Covered prescription medications are available at participating pharmacies.

Covered prescription drugs are subject to your plan’s Deductible (for Access America and PPO plans, covered prescriptions are subject to the In-Network Deductible). This means that you need to pay the full cost of your medications until you reach the required Deductible amount. 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. See the Schedule of Benefits for your plan’s Deductible amount. Once you meet the Deductible for the year, you pay either a Copayment or Coinsurance.

Your plan includes the Preventive Drug Benefit. This means that certain medications that help prevent chronic conditions and illnesses are exempt from the Deductible. However, you are still subject to any applicable Copayment or Coinsurance listed in the table below. Visit www.harvardpilgrim.org/2023Value5T for more information.

<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><strong>Up to a 30-day supply:</strong> Deductible, then $5 Copayment</td>
<td>Deductible, then $10 Copayment</td>
</tr>
<tr>
<td></td>
<td><strong>Up to a 90-day supply:</strong> Deductible, then $15 Copayment</td>
<td></td>
</tr>
<tr>
<td>Tier 2</td>
<td><strong>Up to a 30-day supply:</strong> Deductible, then $30 Copayment</td>
<td>Deductible, then $60 Copayment</td>
</tr>
<tr>
<td></td>
<td><strong>Up to a 90-day supply:</strong> Deductible, then $90 Copayment</td>
<td></td>
</tr>
<tr>
<td>Tier 3</td>
<td><strong>Up to a 30-day supply:</strong> Deductible, then $80 Copayment</td>
<td>Deductible, then $160 Copayment</td>
</tr>
<tr>
<td></td>
<td><strong>Up to a 90-day supply:</strong> Deductible, then $240 Copayment</td>
<td></td>
</tr>
<tr>
<td>Tier 4</td>
<td><strong>Up to a 30-day supply:</strong> Deductible, then $120 Copayment</td>
<td>Deductible, then $360 Copayment</td>
</tr>
<tr>
<td></td>
<td><strong>Up to a 90-day supply:</strong> Deductible, then $360 Copayment</td>
<td></td>
</tr>
<tr>
<td>Tier 5</td>
<td><strong>Up to a 30-day supply:</strong> Deductible, then 20% Coinsurance*</td>
<td>Deductible, then 20% Coinsurance*</td>
</tr>
<tr>
<td></td>
<td><strong>Up to a 90-day supply:</strong> Deductible, then 20% Coinsurance*</td>
<td></td>
</tr>
</tbody>
</table>
*Once the Deductible is met, Coinsurance is based on the full cost of the medication. 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).


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) إنتمام: إذا كنت تتكلم اللغة العربية، خدمات المساعدة اللغوية متاحة لك مجانية. اتصل على 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 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 दीजिए: 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) ચાલાવ આપે : આ સેવા ગુજરાતીભિંદુ રોટની તરીકે આપે છે તે આપને માટે લાભકારી રહે ત્યારે મફત ઉપલબ્ધ છે. નિસ્થામત માટે ફોન કરો. 1-888-333-4742 (TTY: 711)

ລາວ (Lao) ສັ້ນ໌ນ: ບໍຣັດໜ້າ ຊຸດທະຫາກ ຈາລາ ການບໍ່ເຂົ້າໃຈ້າລາວພາສາ ພາສາພາສາກາງ ແລະນັກງານທັງໝັ້ນ, ຈຳນວຍາດູສັ້ນ໌ນ. ການບໍ່ເຂົ້າໃຈ້າ ຊຸດທະຫາກ, 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.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, HH Building
Washington, D.C. 20201
(800) 368-1019, (800) 537-7697 (TTY)
