Health New England

2023 Pharmacy Benefit for HMO Thrive Silver 3000 SG

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)
$20/$50/$150/$200/$250	$40/$100/$450
Plan Deductible applies to Brand Formulary, Brand Non-Formulary, Formulary Specialty and Non-Formulary Specialty drugs.	

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.