**How Prescription Advantage Works for Members Not Eligible for Medicare**

**Effective April 1, 2025**

**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.

***Membership Categories N1 and N2:***

|  |  |  |
| --- | --- | --- |
| **Category** | **Income Single** | **Income Married** |
| N1 | No more than $21,128 | No more than $28,553 |
| N2 | $21,129– $29,422 | $28,554 – $39,762 |

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.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | $29,423 – $35,213 | $39,763 - $47,588 |
| N4 | $35,214 - $46,950 | $47,589 – $63,450 |
| N5 | $46,951 – $78,250 | $63,451 – $105,750 |
| N6 | $78,251 or over | $105,751 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.

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| **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, you can reach Prescription Advantage Customer Service:**

* By phone at: 1-800-243-4636
* Dial 711 to use TTY for the deaf or hard of hearing
* Online at: [www.prescriptionadvantagema.org](http://www.prescriptionadvantagema.org)