**Prescription Advantage Rate Schedule for Members Not Eligible for Medicare or Other Drug Coverage Effective April 1, 2024**

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| * Prescription Advantage may be able to offer primary prescription drug coverage to Massachusetts residents not eligible for Medicare. * If you are under age 65 and disabled, your income cannot exceed the Category 2 income limits listed on the chart below. * If you become eligible for Medicare, it is your responsibility to inform Prescription Advantage. | | | | | | | | | | | | |
| **Category** | Income if single | | Income if married | | Annual out-of- pocket spending limit | Individual quarterly deductible | RETAIL co-payments per 30-day supply | | | MAIL ORDER co-payments per 90-day supply | | |
| Yearly $ | Monthly $ | Yearly $ | Monthly $ | Level 1 | Level 2 | Level 3 | Level 1 | Level 2 | Level 3 |
| **N1** | 0 – 20,331 | 0 - 1,694 | 0 – 27,594 | 0 - 2,300 | $985 | $0 | $7 | $18 | $40 | $14 | $36 | $80 |
| **N2** | 20,332– 28,313 | 1,695 - 2,359 | 27,595 – 38,427 | 2,301 - 3,202 | $1,970 | $0 | $7 | $18 | $40 | $14 | $36 | $80 |
| **N3** | 28,314 – 33,885 | 2,360 – 2,824 | 38,428 - 45,990 | 3,203 – 3,833 | $2,740 | $65 | $12 | $30 | $50 | $24 | $60 | $100 |
| **N4** | 33,886 - 45,180 | 2,825 - 3,765 | 45,991 – 61,320 | 3,834 - 5,110 | $3,280 | $110 | $12 | $30 | $50 | $24 | $60 | $100 |
| **N5** | 45,181 – 75,300 | 3,766 – 6,275 | 61,321–102,200 | 5,111 – 8,517 | $4,375 | $220 | $12 | $30 | $50 | $24 | $60 | $100 |
| **N6** | 75,301 or over | 6,276 or over | 102,201 or over | 8,518 or over | $7,290 | $350 | $12 | $30 | $50 | $24 | $60 | $100 |

**Monthly Premium:**

You are not required to pay a monthly premium to receive Prescription Advantage benefits.

**Deductibles and Co-payments:**

Each quarter, you must pay the deductible amount (if any) listed. Once the deductible is paid, you pay only the co-payments for the remainder of that quarter.

**Annual Out-of-Pocket Spending Limit:**

If your total spending for deductibles and co-payments reaches your spending limit amount, Prescription Advantage will cover your co-payments for the remainder of the Plan year for all covered drugs.

**How to Determine Which Drugs are Covered:**

Prescription Advantage uses a Plan formulary, which is a list of prescription drugs available to members. The Plan formulary is developed, reviewed and updated by a select panel of pharmacists. For detailed information regarding your medications and whether or not they are covered, please call Prescription Advantage Customer Service.

You can now apply for Prescription Advantage online at [www.prescriptionadvantagema.org](http://www.prescriptionadvantagema.org/)

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