

Attention, MassHealth Members

Pharmacy Copayment

Rules effective January 1, 2014

As of January 1, 2014, the MassHealth copayments for pharmacy services covered under MassHealth, which include both first-time prescriptions and refills, are:

- \$1.00 for certain covered generic drugs and over-the-counter drugs mainly used for diabetes, high blood pressure, and high cholesterol. These drugs are called antihyperglycemics (such as metformin), antihypertensives (such as lisinopril), and antihyperlipidemics (such as simvastatin); and
- \$3.65 for each prescription and refill for all other generic, brand-name, and over-the-counter drugs covered by MassHealth.

If you are unable to pay a copayment at the time of service, the pharmacy must still fill your prescription. However, the copayment is still your responsibility, and the pharmacy can bill you for the copayment. You should not go without necessary medications because you cannot afford the copayment now.

You will not have to pay a MassHealth copayment for any service covered by MassHealth if:

- you are under 21 years old;
- you are pregnant;
- your pregnancy ended and you are within the postpartum period that extends through the last day of the second calendar month after the month in which your pregnancy ended;
- you are getting benefits under MassHealth Limited (emergency MassHealth);
- you are an inpatient in a nursing facility, chronic-disease or rehabilitation hospital, or intermediate-care facility, or are admitted to a hospital from such a facility;
- you are getting EAEDC (Emergency Aid to the Elderly, Disabled and Children) Program services, and are not covered under MassHealth Standard, CarePlus, or Family Assistance;
- you are getting hospice care;
- you are a MassHealth Senior Buy-In or MassHealth Standard member getting a drug that is covered under Medicare Parts A and B only, when provided by a Medicare-certified provider;
- you are an American Indian or Alaska Native who is currently receiving or has ever received an item or service furnished by the Indian Health Service, an Indian tribe, a tribal organization, or an urban Indian organization, or through referral, in accordance with federal law; or
- you have reached a copayment cap.

Also, you do not have to pay a MassHealth copayment for family-planning services and supplies.

If your pharmacist charges you a copayment and you do not think you have to pay because you meet one of the exclusions, be sure to tell your pharmacist.

The pharmacy copayment rules are the same for members enrolled through MassHealth with CeliCare, Fallon, NHP, Network Health, BMC HealthNet Plan, and Health New England.

If you have questions about the copayment policy, call MassHealth Customer Services Center at **1-800-841-2900** (TTY: **1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled**). **The lines are open between 8:00 a.m. and 5:00 p.m., Monday through Friday.**

If you are enrolled through MassHealth with CeliCare, Fallon, NHP, Network Health, BMC HealthNet Plan, or Health New England, and you have questions about the copayment policy, please contact your health plan.

