., you leave the state for the winter), you must notify customer service before you leave for that location so we can update your mailing address in case we need to contact you. You must also notify customer service when you return to your primary address.
- Cell phones are not considered to be a secure means of transmitting personal information. For your protection, we suggest that you do not provide a cell phone number. If the only way to contact you is by cell phone, be aware that any personal information discussed may not be secure.

Household Information:

This section provides information about your household.

Answer Yes or No to the question regarding a spouse. You may name your spouse as a designee on your account. This would allow us to speak to your spouse if you are not available. Additional information may be required.

Provide the number of relatives, other than your spouse, that live in your household and depend on you for at least one-half of their financial support. Relatives may include anyone related to you by blood, marriage, or adoption.

Other Prescription Drug Coverage:

This section asks questions regarding your prescription drug coverage. Additional information may be required.

Assets:

This question will help us determine if you may qualify for Extra Help or the MassHealth Buy-In Program, also known as the Medicare Savings Program (MSP). You may qualify for one of / both of these programs if you meet the following requirements:

Extra Help

Single: Gross annual income is \$22,590 or less. Assets are no more than \$17,220.

Married: Gross annual income is \$30,660 or less. Assets are no more than \$34,360.

After reviewing your application, we will let you know if you might be eligible for Extra Help, and we will assist you with this process. NOTE: Eligibility for Extra Help has no impact on eligibility for Prescription Advantage.

MassHealth Buy-In Program, also known as Medicare Savings Program (MSP)

Single: Gross annual income is \$33,885 or less.

Married: Gross annual income is \$45,990 or less.

After reviewing your application, we will let you know if you might be eligible for the MassHealth Buy-In Program, also known as the Medicare Savings Program (MSP) and we will assist you in understanding how you apply for that program. NOTE: Eligibility for MSP may impact your eligibility for Prescription Advantage.

Employment and Disability for Applicants Under 65 Years of Age:

You must answer the question regarding your employment. Additional information is required for applicants less than 65 years of age. Click on the *Disability Status Documentation* link for a list a disability document

Income Information:

Answer the questions regarding your income. If you do not file federal income taxes, additional information may be required.

Terms of Agreement:

Carefully read the statements in this section. Because we require information regarding your household income, your spouse must also agree if he/she lives with you, even if he/she is not applying at this time. We cannot process your application until you agree to the terms and conditions.

To submit your application:

Once you have completed your application and agreed to the Terms of the Agreement, you may review the form. We suggest you print and/or save a copy for your records. When your application is complete, click Submit.

Additional Important Information

- A Prescription Advantage representative will contact you to review your application and discuss the documentation you will be required to send. Your application is not complete until we receive all the required documentation.

You must verify any income you receive. A list of acceptable income documents is provided. If there is income you receive that is not listed, please call customer service for acceptable documentation.

- Income is calculated using the total income as reported on federal income tax returns and current Social Security income as reported on form(s) SSA-1099 for the applicant and his/her spouse. **ALL** applicants who file federal tax returns must send a copy of the first page of their most recently filed return. For applicants not required to file a federal income tax return, income is calculated using alternative documents.
- **ALL** applicants who receive Social Security benefits must submit Social Security income documents such as an annual benefit statement (SSA-1099 form) or Social Security Benefit Award letter.

Note: Social Security income listed on a federal tax return must be verified as well. This means you must still supply Social Security income documents.

- Income counted includes the total amount of money, earned or unearned, from any source, including but not limited to wages, business income, rents, pensions/annuities, dividends, and interest.
- Income is calculated using your **gross** annual household income. This is the amount **prior** to any deductions you may have for healthcare costs or other purposes.
- In some cases, income listed on your federal tax return that you no longer receive will not be used to calculate income. You must verify that you do not receive the income or cannot receive it again. This applies to wages, business income, IRAs, pensions/annuities, third-party sick pay, unemployment, and alimony. Documents required for removal of income are listed.
- It is your responsibility to keep Prescription Advantage updated if your information changes. Failure to do so may result in denial of your application or the termination of your membership.

Income Documentation

1. ALL applicants who receive Social Security income MUST send Social Security income documents. Send a copy of one of the following documents:

- Your current Social Security benefit award letter or Cost of Living Adjustment letter listing the amount you receive before deductions.
- Your Social Security annual benefit statement (SSA-1099 form)

2. You must also send the income documents listed below that apply to you. All documents must be for the PREVIOUS calendar year. For example, in 2024, the documents must be for 2023.

If you **FILE** federal income taxes, send copies of:

- Your most recently filed federal income tax return 1040, 1040A, or 1040EZ. State tax returns will not be accepted.

If you **DO NOT FILE** federal income taxes, either complete the Self Attestation included with the application, or send copies of:

- Your most recent 1099 or W-2 form(s) for each type of income listed below that you receive. If you do not receive 1099 or W-2 form(s), contact customer service for other documents you may submit.

Pensions/Annuities	Railroad Benefit Income	Rental Income
Dividends/Interest	Employment Income	Capital Gains
Retirement (IRA; 401K; 403B)	Unemployment	Alimony

In some cases, we may be able to deduct income listed on your federal tax return that you no longer receive when we calculate your income. You may be asked to send documentation to prove that you do not receive the income. Some types of removable income, and the documents you must provide, are shown in the table below.

Income Type	Documents for Removal of Income
Wages (Send items 1 and 2)	1. Letter from former employer on company letterhead indicating last day worked and 2. W-2(s) showing total amount earned from that employer to verify total on tax return
Third-Party Sick Pay (Send items 1) and (Send item 2 or 3)	1. Letter from institution that paid the disability stating the benefit is exhausted and 2. W-2(s) with the total amount paid through disability to verify total on tax return; or 3. 1099 forms for all third-party sick pay received by the applicant/member
IRA (Send items 1 and 2)	1. Document from company that administered IRA indicating account is closed and 2. 1099 forms for all IRA accounts in the applicant/member's name
Pensions/Annuities (Send items 1 and 2)	1. 1099 forms for all pensions/annuities received by applicant/member and 2. Document from company that administered pension/annuity stating account is closed
Unemployment (Send items 1 and 2)	1. Document from Department of Workforce Development, Division of Career Services and Division of Unemployment Assistance or the Department of Employment and Training stating applicant/member exhausted his/her funds and 2. 1099-G showing total unemployment received as noted on Form 1040 (line 19) NOTE: If an applicant's/member's spouse also received unemployment and exhausted his/her funds, the same documents for the spouse must also be provided.
Alimony (Send items 1 or 2)	1. Copy of divorce decree outlining details of alimony including end/ended date or 2. Letter from provider of alimony payments indicating the date the payments ended