

Prescription Drug Coverage

PREMIUM 3 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: \$15 Copayment Up to a 90-day supply: \$45 Copayment	\$15 Copayment
Tier 2	Up to a 30-day supply: \$30 Copayment Up to a 90-day supply: \$90 Copayment	\$30 Copayment
Tier 3	Up to a 30-day supply: \$50 Copayment Up to a 90-day supply: \$150 Copayment	\$50 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.

