

# Prescription Drug Coverage

## VALUE 5 TIER

Covered prescription medications are available at participating pharmacies.

	Retail	Mail (up to a 90-day supply)
Tier 1	Up to a 30-day supply: \$5 Copayment Up to a 90-day supply: \$15 Copayment	\$10 Copayment
Tier 2	Up to a 30-day supply: \$20 Copayment Up to a 90-day supply: \$60 Copayment	\$40 Copayment
Tier 3	Up to a 30-day supply: \$30 Copayment Up to a 90-day supply: \$90 Copayment	\$60 Copayment
Tier 4	Up to a 30-day supply: \$50 Copayment Up to a 90-day supply: \$150 Copayment	\$100 Copayment
Tier 5	Up to a 30-day supply: 30% Coinsurance* up to \$250 maximum per prescription or refill Up to a 90-day supply: 30% Coinsurance* up to \$750 maximum per prescription or refill	30% Coinsurance* up to \$500 maximum per prescription or refill

\*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 for prescription drug costs. Your Out-of-Pocket Maximum amount is \$1,000 per Member/\$2,000 per family. 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/2016Value5T](http://www.harvardpilgrim.org/2016Value5T) 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.

