

## 2022 Pharmacy Benefit Options for PPO Essential 1000 National SG

| <b>Retail Copays</b><br>Generic / Brand Formulary / Brand Non-Formulary /<br>Formulary Specialty / Non-Formulary Specialty                                                                                                                                                                       | <b>Mail Order Copays</b><br>Generic / Brand Formulary / Brand Non-Formulary<br>(Mail order is not available for Specialty drugs) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| \$30/\$80/\$125/\$150/\$200                                                                                                                                                                                                                                                                      | \$60/\$160/\$375                                                                                                                 |
| <ul style="list-style-type: none"> <li>For prescriptions from an Out-of-Plan retail pharmacy, 20% coinsurance applies after copay.</li> <li>Mail Order prescriptions from Out-of-Plan providers are not covered.</li> <li>Specialty drugs from Out-of-Plan providers are not covered.</li> </ul> |                                                                                                                                  |

### 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.