Covered prescription medications are available at participating pharmacies.

Your coverage includes a Prescription Drug Deductible of $250 per Member, $500 per family. 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. The table below shows where the Deductible applies. Once you meet your Prescription Drug Deductible for the year, you pay either a Copayment or Coinsurance.

<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 Up to a 90-day supply: $15 Copayment</td>
<td>$10 Copayment</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Up to a 30-day supply: $30 Copayment Up to a 90-day supply: $90 Copayment</td>
<td>$60 Copayment</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Up to a 30-day supply: Deductible, then $80 Copayment Up to a 90-day supply: Deductible, then $240 Copayment</td>
<td>Deductible, then $160 Copayment</td>
</tr>
<tr>
<td>Tier 4</td>
<td>Up to a 30-day supply: Deductible, then $120 Copayment Up to a 90-day supply: Deductible, then $360 Copayment</td>
<td>Deductible, then $360 Copayment</td>
</tr>
<tr>
<td>Tier 5</td>
<td>Up to a 30-day supply: Deductible, then 20% Coinsurance* up to a maximum Coinsurance of $500 per prescription or refill Up to a 90-day supply: Deductible, then 20% Coinsurance* up to a maximum Coinsurance of $1,500 per prescription or refill</td>
<td>Deductible, then 20% Coinsurance* up to a maximum Coinsurance of $1,500 per prescription or refill</td>
</tr>
</tbody>
</table>

*Once the Prescription Drug Deductible is met, 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. Lláme al 1-888-333-4742 (TTY: 711).


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


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

柬埔寨 (Khmer) ប្រកបដោយ: ប្រសិនបើប្រឈមទាន់ពោត់ក្នុងភាសាខ្មែរ និងមិនប្រឈមទាន់ពោត់ក្នុងភាសាខ្មែរ យើងមានសេវាកម្មសោយប្រយោជន៍។ ទូរស័ព្ទ 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 βοήθειας. Καλέστε την 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).

हिन्दी (Hindi) ध्यान दिखाएः 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 દીખાતા: જે તમે ગુજરાતી બોલતા હો તો આપને માત્ર લાભકારી સંયોજન તમને મફત ઉપલભ્ધ છે. જાણકારી માટલી ફોન કરો. 1-888-333-4742 (TTY: 711)

ລາວ (Lao) ບໍ່ສັ່ງ: ລາວ ສະພາພາສາ ເຊິ່ງ ສະຫຼຸດ ຜູ້ບໍລິຫານ, ສະຫຼຸບສະພາພາສາຜູ້ບໍລິຫານ, ພົມພູແຄວ້າ, ມື້ນິຊ້າເຊິ່ງໄດ້ຕັດສັງ. 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.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)
