**Prescription Advantage Rate Schedule for Members Not Eligible for Medicare or Other Drug Coverage Effective April 1, 2025**

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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 – 21,128 | 0 - 1,761 | 0 – 28,553 | 0 - 2,379 | $985 | $0 | $7 | $18 | $40 | $14 | $36 | $80 |
| **N2** | 21,129– 29,422 | 1,762 - 2,452 | 28,554 – 39,762 | 2,380 - 3,314 | $1,970 | $0 | $7 | $18 | $40 | $14 | $36 | $80 |
| **N3** | 29,423 – 35,213 | 2,453 – 2,934 | 39,763 - 47,588 | 3,315 – 3,966 | $2,740 | $65 | $12 | $30 | $50 | $24 | $60 | $100 |
| **N4** | 35,214 - 46,950 | 2,935 - 3,913 | 47,589 – 63,450 | 3,967 - 5,288 | $3,280 | $110 | $12 | $30 | $50 | $24 | $60 | $100 |
| **N5** | 46,951 – 78,250 | 3,914 – 6,521 | 63,451 – 105,750 | 5,289 – 8,813 | $4,375 | $220 | $12 | $30 | $50 | $24 | $60 | $100 |
| **N6** | 78,251 or over | 6,522 or over | 105,751 or over | 8,814 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 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 711 ·** [**www.prescriptionadvantagema.org**](http://www.prescriptionadvantagema.org/)