

# Prescription Drug Coverage

## VALUE 5 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.

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/2025Value5T](http://www.harvardpilgrim.org/2025Value5T) for more information.

	<b>Retail</b>	<b>Mail (up to a 90-day supply)</b>
<b>Tier 1</b>	<b>Up to a 30-day supply:</b> Deductible, then \$5 Copayment per prescription or prescription refill <b>Up to a 90-day supply:</b> Deductible, then \$15 Copayment per prescription or prescription refill	Deductible, then \$10 Copayment per prescription or prescription refill
<b>Tier 2</b>	<b>Up to a 30-day supply:</b> Deductible, then \$25 Copayment per prescription or prescription refill <b>Up to a 90-day supply:</b> Deductible, then \$75 Copayment per prescription or prescription refill	Deductible, then \$50 Copayment per prescription or prescription refill
<b>Tier 3</b>	<b>Up to a 30-day supply:</b> Deductible, then \$50 Copayment per prescription or prescription refill <b>Up to a 90-day supply:</b> Deductible, then \$150 Copayment per prescription or prescription refill	Deductible, then \$100 Copayment per prescription or prescription refill
<b>Tier 4</b>	<b>Up to a 30-day supply:</b> Deductible, then 30% Coinsurance* up to a maximum Coinsurance of \$300 per prescription or refill <b>Up to a 90-day supply:</b>	Deductible, then 30% Coinsurance* up to a maximum Coinsurance of \$600 per prescription or refill



	Retail	Mail (up to a 90-day supply)
	Deductible, then 30% Coinsurance* up to a maximum Coinsurance of \$900 per prescription or refill	
<b>Tier 5</b>	<b>Up to a 30-day supply:</b> Deductible, then 30% Coinsurance* up to a maximum Coinsurance of \$500 per prescription or refill <b>Up to a 90-day supply:</b> Deductible, then 30% Coinsurance* up to a maximum Coinsurance of \$1,500 per prescription or refill	Deductible, then 30% Coinsurance* up to a maximum Coinsurance of \$1,000 per prescription or refill

**Important Notes:**

All infertility drugs will apply 20% Coinsurance per prescription refill. Copayments and/or Coinsurance maximums listed above (if any) will never apply. If a Deductible applies to a particular tier, you will be responsible for paying the Deductible, then 20% Coinsurance.

\*Once the 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.

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/2025Value5T](http://www.harvardpilgrim.org/2025Value5T) 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. Llame al 1-888-333-4742 (TTY: 711).

**Português (Portuguese)** ATENÇÃO: Se você fala português, encontram-se disponíveis serviços linguísticos gratuitos. Ligue para 1-888-333-4742 (TTY: 711).

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

**Tiếng Việt (Vietnamese)** CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ thông dịch của chúng tôi sẵn sàng phục vụ quý vị miễn phí. Gọi số 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 (телефон: 711).

(Arabic) العربية

إنتهاه: إذا كنت تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجاناً. اتصل على 1 888-333-4742 (TTY: 711)

**ខ្មែរ (Cambodian)** ពួកគេងសំណង់ខ្លួន: យើងអាចទិន្នន័យភាសាអ្វីដែរ; យើងមានសេវាការមួយបានៗប៉ុប្បន្ន ដូចជាមានការអាជីវកម្ម នៅក្នុងប្រទេសកម្ពុជា ឬក្នុងប្រទេសកម្ពុជាដែល 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 διάθεσή σας δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Καλέστε 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).

**हिंदी (Hindi)** ध्यान दीजिए: अगर आप हिंदी बोलते हैं तो आपके लिये भाषाकी सहायता मुफ्तमें उपलब्ध है। जानकारी के लिये फोन करे. 1-888-333-4742 (TTY: 711)

**ગુજરાતી (Gujarati)** ધ્યાન આપો : જો તમે ગુજરાતી બોલતા હો તો આપને માટે ભાષાકીય સહય તદ્દન મફત ઉપલબ્ધ છે. વિશેષ માહિતી માટે ફોન કરો. 1-888-333-4742 (TTY: 711)

**ພາສາລາວ (Lao)** ໂປ່າຊາບ: ຖ້າວ່າ ທ່ານຂ່າວ້າພາສາ ວາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເຫັນຄ່າ, ສະບັບມືດ້ວຍໃຫ້ທ່ານ. ໂທສ 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).



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

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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.

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: 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](mailto: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)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



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