

## HOW PRESCRIPTION ADVANTAGE WORKS FOR MEMBERS NOT ELIGIBLE FOR MEDICARE EFFECTIVE APRIL 1, 2023

### 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 \$19,683	No more than \$26,622
N2	\$19,684 - \$27,410	\$26,623 - \$37,074

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	\$920
N2	\$0	\$7	\$18	\$40	\$14	\$36	\$80	\$1,835

**Membership Categories N3, N4, N5, and N6:**

Category	Income Single	Income Married
N3	\$27,411 - \$32,805	\$37,075 - \$44,370
N4	\$32,806 - \$43,740	\$44,371 - \$59,160
N5	\$43,741 - \$72,900	\$59,161 - \$98,600
N6	\$72,901 or over	\$98,601 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	\$2,555
N4	\$110	\$12	\$30	\$50	\$24	\$60	\$100	\$3,060
N5	\$220	\$12	\$30	\$50	\$24	\$60	\$100	\$4,080
N6	\$350	\$12	\$30	\$50	\$24	\$60	\$100	\$6,795

**For more information, call:**

**Prescription Advantage Customer Service at:**

1-800-243-4636;

TTY: 1-877-610-0241

[www.prescriptionadvantagemma.org](http://www.prescriptionadvantagemma.org)