Mass General Brigham
Health Plan

FlexRx[SM] Prescription Drug Cost Sharing

Retail

With a valid prescription at a participating pharmacy for up to a 30-day supply

Tier	Member cost share
Tier 1 - Low-Cost Generic	$5 copayment/Prescription
Tier 2 - Other generic and some brand name	$15 copayment/Prescription
Tier 3 - High costing generic and preferred brand name	$30 copayment/Prescription
Tier 4 - Higher cost generics and non-preferred brand name	$50 copayment/Prescription
Tier 5 - Generic specialty and preferred specialty	$30 copayment/Prescription
Tier 6 - Non-preferred Specialty	$50 copayment/Prescription

Access90

With a valid prescription for a 90-day supply of a maintenance medication and purchased through the mail or at a participating retail pharmacy

90-day Mail

Tier	Member cost share
Tier 1 - Low-Cost Generic	$10 copayment/Prescription
Tier 2 - Other generic and some brand name	$30 copayment/Prescription
Tier 3 - High costing generic and preferred brand name	$60 copayment/Prescription
Tier 4 - Higher cost generics and non-preferred brand name	$150 copayment/Prescription

90-day Retail

Tier	Member cost share
Tier 1 - Low-Cost Generic	$15 copayment/Prescription
Tier 2 - Other generic and some brand name	$45 copayment/Prescription
Tier 3 - High costing generic and preferred brand name	$90 copayment/Prescription
Tier 4 - Higher cost generics and non-preferred brand name	$150 copayment/Prescription

Your plan does not include coverage for GLP-1 medications (e.g., Wegovy, Zepbound, Saxenda) that share an indication of obesity/weight management.

Over-the-Counter Drugs

For a complete list of over-the-counter drugs, visit **MassGeneralBrighamHealthPlan.org** or call Customer Service at 866-414-5533 (TTY 711).

	Member cost share
Select over-the-counter medicines and products with a valid prescription and purchased at a participating pharmacy	$0- $30 copayment/Prescription (depending on the drug prescribed)

Your plan has a combined out-of-pocket maximum, which is listed on the *Schedule of Benefits*. Once the out-of-pocket maximum is satisfied (including applicable Deductible, Copayment, and Coinsurance amounts), your prescription drugs are covered in full for the rest of the benefit period with no other cost sharing required.

Visit MassGeneralBrighamHealthPlan.org for pharmacy benefit information, including the Drug Lookup tool which will assist in determining covered drugs and tier designation.