

Prescription Drug Coverage

CORE MA 5-TIER

Covered prescription medications are available at participating pharmacies.

Your coverage includes a Prescription Drug Deductible of \$200 per Member. 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.

Tier	Retail	Mail (up to a 90-day supply)
TIER 1	Up to a 30-day supply: \$5 Copayment per prescription or prescription refill Up to a 90-day supply: \$15 Copayment per prescription or prescription refill	\$10 Copayment per prescription or prescription refill
TIER 2	Up to a 30-day supply: \$30 Copayment per prescription or prescription refill Up to a 90-day supply: \$90 Copayment per prescription or prescription refill	\$60 Copayment per prescription or prescription refill
TIER 3	Up to a 30-day supply: Prescription Drug Deductible, then \$150 Copayment per prescription or prescription refill Up to a 90-day supply: Prescription Drug Deductible, then \$450 Copayment per prescription or prescription refill	Prescription Drug Deductible, then \$300 Copayment per prescription or prescription refill
TIER 4	Up to a 30-day supply: Prescription Drug Deductible, then \$225 Copayment per prescription or prescription refill Up to a 90-day supply: Prescription Drug Deductible, then \$675 Copayment per prescription or prescription refill	Prescription Drug Deductible, then \$675 Copayment per prescription or prescription refill



Tier	Retail	Mail (up to a 90-day supply)
TIER 5	<p>Up to a 30-day supply: Prescription Drug Deductible, then 20% Coinsurance*, up to a maximum Coinsurance of \$250 per prescription or refill</p> <p>Up to a 90-day supply: Prescription Drug Deductible, then 20% Coinsurance*, up to a maximum Coinsurance of \$750 per prescription or refill</p>	Prescription Drug Deductible, then 20% Coinsurance*, up to a maximum Coinsurance of \$750 per prescription or refill

Important Notes:

Opioid Antagonists: Prescribed, ordered or dispensed opioid antagonists used in the reversal of overdoses caused by opioids are covered by the Plan. These opioid antagonists do not require Prior Approval or a prescription from a health care provider.

Opioid antagonists are covered with no Member Cost Sharing.

Drugs to Treat Chronic Conditions: Your coverage also includes generic and brand name drugs used to treat each of the following chronic conditions: (i) diabetes; (ii) asthma; (iii) hypertension; and (iv) chronic ischemic heart disease. As required by law, at least one generic and one brand name drug identified by the Plan to treat these conditions will apply the following Member Cost Sharing:

Generic drugs are covered with no Member Cost Sharing.

Member Cost Sharing for brand name drugs will not exceed \$25 for up to a 30-day supply. (Note: Insulin is the drug used to treat diabetes.)

* 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.

Please see the Prescription Drug Brochure for more information on your outpatient Prescription Drug Benefit, including the tier definitions. Visit www.harvardpilgrim.org/2026CoreMA5T for access to the prescription drug list, finding a network pharmacy and other pharmacy details. A summary of your cost sharing amounts for your prescription drug coverage is also shown on your Plan identification (ID) card. Be sure to show your Harvard Pilgrim ID card at the pharmacy to ensure you pay the correct cost-sharing amounts.



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 or sex (including pregnancy, sexual orientation and gender identity). HPHC does not exclude people or treat them differently because of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and 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 (see below for contact information).

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 or sex (including pregnancy, sexual orientation and gender identity) you can file a grievance with:

Point32Health Civil Rights Legal Coordinator

1 Wellness Way
Canton, MA 02021-1166

866-750-2074, TTY service: 711

Fax: 617-668-2754

Email: OCRCoordinator@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 (TDD)

Complaint forms are available at

www.hhs.gov/ocr/office/file/index.html

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

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