Covered prescription medications are available at participating pharmacies.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Retail</th>
<th>Mail (up to a 90-day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>Up to a 30-day supply: $5 Copayment</td>
<td>$10 Copayment</td>
</tr>
<tr>
<td></td>
<td>Up to a 90-day supply: $15 Copayment</td>
<td></td>
</tr>
<tr>
<td>Tier 2</td>
<td>Up to a 30-day supply: $25 Copayment</td>
<td>$50 Copayment</td>
</tr>
<tr>
<td></td>
<td>Up to a 90-day supply: $75 Copayment</td>
<td></td>
</tr>
<tr>
<td>Tier 3</td>
<td>Up to a 30-day supply: $40 Copayment</td>
<td>$80 Copayment</td>
</tr>
<tr>
<td></td>
<td>Up to a 90-day supply: $120 Copayment</td>
<td></td>
</tr>
<tr>
<td>Tier 4</td>
<td>Up to a 30-day supply: $60 Copayment</td>
<td>$180 Copayment</td>
</tr>
<tr>
<td></td>
<td>Up to a 90-day supply: $180 Copayment</td>
<td></td>
</tr>
<tr>
<td>Tier 5</td>
<td>Up to a 30-day supply: 20% Coinsurance* up to a maximum Coinsurance of $250 per prescription or refill</td>
<td>20% Coinsurance* up to a maximum Coinsurance of $750 per prescription or refill</td>
</tr>
<tr>
<td></td>
<td>Up to a 90-day supply: 20% Coinsurance* up to a maximum Coinsurance of $750 per prescription or refill</td>
<td></td>
</tr>
</tbody>
</table>

*Coinsurance is based on the full cost of the medication, up to a maximum dollar amount for each prescription. The full cost will be the lower of the participating pharmacy's retail price or the price of the medication at Harvard Pilgrim's discount rate.

Your plan has an annual Out-of-Pocket Maximum for prescription drug costs. Your Out-of-Pocket maximum Coinsurance is $2,500 per Member/$5,000 per family. Once you have reached the Out-of-Pocket Maximum (including deductible, copayment and coinsurance amounts), your prescriptions are covered in full for the rest of the year with no other cost-sharing required.

Visit [www.harvardpilgrim.org/2023Value5T](http://www.harvardpilgrim.org/2023Value5T) for participating pharmacy locations and mail order details. Be sure to show your Harvard Pilgrim ID card at the pharmacy to ensure you pay the correct cost-sharing amounts.
Language Assistance Services

Español (Spanish) ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están a su disposición. Llame al 1-888-333-4742 (TTY: 711).


繁體中文 (Traditional Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-333-4742 (TTY: 711)。


Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-333-4742 (телетайп: 711).

العربية (Arabic) إشعار: إذا كنت تتكلم اللغة العربية ، خدمات المساعدة اللغوية متوفرة لك مجاناً. تصل على 888-333-4742 (TTY: 711)

ភាសាខ្មែរ (Cambodian) ប្រកួតប្រជុំសារធ្វើទាន់ពោក់ពីសុខភាពជាតិភាពយោងអាចលើកឡើងវិញ 888-333-4742 (TTY: 711)

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-333-4742 (ATS: 711).

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-333-4742 (TTY: 711).

한국어 (Korean) ‘알림’ 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-333-4742 (TTY: 711) 번으로 전화해 주십시오.

Ελληνικά (Greek) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, χρησιμοποιήστε τη διαδικασία ταξινόμησης για την προμήθεια της υποστήριξης. Καλείτε στο 1-888-333-4742 (TTY: 711).

Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-333-4742 (TTY: 711).

हिंदी (Hindi) ध्यान दिलें: अगर आप हिंदी बोलते हैं तो आपके लिए भाषाकी सहायता मुफ्त में उपलब्ध है।
जानकारी के लिए फोन करें. 1-888-333-4742 (TTY: 711)

ગુજરાતી (Gujarati) ધ્યાન દેખો: તમે ગુજરાતી બોલતા હો તો આપણે તમા શાળાથી સંબંધભરતો મૂક્ત સંપર્ક કરી શકીએ. ફોન કરો 1-888-333-4742 (TTY: 711)

ລາວ (Lao) ແโปรด, ສົ່ງທີ່ ຈະໃຫ້ເຂົ້າໃຊ້ຊ່ວຍເຫຼືອ, ກ່ຽວກັບພັກຄາແບບເຂດຫວຽດນາມ, ແມ່ນມັກທາງການ, ອ້ອນໄມ້ທີ່ສາມາດ, ກະຈັກຂອງພວກເຂົາ. 1-888-333-4742 (TTY: 711).

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-333-4742 (TTY: 711).


(Continued)
General Notice About Nondiscrimination and Accessibility Requirements

Harvard Pilgrim Health Care and its affiliates as noted below ("HPHC") comply 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. HPHC does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

HPHC:

• Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats)
• Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact our Civil Rights Compliance Officer.

If you believe that HPHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with: Civil Rights Compliance Officer, 1 Wellness Way, Canton, MA 02021-1166, (866) 750-2074, TTY service: 711. Fax: (617) 509-3085. Email: civil.rights@point32health.com. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

(800) 368-1019, (800) 537-7697 (TTY)
