

HOW PRESCRIPTION ADVANTAGE WORKS FOR MEMBERS ELIGIBLE FOR MEDICARE EFFECTIVE JANUARY 1, 2019

OVERVIEW

Prescription Advantage, the Massachusetts state pharmaceutical assistance program (SPAP), is a secondary prescription coverage that works with a primary prescription drug plan such as a Medicare Part D, Medicare Advantage, or creditable coverage plan to lower prescription drug costs. Creditable coverage is coverage as good or better than drug coverage offered by Medicare and is usually provided by an employer or union.

- Prescription Advantage Medicare-eligible members must be enrolled in a primary Medicare Part D plan, a Medicare Advantage plan with drug coverage, or creditable coverage plan to receive assistance.
- Prescription Advantage provides financial assistance to members based on their income and assistance they may receive from Medicare. Depending on income, Prescription Advantage assigns members to a membership category which determines the level of benefits the members receive. See pages two and three for benefits by membership category.
- Prescription Advantage members have an out-of-pocket spending limit. Once this limit is reached, Prescription Advantage covers prescription drug co-payments for the remainder of the plan year. For new members, out-of-pocket costs begin to accumulate on the benefit effective date of coverage. Any costs incurred before that date cannot be applied towards the out-of-pocket limit. For existing members, the out-of-pocket spending limit is set each year and costs start accumulating on January 1st.

NOTE: The Prescription Advantage out-of-pocket limit applies only to the actual prescription costs paid by the member once he/she is approved for Prescription Advantage. Out-of-pocket costs include deductibles and co-payments. Any payments made by Medicare Part D, Medicare Advantage, or any other source are not included.

MEDICARE EXTRA HELP

Prescription Advantage **requires** lower-income members who may qualify for the Medicare Low Income Subsidy (LIS) also known as “Extra Help from Medicare” to apply for this benefit. Members must apply for Extra Help if their income and assets are less than:

Member is:	Income is no more than:	Assets are no more than:
Single	\$18,210	\$14,100
Married	\$24,690	\$28,150

Note: Assets do not include a person’s home, life insurance policies, burial plots, or personal possessions.

Members apply for Extra Help through the Social Security Administration and can be approved for “Full” or “Partial” Extra Help. Members who may qualify for Extra Help and do not apply for it will not be eligible to receive assistance from Prescription Advantage.

Membership Categories S0 and S1: Members with “Extra Help” from Medicare

Category	Level of Extra Help	Income Single	Income Married
S0	Full	No more than \$16,389	No more than \$22,221
S1	Partial	No more than \$18,210	No more than \$24,690

Full Extra Help: Members approved for **full extra help** do not pay premiums for **basic** Medicare prescription drug plans with premiums at or below the rounded benchmark level established by Medicare. For 2019, the benchmark in Massachusetts is \$36.20 per month. These individuals pay co-payments determined by Medicare, **do not** have to pay deductibles, and **do not** have a coverage gap (donut hole).

Partial Extra Help: Members approved for **partial extra help** are charged sliding-scale premiums for their drug coverage, with Medicare paying the remainder up to the regional benchmark. Prescription Advantage does not have a deductible, so benefits for members with partial Extra Help may begin with the first prescription and continue until their out-of-pocket limit is reached. Members with partial extra help do not have a coverage gap (donut hole).

S0 and S1 members pay no more than the co-payments listed below for a 30-day supply of medications covered by their primary drug plan. Once members reach their out-of-pocket spending limit, Prescription Advantage will cover their prescription drug co-payments for the remainder of the plan year.

Category	Generic (30-day supply)	Brand Name (30-day supply)	Out of pocket spending limit
S0	No more than \$3.40	No more than \$8.50	N/A
S1	No more than \$7	No more than \$18	\$1,640

Membership Categories S2, S3, and S4: Members without “Extra Help” from Medicare

Category	Income Single	Income Married
S2	No more than \$22,823	No more than \$30,945
S3	\$22,824 - \$27,315	\$30,946- \$37,035
S4	\$27,316 - \$36,420	\$37,036 - \$49,380

S2, S3, and S4 members pay their primary drug plan’s deductible (if any) and co-payments until the total retail cost of covered medications reaches \$3,820. (For members with a Medicare Part D or Medicare Advantage plan, this is when they reach the coverage gap often referred to as the “donut hole”).

Once members’ total drug costs reach \$3,820, they pay no more than the Prescription Advantage co-payments listed below for covered drugs. And, once members reach their out-of-pocket spending limit, Prescription Advantage will cover their prescription drug co-payments for the remainder of the plan year.

Category	Generic (30-day supply)	Brand Name (30-day supply)	Out of pocket spending limit
S2	\$7	\$18	\$1,820
S3	\$12	\$30	\$2,280
S4	\$12	\$30	\$2,730

Membership Category S5: Members provided with additional catastrophic coverage

Category	Income Single	Income Married
S5	\$36,421 - \$60,700	\$49,381 - \$82,300

Prescription Advantage assistance begins for S5 members when they accumulate \$3,640 in out-of-pocket costs in calendar year 2019 while they are enrolled in Prescription Advantage. Once members spend \$3,640, Prescription Advantage will pay all co-payments for prescription drugs covered by the members' primary drug plan. S5 members are charged a \$200 annual enrollment fee in exchange for this cap on high drug costs.

Category	Generic (30-day supply)	Brand Name (30-day supply)	Out of pocket spending limit
S5	Primary drug plan co-payment	Primary drug plan co-payment	\$3,640

ADDITIONAL INFORMATION

Drugs Not Covered by the Primary Drug Plan

Prescription Advantage will cover a one-time, 72-hour supply of any medication that cannot be billed to a member's primary drug plan or is rejected by the plan. Other than this one-time supply exception, Prescription Advantage only provides financial assistance for drugs that are covered by a member's primary drug plan.

Special Election Period Benefit for Prescription Advantage Members with Medicare Drug Plans

Prescription Advantage members are entitled to a one-time Special Election Period (SEP) each year that allows members to join or switch their Medicare drug plan outside of Medicare's open enrollment period. NOTE: this benefit **does not** apply to members with creditable coverage plans.

RESOURCES FOR PRESCRIPTION ADVANTAGE MEMBERS AND OTHER MEDICARE BENEFICIARIES

Prescription Advantage Customer Service: 1-800-243-4636 press 2; TTY: 1-877-610-0241
www.prescriptionadvantagemma.org

SHINE – Serving the Health Information Needs of Everyone: 1-800-243-4636 press 3;
MassRelay: 711 or 1-800-439-0183 / 877-752-2388 (voice); 1-800-439-2370 (TTY/ASC II)
www.mass.gov/elders

MCPHS University Pharmacy Outreach Program: 1-866-633-1617;
TTY/TDD users should ask the operator to call the toll-free number.
www.mcphs.edu/pharmacyoutreach

Medicare: 1-800-MEDICARE (1-800-633-4227) TTY: 1-877-486-2048
www.medicare.gov