**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.prescriptionadvantagema.org](http://www.prescriptionadvantagema.org)