



MASSACHUSETTS

SAVE MONEY ON ELIGIBLE MEDICATIONS WITH THE COST-SHARE ASSISTANCE PROGRAM

You shouldn't have to go out of your way to get savings. The Cost-Share Assistance Program provides financial assistance using coupons from manufacturers of medication to cover most or all of your out-of-pocket costs for eligible medications. To get the savings, all you need to do is enroll. You don't have to change anything about your prescriptions, including how or where you fill them. It's that easy.

HOW THE COST-SHARE ASSISTANCE PROGRAM WORKS



Enroll in the Program

If you're taking an eligible medication, you'll be contacted by PillarRx Consulting, an independent company who administers the program. Tell them you'd like to enroll.



Fill Your Prescription

When filling your prescription as you normally do, a manufacturer's coupon will automatically be applied at checkout.



Enjoy the Savings

The coupon reduces your out-of-pocket cost to anywhere between \$0 and \$35, depending on the medication.



Get Personalized, Ongoing Support

PillarRx will monitor your claims every month to make sure you're receiving the correct savings. They'll also provide additional support as needed.

YOU MUST ENROLL TO GET THE SAVINGS

If you don't, you'll be charged 30% co-insurance.

Enrollment is optional. However, if you're eligible for the program and choose not to participate, your out-of-pocket costs will be higher because you'll be responsible for paying 30% of the eligible medication's full cost when filling your prescription. A Care Team Coordinator from PillarRx will be happy to help you enroll, so you can avoid the 30% co-insurance.

ENROLL TODAY!

If you're eligible for the Cost-Share Assistance Program, a Care Team Coordinator from PillarRx will call you to help you enroll. You can also call them at **1-636-614-3128** (TTY: 711).

What is a manufacturer's coupon?

A manufacturer's coupon (also known as a copay card, copay coupon, copay assistance card, or manufacturer financial assistance) is part of the copay savings programs offered by manufacturers of medications to members with commercial health insurance.

How do I or my dependent enroll in the program?

If you or your dependent is taking an eligible medication, a Care Team Coordinator from PillarRx will call you to help you enroll in the Cost-Share Assistance Program. If you or your dependent starts taking an eligible medication after the effective date of the program, a Care Team Coordinator will reach out to you, or you can call them at **1-636-614-3128** (TTY: 711).

What if I'm already using a manufacturer's coupon?

Even if you already use a manufacturer's coupon for your eligible medication, you or your dependent will still need to enroll in the program. If they haven't already, a PillarRx Care Team Coordinator will reach out to you. You can also call them at **1-636-614-3128** (TTY: 711). They'll ensure that you're getting the most from your benefits, based on your participation in the program.

Am I required to enroll?

No, enrollment is optional. However, if you don't enroll, your out-of-pocket costs for your medication will be higher. If you or your dependent doesn't enroll, you'll be responsible for paying 30% of the cost of the eligible medication.

What if I filled my eligible medication before I enrolled in the program?

If you've already filled an eligible medication and you're eligible for the program, please call PillarRx at **1-636-614-3128** (TTY: 711) to learn more about retroactive enrollment.

How does the program affect my out-of-pocket maximum?

Once you or your dependent is enrolled in the Cost-Share Assistance Program, your plan will apply only your *actual* out-of-pocket costs to your annual out-of-pocket maximum. For example, if you pay \$10 for an eligible medication, only \$10 will be applied to your annual out-of-pocket maximum.

How does the Cost-Share Assistance Program affect my deductible?

If you have a Health Savings Account (HSA)-qualified "Saver" plan, or a plan with a deductible that applies to your pharmacy benefits, your plan will apply your out-of-pocket costs to your annual deductible as well as to your out-of-pocket maximum. For example, if you pay \$10 for an eligible medication, \$10 will also be applied to your annual deductible.

What happens if the manufacturer no longer offers financial assistance for my medication?

PillarRx will notify you that your medication is no longer eligible for this program. You'll then pay the standard cost share for this medication according to your pharmacy benefit. Check your Summary of Benefits or Schedule of Benefits for details.

Are there instances where I may not be able to sign up for the program?

Although most members can enroll, there may be specific instances that make you ineligible for the program, such as:

- You have or are eligible for government health insurance, such as Medicare or Medicaid
- Your medication isn't approved by the Food and Drug Administration (FDA) to treat your condition
- Your medication has specific age restrictions you don't meet
- You use a secondary insurer in addition to Blue Cross to cover your plan's out-of-pocket costs

If a manufacturer of medication determines that you're ineligible for the program, PillarRx's Care Team will ensure that your medication is covered, based on the standard cost-share amount that applies for all other covered medications and supplies as described in your Summary of Benefits, Schedule of Benefits, and/or riders. In this instance, you wouldn't be eligible for cost savings for your medication through this program.

Questions?

Call a PillarRx Care Team Coordinator at **1-636-614-3128** (TTY: 711), Monday through Friday, 8:00 a.m. to 7:00 p.m. ET.

SEE IF YOUR MEDICATION IS ELIGIBLE

Most eligible medications include maintenance medications (also known as long-term medications) that are filled through the Blue Cross Specialty Pharmacy Network. For medications that aren't eligible, your pharmacy plan's standard cost share will apply. To see a list of eligible medications, follow these steps:

1. Sign in to your MyBlue account at **bluecrossma.org**, or create a new one.
2. Select **Cost-Share Assistance** under **My Medications**.
3. Choose **See Eligible Medications**.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).