Chapter 6: What you pay for your Medicare and MassHealth drugs

Introduction

This chapter tells what you pay for your outpatient drugs. By “drugs,” we mean:

* Medicare Part D drugs, **and**
* Drugs and items covered under Medicaid, **and**
* [*Insert if applicable*: Drugs and items covered by our plan as additional benefits.]

Because you’re eligible for MassHealth you get Extra Help from Medicare to help pay for your Medicare Part D drugs.

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| --- |
| **Extra Help** is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D drug costs, such as premiums, deductibles, and copays. Extra Help is also called the “Low-Income Subsidy,” or “LIS.” **As a Senior Care Options (SCO) member, MassHealth covers the remaining costs that Medicare doesn’t for Medicare Part D drug costs.** |

Other key terms and their definitions appear in alphabetical order in the last chapter of this *Member Handbook*.

To learn more about drugs, you can look in these places:

* Our *List of Covered Drugs*.
* We call this the *Drug List*. It tells you:
* Which drugs we pay for
* [*Plans that don’t have cost sharing in any tier or don’t have tiers can omit this bullet*.] Which of the <number of tiers> tiers each drug is in
* If there are any limits on the drugs
* If you need a copy of our *Drug List*, call Member Services. You can also find the most current copy of our *Drug List* on our website at <URL>.
* **Chapter 5** of this *Member Handbook*.
* It tells how to get your outpatient drugs through our plan.
* It includes rules you need to follow. It also tells which types of drugs our plan doesn’t cover.
* When you use the plan’s “Real Time Benefit Tool” to look up drug coverage (refer to **Chapter 5, Section B2**), the cost shown is an estimate of the out-of-pocket costs you’re expected to pay. You can call [*insert if applicable:* your care coordinator] or Member Services for more information.
* Our *Provider and Pharmacy Directory*.
* In most cases, you must use a network pharmacy to get your covered drugs. Network pharmacies are pharmacies that agree to work with us.
* The *Provider and Pharmacy Directory* lists our network pharmacies. Refer to **Chapter 5** of this *Member Handbook* more information about network pharmacies.

[*Plans should refer to other parts of the Member Handbook using the appropriate chapter number and section. For example, "refer to Chapter 9, Section A." An instruction* [*insert reference, as applicable*] *appears with many cross references throughout the Member Handbook. Plans can always include additional references to other sections, chapters, and/or member materials when helpful to the reader.*]

[*Plans must update the Table of Contents to this document to accurately reflect where the information is found on each page after plan adds plan-customized information to this template*.]

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# The *Explanation of Benefits* (EOB)

[*Plans with a single payment stage (i.e., no cost-sharing differences between the Initial Coverage Stage and the Catastrophic Coverage Stage), modify this section as necessary*.]

Our plan keeps track of your drug costs and the payments you make when you get prescriptions at the pharmacy. We track two types of costs:

* Your **out-of-pocket costs**. This is the amount of money you, or others on your behalf, pay for your prescriptions. This includes what you paid when you get a covered Part D drug, any payments for your drugs made by family or friends, any payments made for your drugs by Extra Help from Medicare, employer or union health plans, Indian Health Service, AIDS drug assistance programs, charities, and most State Pharmaceutical Assistance Programs (SPAPs).
* Your **total drug costs**. This is the total of all payments made for your covered Part D drugs. It includes what our plan paid, and what other programs or organizations paid for your covered Part D drugs.

When you get drugs through our plan, we send you a summary called the *Explanation of Benefits*. We call it the EOB for short. The EOB isn’t a bill. The EOB has more information about the drugs you take. The EOB includes:

* **Information for the month**. The summary tells what drugs you got for the previous month. It shows the total drug costs, what we paid, and what you and others paid for you.
* **Totals for the year since January 1.** This shows the total drug costs and total payments for your drugs since the year began.
* **Drug price information**. This is the total price of the drug and changes in the drug price since the first fill for each prescription claim of the same quantity.
* **Lower cost alternatives**. When applicable, information about other available drugs with lower cost sharing for each prescription.

We offer coverage of drugs not covered under Medicare.

* [*Insert only if the plan pays for OTC drugs as part of its administrative costs under Medicare Part D, rather than as a Medicaid benefit:* We also pay for some over-the-counter drugs. You don’t have to pay anything for these drugs.]
* To find out which drugs our plan covers, refer to our *Drug List*. [*Insert if applicable:* In addition to the drugs covered under Medicare, some prescription and over-the-counter drugs are covered under MassHealth. These drugs are included in the *Drug List*.]

# How to keep track of your drug costs

To keep track of your drug costs and the payments you make, we use records we get from you and from your pharmacy. Here is how you can help us:

1. Use your Member ID Card.

Show your Member ID Card every time you get a prescription filled. This helps us know what prescriptions you fill and what you pay.

