Mass General Brigham
Health Plan

FlexRx[SM] Prescription Drug Cost Sharing

Your plan has a combined deductible, which is listed on the *Schedule of Benefits*. The combined deductible is the amount you pay for certain services each benefit period and applies to your prescription drug coverage as indicated on this document.

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	Subject to deductible, then $5 copayment/Prescription
Tier 2 - Other generic and some brand name	Subject to deductible, then $15 copayment/Prescription
Tier 3 - High costing generic and preferred brand name	Subject to deductible, then $30 copayment/Prescription
Tier 4 - Higher cost generics and non-preferred brand name	Subject to deductible, then $50 copayment/Prescription
Tier 5 - Generic specialty and preferred specialty	Subject to deductible, then $30 copayment/Prescription
Tier 6 - Non-preferred Specialty	Subject to deductible, then $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	Subject to deductible, then $10 copayment/Prescription
Tier 2 - Other generic and some brand name	Subject to deductible, then $30 copayment/Prescription
Tier 3 - High costing generic and preferred brand name	Subject to deductible, then $60 copayment/Prescription
Tier 4 - Higher cost generics and non-preferred brand name	Subject to deductible, then $150 copayment/Prescription

90-day Retail

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

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Your plan includes a preventive* prescription drug benefit where certain prescription drugs are not subject to your plan deductible (copayments and/or coinsurance still apply). For a list of qualifying preventive medications, please visit MassGeneralBrighamHealthPlan.org

*Benefit includes prescription drugs in addition to those medications that are covered under the ACA at no member cost sharing

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