Health New England

3 Tier
2024 Pharmacy Benefit Options for
HMO Thrive First $500 LG

| Retail Copays
Generic / Brand Formulary / Brand Non-Formulary | Mail Order Copays
Generic / Brand Formulary / Brand Non-Formulary |
|---|---|
| $10/$50/$250 | $20/$100/$750 |
| $25/$50/$150 | $50/$100/$450 |
| You will pay no more than this Out-of-Pocket Maximum for prescription drugs each calendar year: $1,000 per individual / $2,000 per family | |

5 Tier
2024 Pharmacy Benefit Option for
HMO Thrive First $500 LG

| Retail Copays
Generic / Brand Formulary / Brand Non-Formulary / Formulary Specialty / Non-Formulary Specialty | Mail Order Copays
Generic / Brand Formulary / Brand Non-Formulary
(Mail order is not available for Specialty drugs) |
|---|---|
| $25/$50/$150/$250/20% | $50/$100/$450 |
| You will pay no more than this Out-of-Pocket Maximum for prescription drugs each calendar year: $1,000 per individual / $2,000 per family | |

See the next page for an explanation of pharmacy copay tiers.

3 Tier Pharmacy Benefit

Generic/Tier 1: Approved by the FDA, generic drugs contain the same active ingredients as brand name drugs, are just as safe and effective, and usually cost less. ***Note: In Massachusetts, pharmacists are required to fill generic drugs unless your doctor orders the brand name by including "no substitution" on the prescription.***

Brand Formulary/Tier 2: Brand/Formulary drugs are marketed under a trademarked brand name, by one company, and do not have less expensive generic equivalents. Brand/Formulary drugs are selected based on a review of the relative safety, effectiveness and cost of the many FDA approved drugs on the market. Your Copay for Brand/Formulary drugs is higher than generic drugs, but lower than Brand/Non-Formulary drugs.

Brand Non-Formulary/Tier 3: Any brand name drug that is not a Brand/Formulary drug is a Brand/Non-Formulary drug. These drugs are still covered, but at the highest Copay level. Health New England covers brand name drugs that have FDA approved generic equivalents only if Medical Necessity has been shown. Your doctor may request prior authorization for a brand name drug by filling out a drug request form and faxing it to Health New England for review with documentation of medical necessity. Medical necessity includes, but is not limited to; inadequate response or allergic reaction to the generic(s) and failure of alternatives in the drug class.

5 Tier Pharmacy Benefit

Generic/Tier 1: Approved by the FDA, generic drugs contain the same active ingredients as brand name drugs, are just as safe and effective, and usually cost less. ***Note: In Massachusetts, pharmacists are required to fill generic drugs unless your doctor orders the brand name by including "no substitution" on the prescription.***

Brand Formulary/Tier 2: Brand/Formulary drugs are marketed under a trademarked brand name, by one company, and do not have less expensive generic equivalents. Brand/Formulary drugs are selected based on a review of the relative safety, effectiveness and cost of the many FDA approved drugs on the market. Your copay for Brand/Formulary drugs is higher than generic drugs, but lower than Brand/Non-Formulary drugs.

Brand Non-Formulary/Tier 3: Any brand name drug that Health New England has not selected as a Brand/Formulary drug is a Brand/Non-Formulary drug (Tier 3). These medications are still covered, but at a higher copay level. Health New England does not waive or reduce copays for Brand/non-Formulary drugs.

Formulary Specialty/Tier 4: Formulary Specialty Drugs (Tier 4) are selected based on a review of the relative safety, effectiveness and cost of the many FDA-approved drugs on the market.

Non-Formulary Specialty/Tier 5: Any brand name drug that Health New England has not selected as a Formulary Specialty Drug (Tier 4) is a Non-Formulary Specialty Drug (Tier 5). This category includes brand drugs that have formulary generic and brand alternatives. These medications are still covered, but at the highest copay level.