

If your income is in **Categories S0 - S4**, there is no fee for Prescription Advantage coverage. Prescription Advantage will help pay for your Medicare Prescription Drug Plan’s deductible and co-payments; benefits continue during the coverage gap often referred to as the “donut hole.” Members in **Categories S0 - S3** may also receive assistance with their Medicare Drug Plan’s premium.

If your income is in **Category S5**, you will be charged a \$200 annual enrollment fee in exchange for a cap on catastrophic drug costs. Prescription Advantage assistance will begin when you accumulate \$3,065 in out-of-pocket costs as a Prescription Advantage member in calendar year 2008.

Category	Income if single	Income if married	Level of Medicare Extra Help you receive	Your payment toward first \$29.17 of basic portion of Medicare drug plan premium	GENERIC co-payments (up to 30-day supply) not more than:	BRAND NAME co-payments (up to 30-day supply) not more than:	Annual Out-of-Pocket Spending Limit
S0	\$0 - \$14,040	\$0 - \$18,900	Full Extra Help	\$0	\$2.25	\$5.60	N/A
S1	\$0 - \$15,600	\$0 - \$21,000	Partial Extra Help	\$0	\$7	\$18	\$1,380
S2	\$0 - \$19,552	\$0 - \$26,320	None	\$0	\$7	\$18	\$1,535
S3	\$19,553 - \$23,400	\$26,321 - \$31,500	None	\$20	\$12	\$30	\$1,920
S4	\$23,401 - \$31,200	\$31,501 - \$42,000	None	100% of Medicare drug plan premium	\$12	\$30	\$2,295
S5	\$31,201 - \$52,000	\$42,001 - \$70,000	None	100% of Medicare drug plan premium	Medicare drug plan co-pay	Medicare drug plan co-pay	\$3,065

Medicare provides “Extra Help” to lower costs for beneficiaries with limited income and resources. Prescription Advantage requires all applicants who may qualify for Extra Help to apply for this benefit. You may qualify for Extra Help if your income is at or below the S1 income and your resources (other than your home) are no more than the current Medicare limits: \$11,990 single, \$23,970 married.

Medicare Plan Premiums Assistance: For Medicare Basic Plans, Prescription Advantage pays up to \$29.17. For Medicare Enhanced Plans, Prescription Advantage pays up to \$29.17 toward the portion of the premium that covers the plan’s basic benefits. No premium assistance for creditable coverage.

Co-payment Assistance: *For drugs covered by a Medicare drug plan:* Members will not pay more than the co-payments listed above. Prescription Advantage will pay any additional co-payment amount. *For drugs not covered by a Medicare drug plan:* Prescription Advantage will not pay anything toward prescription drugs not covered by the Medicare drug plan EXCEPT for benzodiazepine drugs (commonly used for anxiety and sleep aid).

Note: the co-payment for benzodiazepine drugs for members in **Category S0** is \$7 for generic and \$18 for brand name. All other categories are as listed.

Out-of-Pocket Spending Limit: When a member’s total spending for co-payments reaches the annual out-of-pocket spending limit, Prescription Advantage will cover 100% of all co-payments for the remainder of the plan year.

For residents of Massachusetts who are not eligible for Medicare, Prescription Advantage may be able to offer primary prescription drug coverage.

Category	Income if single:	Income if married:	Monthly premium	Annual Out-of-Pocket Spending Limit	Individual quarterly deductible	RETAIL co-payments (up to 30-day supply)			MAIL ORDER co-payments (up to 90-day supply)		
						Level 1	Level 2	Level 3	Level 1	Level 2	Level 3
1	\$0 - \$14,040	\$0 - \$18,900	\$0	\$690	\$0	\$7	\$18	\$40	\$14	\$36	\$80
2	\$14,041 - \$19,552	\$18,901 - \$26,320	\$0	\$1,380	\$0	\$7	\$18	\$40	\$14	\$36	\$80
3	\$19,553 - 23,400	\$26,321 - \$31,500	\$0	\$1,920	\$65	\$12	\$30	\$50	\$24	\$60	\$100
4	\$23,401 - \$31,200	\$31,501 - \$42,000	\$0	\$2,295	\$110	\$12	\$30	\$50	\$24	\$60	\$100
5	\$31,201 - \$52,000	\$42,001 - \$70,000	\$0	\$3,065	\$220	\$12	\$30	\$50	\$24	\$60	\$100
6	\$52,001 and over	\$70,001 and over	\$0	\$5,105	\$350	\$12	\$30	\$50	\$24	\$60	\$100

Deductibles and Co-payments:

Each quarter, you must pay the deductible amount (if any) listed. Once you have paid the deductible, you pay only the co-payments for the remainder of that quarter.

Annual Out-of-Pocket Spending Limit:

If your total spending for deductibles and co-payments reaches your spending limit amount, Prescription Advantage will cover your co-payments for the remainder of the Plan year for all drugs covered by Prescription Advantage.

How to Determine Which Drugs are Covered:

Prescription Advantage uses a Plan formulary, which is a list of prescription drugs available to members. The Plan formulary is developed, reviewed and updated by a select panel of pharmacists. For detailed information regarding your medications and whether or not they are covered, please call Prescription Advantage Customer Service or check the Prescription Advantage website at www.800ageinfo.com.