

HOW PRESCRIPTION ADVANTAGE WORKS FOR MEMBERS NOT ELIGIBLE FOR MEDICARE EFFECTIVE APRIL 1, 2024

OVERVIEW

Prescription Advantage, the Massachusetts state pharmaceutical assistance program (SPAP), may be able to offer primary prescription drug coverage to Massachusetts residents who are:

- 65 years of age or older and not eligible for Medicare, or
- Under age 65, work no more than 40 hours per month, meet MassHealth's CommonHealth disability requirements, and have a gross annual household income at or below 188% of the Federal Poverty Level
- Not MassHealth or CommonHealth members

Prescription Advantage members do not pay a monthly premium to receive benefits.

- Non-Medicare members must pay co-payments until an annual out-of-pocket limit is reached. Once this limit is reached, Prescription Advantage covers the co-payments for the remainder of the plan year.
- Depending on membership category, non-Medicare members may be required to pay a deductible each quarter. Once the deductible is paid, members only pay co-payments for the remainder of that quarter.
- Prescription Advantage uses a Plan formulary, which is a list of drugs available to members. The Plan formulary is developed, reviewed, and updated by a select panel of pharmacists.

Note: if a non-Medicare member receives primary prescription coverage from another insurer, Prescription Advantage will become secondary coverage. Benefits will mirror those of a Medicare member who receives primary prescription drug benefits through a Medicare Part D, Medicare Advantage, or Employer Group Health Plan.

Membership Categories N1 and N2:

Category	Income Single	Income Married
N1	No more than \$20,331	No more than \$27,594
N2	\$20,332– \$28,313	\$27,595 – \$38,427

There is no quarterly deductible for categories N1 and N2. Prescriptions are classified by levels. Members pay the co-payments listed below for a 30-day supply of medications purchased at a

retail pharmacy or a 90-day supply purchased through mail order. And once members reach their out-of-pocket spending limit, Prescription Advantage covers the prescription co-payments for the remainder of the plan year for all covered drugs.

Category	Quarterly Deductible	Retail co-payments 30-day supply			Brand Name co-payments 90-day supply			Out of pocket spending limit
		Level 1	Level 2	Level 3	Level 1	Level 2	Level 3	
N1	\$0	\$7	\$18	\$40	\$14	\$36	\$80	\$985
N2	\$0	\$7	\$18	\$40	\$14	\$36	\$80	\$1,970

Membership Categories N3, N4, N5, and N6:

Category	Income Single	Income Married
N3	\$28,314 – \$33,885	\$38,428 - \$45,990
N4	\$33,886 - \$45,180	\$45,991 – \$61,320
N5	\$45,181 – \$75,300	\$61,321 – \$102,200
N6	\$75,301 or over	\$102,201 or over

Members pay a quarterly deductible and the co-payments listed below for a 30-day supply of medications purchased at a retail pharmacy or a 90-day supply purchased through mail order. Prescriptions are classified by levels. And once members reach their out-of-pocket spending limit, Prescription Advantage covers the prescription co-payments for the remainder of the plan year for all covered drugs.

Category	Quarterly Deductible	Retail co-payments 30-day supply			Brand Name co-payments 90-day supply			Out of pocket spending limit
		Level 1	Level 2	Level 3	Level 1	Level 2	Level 3	
N3	\$65	\$12	\$30	\$50	\$24	\$60	\$100	\$2,740
N4	\$110	\$12	\$30	\$50	\$24	\$60	\$100	\$3,280
N5	\$220	\$12	\$30	\$50	\$24	\$60	\$100	\$4,375
N6	\$350	\$12	\$30	\$50	\$24	\$60	\$100	\$7,290

For more information, call:

Prescription Advantage Customer Service at:

1-800-243-4636;

TTY: 1-877-610-0241

www.prescriptionadvantagemma.org