

Category S0 & Category S1 - Members receive Extra Help from Medicare.							
Category	Income if single		Income if married		Generic co-payments per 30-day supply	Brand name co-payments per 30-day supply	Annual out-of-pocket spending limit
	Yearly \$	Monthly \$	Yearly \$	Monthly \$			
S0	0 - 20,331	0 - 1,694	0 - 27,594	0 - 2,300	No more than \$4.50	No more than \$11.20	N/A
S1	0 - 22,590	0 - 1,883	0 - 30,660	0 - 2,555	No more than \$4.50	No more than \$11.20	N/A

Categories S2, S3, S4 - Benefits begin when the total cost of covered prescription drugs reaches **\$5,030**. Total cost is the amount the drug plan pays and the amount the member pays in co-payments and deductibles (if any). -- After the cost of covered drugs reaches **\$5,030**, co-payments are no more than the amounts listed below.

Category	Income if single		Income if married		Generic co-payments per 30-day supply	Brand name co-payments per 30-day supply	Annual out-of-pocket spending limit
	Yearly \$	Monthly \$	Yearly \$	Monthly \$			
S2	0 – 28,313	0 – 2,359	0 - 38,427	0 - 3,202	\$7	\$18	\$2,185
S3	28,314 - 33,885	2,360 - 2,824	38,428 – 45,990	3,203 - 3,833	\$12	\$30	\$2,740
S4	33,886 - 45,180	2,825 - 3,765	45,991 - 61,320	3,834 - 5,110	\$12	\$30	\$3,280

Category S5 - Members pay a \$0 annual enrollment fee to Prescription Advantage.
 - Members pay their drug plan’s deductible (if any) and co-payments until their out-of-pocket costs for covered prescription drugs total **\$4,375** as a Prescription Advantage member in calendar year 2024. Once members spend **\$4,375**, they will pay \$0 for prescription drugs covered by their plan.

Category	Income if single		Income if married		Generic co-payments per 30-day supply	Brand name co-payments per 30-day supply	Annual out-of-pocket spending limit
	Yearly \$	Monthly \$	Yearly \$	Monthly \$			
S5	45,181 -75,300	3,766 - 6,275	61,321 – 102,200	5,111 - 8,517	Drug plan co-payment	Drug plan co-payment	\$4,375

Medicare provides ‘Extra Help’ to lower costs for beneficiaries with limited income and resources. Prescription Advantage requires all applicants who may qualify for Extra Help to apply for this benefit. You may qualify for Extra Help if your income is at or below the S1 income and your resources (other than your home) are no more than the current Medicare limits of \$17,010 single, \$33,950 married. Please note: these limits are subject to change.

The MassHealth Buy-In Program, also known as Medicare Savings Program (MSP) helps pay for some or all Medicare premiums, deductibles, copayments, and coinsurance for people with limited income and resources. Prescription Advantage requires all applicants who may qualify to apply for this benefit if your income is no more than \$33,885 single, or \$45,990 if married. Please note: these income amounts are subject to change.

Individuals with MassHealth Buy-In programs (MSP) are not eligible for Prescription Advantage. Please note: these limits are subject to change. Call for more information.

Co-payment Assistance: Once co-payment assistance begins, you pay no more than the co-payments listed above for covered drugs. Prescription Advantage pays any additional amount. Prescription Advantage only pays for drugs covered by a drug plan.

Out-of-Pocket Spending Limit: When your total spending for deductibles (if any) and co-payments reaches the annual out-of-pocket spending limit, Prescription Advantage will cover 100% of all co-payments for the remainder of the plan year.

Note: Benefits for new members begin on the effective date of Prescription Advantage coverage. Any costs incurred prior to the effective date cannot be applied towards the out-of-pocket spending limit.

- 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 – 20,331	0 - 1,694	0 – 27,594	0 - 2,300	\$985	\$0	\$7	\$18	\$40	\$14	\$36	\$80
N2	20,332– 28,313	1,695 - 2,359	27,595 – 38,427	2,301 - 3,202	\$1,970	\$0	\$7	\$18	\$40	\$14	\$36	\$80
N3	28,314 – 33,885	2,360 – 2,824	38,428 - 45,990	3,203 – 3,833	\$2,740	\$65	\$12	\$30	\$50	\$24	\$60	\$100
N4	33,886 - 45,180	2,825 - 3,765	45,991 – 61,320	3,834 - 5,110	\$3,280	\$110	\$12	\$30	\$50	\$24	\$60	\$100
N5	45,181 – 75,300	3,766 – 6,275	61,321 – 102,200	5,111 – 8,517	\$4,375	\$220	\$12	\$30	\$50	\$24	\$60	\$100
N6	75,301 or over	6,276 or over	102,201 or over	8,518 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 or not they are covered, please call Prescription Advantage Customer Service.

You can now apply for Prescription Advantage online at www.prescriptionadvantagema.org