

**2026 Pharmacy Benefit for
PPO Silver A National SG**

Retail Copays Generic / Brand Formulary / Brand Non-Formulary	Mail Order Copays Generic / Brand Formulary / Brand Non-Formulary
\$30/\$55/\$75	\$60/\$110/\$225
<ul style="list-style-type: none"> • Plan Deductible applies to Brand Non-Formulary. • For prescriptions from an Out-of-Plan retail pharmacy, 20% coinsurance applies after copay. • Mail Order prescriptions from Out-of-Plan providers are not covered. 	

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.