

**2024 Pharmacy Benefit for  
HMO Choice Plus SG**

<b>Retail Copays</b>	<b>Mail Order Copays</b>
Generic / Brand Formulary / Brand Non-Formulary / Formulary Specialty / Non-Formulary Specialty	Generic / Brand Formulary / Brand Non-Formulary (Mail order is not available for Specialty drugs)
\$20/\$50/\$75/\$100/\$150	\$40/\$100/\$225

**Copay Tiers**

**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.