

**Membership Categories S0 – S1**

- No annual fee
- Immediate co-payment assistance

**Membership Categories S2 – S4**

- No annual fee
- Co-payment assistance begins once total retail costs of covered prescription drugs reaches \$2,830

**Membership Category S5**

- \$200 annual enrollment fee
- Assistance begins when out-of-pocket costs total \$3,250 as a Prescription Advantage member

Category	Income if single		Income if married		Medicare Extra Help	Generic co-payments (up to 30-day supply)		Brand name co-payments (up to 30-day supply)		Annual out-of-pocket spending limit
	Yearly \$	Monthly \$	Yearly \$	Monthly \$		Before \$2,830 in drug costs	After \$2,830 in drug costs	Before \$2,830 in drug costs	After \$2,830 in drug costs	
S0	0 - 14,621	0 - 1,218	0 - 19,670	0 - 1,639	Full	\$2.50	\$2.50	\$6.30	\$6.30	N/A
S1	0 - 16,245	0 - 1,354	0 - 21,855	0 - 1,821	Partial	\$7	\$7	\$18	\$18	\$1,460
S2	0 - 20,360	0 - 1,697	0 - 27,392	0 - 2,283	None	Drug plan co-payment	\$7	Drug plan co-payment	\$18	\$1,625
S3	20,361 - 24,368	1,698 - 2,031	27,393 - 32,783	2,284 - 2,732	None	Drug plan co-payment	\$12	Drug plan co-payment	\$30	\$2,035
S4	24,369 - 32,490	2,032 - 2,708	32,784 - 43,710	2,733 - 3,643	None	Drug plan co-payment	\$12	Drug plan co-payment	\$30	\$2,435
S5	32,491 - 54,150	2,709 - 4,513	43,711 - 72,850	3,644 - 6,071	None	Drug plan co-payment	Drug plan co-payment	Drug plan co-payment	Drug plan co-payment	\$3,250

**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: \$12,510 single, \$25,010 married.

**Drug Plan Premiums: Effective January 2010, Prescription Advantage does not subsidize prescription drug plan premiums for members in any category.** The Medicare drug plan premium costs Category S0 and S1 members must pay are determined after any Extra Help benefit is applied. Category S2 - S5 members must pay 100% of their drug plan premium.

**Co-payment Assistance:** Once co-payment assistance begins, you will not pay more than the co-payments listed above for drugs covered by your drug plan. Prescription Advantage will pay any additional co-payment amount. Co-payment assistance begins immediately for Category S0 and S1 members. Prescription Advantage will not pay for prescription drugs not covered by a drug plan EXCEPT for benzodiazepine drugs. Co-payments for benzodiazepine drugs for Category S0 members are \$7 for generic and \$18 for brand name. All other categories are as listed.

**Out-of-Pocket Spending Limit:** When your total spending for 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.

- 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 up to 30-day supply			MAIL ORDER co-payments up to 90-day supply		
	Yearly \$	Monthly \$	Yearly \$	Monthly \$			Level 1	Level 2	Level 3	Level 1	Level 2	Level 3
1	0 - 14,621	0 - 1,218	0 - 19,670	0 - 1,639	\$730	\$0	\$7	\$18	\$40	\$14	\$36	\$80
2	14,622 - 20,360	1,219 - 1,697	19,671 - 27,392	1,640 - 2,283	\$1,460	\$0	\$7	\$18	\$40	\$14	\$36	\$80
3	20,361 - 24,368	1,698 - 2,031	27,393 - 32,783	2,284 - 2,732	\$2,035	\$65	\$12	\$30	\$50	\$24	\$60	\$100
4	24,369 - 32,490	2,032 - 2,708	32,784 - 43,710	2,733 - 3,643	\$2,435	\$110	\$12	\$30	\$50	\$24	\$60	\$100
5	32,491 - 54,150	2,709 - 4,513	43,711 - 72,850	3,644 - 6,071	\$3,250	\$220	\$12	\$30	\$50	\$24	\$60	\$100
6	54,151 or over	4,514 or over	72,851 or over	6,072 or over	\$5,415	\$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 drugs covered by Prescription Advantage.

**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 or check the Prescription Advantage website at [www.800ageinfo.com](http://www.800ageinfo.com).