



Pharmacy Copayment Guide

Mass Health Members and Commonwealth Plan Type I		Commonwealth Care Members		
			Plan Type II	Plan Type III
Select generic and covered OTC drugs	\$1*	Generic drugs	\$10	\$12.50
Mail Order	\$1*	Mail Order	\$20	\$25
All other generic, OTC and brand-name drugs	\$3	Preferred drugs	\$20	\$25
Mail Order	\$3	Mail Order	\$40	\$50
		Non-Preferred drugs	\$40	\$50
		Mail Order	\$120	\$150
Annual Max	\$200	Annual Max	\$500	\$800
<p><i>*Copayments for most generic and covered over-the-counter medications (with a prescription) and all brand-name medications will be \$3 EXCEPT for certain medications that members may take for high blood pressure, high cholesterol or diabetes. The copayments for these will be \$1. Please call one of the numbers below to find out your copay if you don't know.</i></p>				
<p>Retail Copays (1 month supply) Mail Order Copays (3 month supply)</p>				

To determine the copayment for a specific drug, search the [BMC HealthNet Plan Formulary](#)

For more information about pharmacy copayments, please call BMC HealthNet Plan:

MassHealth Members: 1-888-566-0010

Providers: 1-888-566-1451

Commonwealth Care Members: 1-877-957-5300