1. Make sure we have the information we need.

Give us copies of receipts for covered drugs that you paid for. You can ask us to pay you back for the drug.

Here are examples of when you should give us copies of your receipts:

* When you buy a covered drug at a network pharmacy at a special price or use a discount card that isn’t part of our plan’s benefit
* When you pay a copay for drugs that you get under a drug maker’s patient assistance program
* When you buy covered drugs at an out-of-network pharmacy
* When you pay the full price for a covered drug under special circumstances

For more information about asking us to pay you back for a drug, refer to **Chapter 7** of this *Member Handbook*.

1. Send us information about payments others make for you.
2. Check the EOBs we send you.

When you get an EOB in the mail, make sure it’s complete and correct.

* **Do you recognize the name of each pharmacy?** Check the dates. Did you get drugs that day?
* **Did you get the drugs listed?** Do they match those listed on your receipts? Do the drugs match what your doctor prescribed?

**What if you find mistakes on this summary?**

If something is confusing or doesn’t seem right on this EOB, please call us at <plan name> Member Services. [*If applicable:* You can also find answers to many questions on our website: <URL>.]

**What about possible fraud?**

If this summary shows drugs you’re not taking or anything else that seems suspicious to you, please contact us.

* Call us at <plan name> Member Services.
* Or call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free.

If you think something is wrong or missing, or if you have any questions, call Member Services. [*Plans that allow members to manage this information online can describe that option here*.] Keep these EOBs. They’re an important record of your drug expenses.

# [*Plans with one payment stage, insert:* You pay nothing for a one-month [*insert if applicable*: or long-term] supply of drugs]

With our plan, you pay nothing for covered drugs as long as you follow our rules.

[*Plans with one payment stage (i.e., those with no cost-sharing for all Medicare Part D drugs), include the following information up to Section D.*]

## [*Plans that don’t have cost sharing in any tier can omit this section. Other plans can modify this section based on the tiering structure.*] Our plan has <number of tiers>

[*Plans with tiers must provide an explanation of tiers; refer to the examples below but plans should modify information based on the tiering structure. Plans without tiers should omit information on tiers*.]

*If a plan has no cost sharing for one or more tiers of drugs, the plan should modify the cost sharing information accordingly. Include examples such as the following:*

* Tier 1 drugs may be generic drugs or non-Medicare drugs that are covered by Medicaid.
* Tier 2 drugs are brand name drugs.

## Your pharmacy choices

[*Plans that don’t have drug tiers should omit this section*.]

How much you pay for a drug depends on whether you get the drug from:

* a network pharmacy, **or**
* an out-of-network pharmacy. In limited cases, we cover prescriptions filled at out-of-network pharmacies. Refer to **Chapter 5** of this *Member Handbook* to find out when we do that.
* [*Plans without mail-order pharmacies should delete this bullet*.] Our plan’s mail-order pharmacy.

Refer to **Chapter 9** of this *Member Handbook*to learn about how to file an appeal if you’re told a drug won’t be covered. To learn more about these pharmacy choices, refer to **Chapter 5** of this *Member Handbook* and our *Provider and Pharmacy Directory*.

## Getting a long-term supply of a drug

[*Plans that don’t offer extended supplies, delete this section*.]

For some drugs, you can get a long-term supply (also called an “extended supply”) when you fill your prescription. A long-term supply is [*insert if applicable:* up to] a <number of days>-day supply. There’s no cost to you for a long-term supply.

For details on where and how to get a long-term supply of a drug, refer to **Chapter 5** of this *Member Handbook* or our *Provider and Pharmacy Directory*.

For information about which pharmacies can give you long-term supplies, refer to our plan’s *Provider and Pharmacy Directory*.

# What you pay for Part D vaccines

[*Plans can revise this section as needed*.]

**Important message about what you pay for vaccines:** Some vaccines are considered medical benefits and are covered under Medicare Part B. Other vaccines are considered Medicare Part D drugs. You can find these vaccines listed in our *Drug List*. Our plan covers most adult Medicare Part D vaccines at no cost to you. Refer to your plan’s *Drug List* or contact Member Services for coverage and cost sharing details about specific vaccines.

There are two parts to our coverage of Medicare Part D vaccines:

1. The first part is for the cost of the vaccine itself.
2. The second part is for the cost of giving you the vaccine. For example, sometimes you may get the vaccine as a shot given to you by your doctor.

## What you need to know before you get a vaccine

[*Plans can revise this section as needed*.]

We recommend that you call Member Services if you plan to get a vaccine.

* We can tell you about how our plan covers your vaccine.