



**2024 Pharmacy Benefit for  
HMO Silver 2000 HDHP SG**

<b>Retail Copays</b>	<b>Mail Order Copays</b>
Generic / Brand Formulary / Brand Non-Formulary	Generic / Brand Formulary / Brand Non-Formulary
\$30/\$60/\$105	\$60/\$120/\$315
Prescription drugs are subject to the combined medical pharmacy deductible for this plan.	

**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 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.