

Prescription Drug Coverage

CORE ME 5-TIER

Covered prescription medications are available at participating pharmacies.

Covered prescription drugs may be subject to your plan's Deductible (for POS, 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 HPHC'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/2026CoreME5T for more information.

Tier	Retail	Mail (up to a 90-day supply)
TIER 1	Up to a 30-day supply: Deductible, then 20% Coinsurance* Up to a 90-day supply: Deductible, then 20% Coinsurance*	Deductible, then 20% Coinsurance*
TIER 2	Up to a 30-day supply: Deductible, then 20% Coinsurance* Up to a 90-day supply: Deductible, then 20% Coinsurance*	Deductible, then 20% Coinsurance*
TIER 3	Up to a 30-day supply: Deductible, then 20% Coinsurance* Up to a 90-day supply: Deductible, then 20% Coinsurance*	Deductible, then 20% Coinsurance*
TIER 4	Up to a 30-day supply: Deductible, then 20% Coinsurance* Up to a 90-day supply: Deductible, then 20% Coinsurance*	Deductible, then 20% Coinsurance*
TIER 5	Up to a 30-day supply: Deductible, then 20% Coinsurance* Up to a 90-day supply: Deductible, then 20% Coinsurance*	Deductible, then 20% Coinsurance*

* 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.



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

ID: RX0000201382

You may purchase up to a 90-day supply of maintenance medications from certain Maine retail pharmacies. When you obtain a 90-day prescription from one of these Maine retail pharmacies, you will pay the Mail Service Prescription Drug Program Member Cost Sharing. Although most maintenance medications are available for a 90-day supply, we may limit drugs for clinical reasons or to prevent potential waste. In addition, specialty drugs, discussed above, are not available for a 90-day supply.

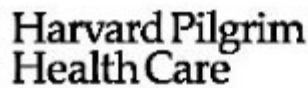
Your plan has an annual Out-of-Pocket Maximum, which is listed on the *Schedule of Benefits*. Once you have reached the Out-of-Pocket Maximum (including Deductible, Copayment and Coinsurance amounts), your prescriptions are covered in full for the rest of the year with no other cost sharing required.

Visit www.harvardpilgrim.org/2026CoreME5T for access to the prescription drug list, finding a network pharmacy and other pharmacy details. Be sure to show your Harvard Pilgrim ID card at the pharmacy to ensure you pay the correct cost-sharing amounts.



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Language Assistance Services

Harvard Pilgrim
Health Care

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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

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