

<b>Category S0</b> - Members receive <b>FULL</b> Extra Help from Medicare.							
<b>Category S1</b> - Members receive <b>PARTIAL</b> Extra Help from Medicare and immediate co-payment assistance from Prescription Advantage.							
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 \$			
<b>S0</b>	0 - 16,389	0 - 1,366	0 - 22,221	0 - 1,852	No more than \$3.35	No more than \$8.35	N/A
<b>S1</b>	0 - 18,210	0 - 1,518	0 - 24,690	0 - 2,058	No more than \$7	No more than \$18	\$1,630

<b>Categories S2, S3, S4</b> - Members pay their drug plan's deductible (if any) and co-payments until the total retail costs of covered prescription drugs reaches \$3,750 - After the cost of covered drugs reaches \$3,750, 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 \$			
<b>S2</b>	0 - 22,823	0 - 1,902	0 - 30,945	0 - 2,579	\$7	\$18	\$1,810
<b>S3</b>	22,824 - 27,315	1,903 - 2,276	30,946 - 37,035	2,580 - 3,086	\$12	\$30	\$2,270
<b>S4</b>	27,316 - 36,420	2,277 - 3,035	37,036 - 49,380	3,087 - 4,115	\$12	\$30	\$2,715

<b>Category S5</b> - Members pay a \$200 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 \$3,620 as a Prescription Advantage member in calendar year 2018. Once members spend \$3,620 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 \$			
<b>S5</b>	36,421 - 60,700	3,036 - 5,058	49,381 - 82,300	4,116 - 6,858	Drug plan co-payment	Drug plan co-payment	\$3,620

**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 \$14,100 single, \$28,150 married. Please note: these limits are subject to change.

**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.

**Note:** if you are under age 65 and disabled, your income cannot exceed the S2 income limits listed on the chart above.

You can now apply for Prescription Advantage online at [www.prescriptionadvantagemma.org](http://www.prescriptionadvantagemma.org)

**Prescription Advantage Rate Schedule for Members Not Eligible for Medicare or Other Drug Coverage    Effective April 1, 2018**

- 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
<b>1</b>	0 - 16,389	0 - 1,366	0 - 22,221	0 - 1,852	\$815	\$0	\$7	\$18	\$40	\$14	\$36	\$80
<b>2</b>	16,390 - 22,823	1,367 - 1,902	22,222 - 30,945	1,853 - 2,579	\$1,630	\$0	\$7	\$18	\$40	\$14	\$36	\$80
<b>3</b>	22,824 - 27,315	1,903 - 2,276	30,946 - 37,035	2,580 - 3,086	\$2,265	\$65	\$12	\$30	\$50	\$24	\$60	\$100
<b>4</b>	27,316 - 36,420	2,277 - 3,035	37,036 - 49,380	3,087 - 4,115	\$2,710	\$110	\$12	\$30	\$50	\$24	\$60	\$100
<b>5</b>	36,421 - 60,700	3,036 - 5,058	49,381 - 82,300	4,116 - 6,858	\$3,620	\$220	\$12	\$30	\$50	\$24	\$60	\$100
<b>6</b>	60,701 or over	5,059 or over	82,301 or over	6,859 or over	\$6,030	\$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.

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