**Prescription Advantage Rate Schedule for Members Eligible for Medicare or Other Drug Coverage Effective April 1, 2024**

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| **Category S0 & Category S1 -** Members receiveExtra Help from Medicare. |
| **Category** | Income if single | Income if married | Generic co-payments per 30-day supply | Brand name co-payments per 30-day supply | Annual out-of-pocket spending limit |
| Yearly $ | Monthly $ | Yearly $ | Monthly $ |
| **S0** | 0 - 20,331 | 0 - 1,694 | 0 - 27,594 | 0 - 2,300 | No more than $4.50 | No more than $11.20 | N/A |
| **S1** | 0 - 22,590 | 0 - 1,883 | 0 - 30,660 | 0 - 2,555 | No more than $4.50 | No more than $11.20 | N/A |

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| **Categories S2, S3, S4 -** Members pay their drug plan’s deductible (if any) and co-payments until the total retail costs of covered prescription drugs reaches **$5,030.**After the cost of covered drugs reaches **$5,030,** co-payments are no more than the amounts listed below. |
| **Category** | Income if single | Income if married | Generic co-payments per 30-day supply | Brand name co-payments per 30-day supply | Annual out-of-pocket spending limit |
| Yearly $ | Monthly $ | Yearly $ | Monthly $ |
| **S2** | 0 – 28,313 | 0 – 2,359 | 0 - 38,427, | 0 - 3,202 | $7 | $18 | $2,185 |
| **S3** | 28,314 - 33,885 | 2,360 - 2,824 | 38,428 – 45,990 99145990,370 | 3,203 - 3,833 - 3,266 | $12 | $30 | $2,740 |
| **S4** | 33,886 - 45,180 | 2,825 - 3,765 | 45,991 - 61,320 | 3,834 - 5,110 | $12 | $30 | $3,280 |

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| **Category S5 -** The annual enrollment fee to Prescription Advantage is currently $0\* for plan year 2024. (\*subject to change)**-** Members pay their drug plan’s deductible (if any) and co-payments until their out-of-pocket costs for covered prescription drugs total **$4,375** as a Prescription Advantage member in calendar year 2024. Once members spend **$4,375,** they will pay $0 for prescription drugs covered by their plan. |
| **Category** | Income if single | Income if married | Generic co-payments per 30-day supply | Brand name co-payments per 30-day supply | Annual out-of-pocket spending limit |
| Yearly $ | Monthly $ | Yearly $ | Monthly $ |
| **S5** | 45,181 -75,300 | 3,766 - 6,275 | 61,321 – 102,200 | 5,111 - 8,517 | Drug plan co-payment | Drug plan co-payment | $4,375 |

**Medicare provides ‘Extra Help’** to lower costs for beneficiaries with limited income and resources. Prescription Advantage requires all applicants who may qualify for Extra Help to apply for this benefit. You may qualify for Extra Help if your income is at or below the S1 income and your resources (other than your home) are no more than the current Medicare limits of $17,220 single, $34,360 married. Please note: these limits are subject to change.

**The MassHealth Buy-In Program, also known as Medicare Savings Program (MSP)** helps pay for some or all Medicare premiums, deductibles, copayments, and coinsurance for people with limited income and resources. Prescription Advantage requires all applicants who may qualify to apply for this benefit if your income is no more than $33,885 single, or $45,990 if married.

**Individuals with MassHealth Buy-In programs (MSP) are not eligible for Prescription Advantage.** Please note: these limits are subject to change.

Call for more information.

**Co-payment Assistance:** Once co-payment assistance begins, you pay no more than the co-payments listed above for covered drugs. Prescription Advantage pays any additional amount. Prescription Advantage only pays for drugs covered by a drug plan.

**Out-of-Pocket Spending Limit:** When your total spending for deductibles (if any) and co-payments reaches the annual out-of-pocket spending limit, Prescription Advantage will cover 100% of all co-payments for the remainder of the plan year. **Note:** Benefits for new members begin on the effective date of Prescription Advantage coverage. Any costs incurred prior to the effective date cannot be applied towards the out-of-pocket spending limit.

**Note:** if you are under age 65 and disabled, your income cannot exceed the S2 income limits listed on the chart above.

**Prescription Advantage Customer Service · 1-800-243-4636 · TTY 1-877-610-0241 ·** [**www.prescriptionadvantagema.org**](http://www.prescriptionadvantagema.org/)