Covered prescription medications are available at participating pharmacies.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Retail</th>
<th>Mail</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Retail</strong></td>
<td><strong>Mail (up to a 90-day supply)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Up to a 30-day supply:</strong> $5 Copayment</td>
<td>$10 Copayment</td>
</tr>
<tr>
<td>Tier 1</td>
<td><strong>Up to a 90-day supply:</strong> $15 Copayment</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Up to a 30-day supply:</strong> $30 Copayment</td>
<td>$60 Copayment</td>
</tr>
<tr>
<td>Tier 2</td>
<td><strong>Up to a 90-day supply:</strong> $90 Copayment</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Up to a 30-day supply:</strong> $60 Copayment</td>
<td>$120 Copayment</td>
</tr>
<tr>
<td>Tier 3</td>
<td><strong>Up to a 90-day supply:</strong> $180 Copayment</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Up to a 30-day supply:</strong> $100 Copayment</td>
<td>$300 Copayment</td>
</tr>
<tr>
<td>Tier 4</td>
<td><strong>Up to a 90-day supply:</strong> $300 Copayment</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Up to a 30-day supply:</strong> 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>Tier 5</td>
<td><strong>Up to a 90-day supply:</strong> 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, which is listed on the Schedule of Benefits. 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).


Kreyòl Ayisyen (French Creole) ATANSYON: Si noupalé Kreyòl Ayisyen, gen assistans pou sèvis ki disponib nan lang nou pou gratis. Rele 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)。

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu quí nói tiếng Việt, dịch vụ thồ ng dịch của chúng tôi sẵn sàng phục vụ quí miễn phí. Gọi số 1-888-333-4742 (TTY: 711).

Пусский (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 مجانيًا. تصل على 1-888-333-4742 (TTY: 711).

ភាសាខ្មែរ (Cambodian) សុំបញ្ចូលឡើងវិញ ប្រយោគភាសាមានការសេរី មកពីគណិតវិទ្យាសាធារណ៍ រិតាហ្វិល 1-888-333-4742 (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, υπάρχουν στη διαθεσή σας δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Καλέστε την 1-888-333-4742 (TTY: 711).

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

हिंदी (Hindi) ध्यान दिलें: अगर आप हिंदी बोलते हैं तो आपके लिए भाषातिसंगत मुफ्त मदद है। जानकारी के लिए कैल करें. 1-888-333-4742 (TTY: 711)

ગુજરાતી (Gujarati) અલિમ: જો તમે ગુજરાતી બોલતો હોવાની છો તો આપને માત્ર લાખણી સહાય તથા મકત ઉપલબ્ધ છે. સાહિત્ય મુદ્રિત માત્ર કોરો. 1-888-333-4742 (TTY: 711)

ລາວ (Lao) ລາວ: ໄດ້ ສົ່ງຮ້ອຍ ທ່ານນາງ ຜື່ນ, ໂດຍບໍ່ເຮືອມັນຈາກພວກເຮົາ, ມັກນີ້ບໍ່ເຮືອມັນ. ເບິ່ງໂທລະສຸດ 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) 509-3385, Email: civil_rights@point32health.org. 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)
