



MASSACHUSETTS

# SAVING SHOULD ALWAYS BE THIS EASY

You shouldn't have to go out of your way to save money on medications. 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 that you or your dependent may be taking. You don't have to change anything about your prescriptions to get these savings. You just need to be enrolled in the program.

## HOW DO I OR MY DEPENDENT BECOME ENROLLED IN THE COST-SHARE ASSISTANCE PROGRAM?

There are two ways to be enrolled:

1. If you were already using coupons to help cover your costs for medications that you were taking before your plan year began, **you've been automatically enrolled in the program.** PillarRx Consulting, an independent company that administers the program, will call you to confirm your enrollment.
2. If you're not using coupons for an eligible medication at the beginning of your plan year, or you or your dependent start taking an eligible medication during the plan year, PillarRx will call you to discuss the program and help you enroll.

## HOW THE PROGRAM WORKS



### Fill your prescription

When you fill an eligible medication, a manufacturer's coupon will be automatically applied at checkout.



### Enjoy instant savings

You'll pay \$0 to \$35, depending on the medication.



### Get personalized, ongoing support

PillarRx checks your claims every month to make sure you're receiving the correct savings, and provides additional support as needed.

### Your medication costs will be higher if you or your dependent isn't enrolled.

Enrollment in the Cost-Share Assistance Program is optional. However, if you don't enroll in the program or decide to opt out of it, you'll be responsible for paying 30% of the full retail cost of eligible medications.

## Questions?

If you have any 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.

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## 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 medication to members with commercial health insurance.

## How do I enroll myself or my dependent in the program?

If you or your dependent is taking an eligible medication, and you're not using a coupon to cover your costs, a Care Team Coordinator from PillarRx will call to talk to you about the program and walk you through the enrollment process. They'll also call you if you or your dependent start taking a new eligible medication. You can also call PillarRx directly at **1-636-614-3128** (TTY: 711).

## Do I need to enroll if I'm already using a manufacturer's coupon for an eligible medication?

No. If you're already using a manufacturer's coupon, **you'll be automatically enrolled in the program.** A Care Team Coordinator from PillarRx will call you to confirm your participation. They'll also ensure that you're paying the lowest possible cost for your medication. You can also call PillarRx directly at **1-636-614-3128** (TTY: 711).

## Am I required to be enrolled in the program?

No, enrollment is optional. However, **if you don't enroll yourself or your dependent in the program, or decide to opt out after being enrolled, your out-of-pocket costs for your medications will be higher because you'll be responsible for paying 30% of the cost of the eligible medications.**

## 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, 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 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.<sup>1</sup> For example, if you pay \$10 for an eligible medication, only \$10 will be applied to both your out-of-pocket maximum and your deductible.

1. Exceptions may apply. Check your plan materials for details.

## 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.

## See if your medication is eligible

To see a list of eligible medications:

1. Download the MyBlue app, or create an account at [bluecrossma.org](https://bluecrossma.org).
2. Once signed in, click **Cost-Share Assistance** under **My Medications**.
3. Select **See Eligible Medications**.

You can also call PillarRx Care at **1-636-614-3128** (TTY: 711), Monday through Friday, 8:00 a.m. to 7:00 p.m. ET.

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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).