

Prescription Drug Coverage

PREMIUM 3 TIER

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.

	Retail (up to a 30-day supply)	Mail (up to a 90-day supply)
Tier 1	Deductible, then \$15 Copayment	Deductible, then \$30 Copayment
Tier 2	Deductible, then \$30 Copayment	Deductible, then \$60 Copayment
Tier 3	Deductible, then \$50 Copayment	Deductible, then \$150 Copayment

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/2016Premium3T 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.

