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](http://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 50% Coinsurance*</td>
<td>Deductible, then 50% Coinsurance*</td>
</tr>
<tr>
<td></td>
<td><strong>Up to a 90-day supply:</strong> Deductible, then 50% Coinsurance*</td>
<td></td>
</tr>
<tr>
<td>Tier 4</td>
<td><strong>Up to a 30-day supply:</strong> Deductible, then 50% Coinsurance*</td>
<td>Deductible, then 50% Coinsurance*</td>
</tr>
<tr>
<td></td>
<td><strong>Up to a 90-day supply:</strong> Deductible, then 50% Coinsurance*</td>
<td></td>
</tr>
<tr>
<td>Tier 5</td>
<td><strong>Up to a 30-day supply:</strong> Deductible, then 50% Coinsurance*</td>
<td>Deductible, then 50% Coinsurance*</td>
</tr>
<tr>
<td></td>
<td><strong>Up to a 90-day supply:</strong> Deductible, then 50% 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 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 ouvle ayisyen, gen asistans 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 vị nói Tiếng Việt, dịch vụ thông dịch của chúng tôi sẵn sàng phục vụ quí vị miễn phí. Gọi số 1-888-333-4742 (TTY: 711).

العربية (Arabic) إطلاع: إذا كنت تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجانًا. اتصل على 1-888-333-4742 (TTY: 711)。

柬埔寨语 (Cambodian) ពេលៗ ពេញវៀតញ្ចក់ ប្រកួតប្រឆាំងសំខាន់ ដោយរុងេះដោយសេរីភាព អនឡីត័យៗ ៈ ១-៨៨៨-៣៣៣-៤៧៤២ (TTY: ៧១១)។

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 διαθεσία σας δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Καλέστε 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 कैल करें. 1-888-333-4742 (TTY:711)

ગુજરાતી (Gujarati) ધાણ સાહિતિક સેવાના જે તમે ગુજરાતી બોલતા હો તે આપણે માટે લાભકારી સંસ્થા છતમ મુફ્ત ઉપલબ્ધ છે. બોલાણ માટે કોલ કરો. 1-888-333-4742 (TTY:711)

ລາວ (Lao) ໜາລາວ: ການບໍລິການເສັສຄູເສັດພາບ, ການບໍລິການຊ່ວຍເຫຼືອຊ່ວຍທີ່ພາບ, ເຊັ່ນພາບດູງ, ແລະມື້ມີຜູ້ນ້ອຍ. ເທົງ 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@point3health.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 S09F, HHH Building
Washington, D.C. 20201
(800) 368-1019, (800) 537-7697 (TTY)
