

# Prescription Drug Coverage

## PREMIUM 3 TIER

Covered prescription medications are available at participating pharmacies.

Your coverage includes a Prescription Drug Deductible of \$100 per Member, \$200 per family. 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. The table below shows where the Deductible applies. Once you meet your Prescription Drug Deductible for the year, you pay either a Copayment or Coinsurance.

	Retail	Mail (up to a 90-day supply)
Tier 1	<b>Up to a 30-day supply:</b> Deductible, then \$10 Copayment <b>Up to a 90-day supply:</b> Deductible, then \$30 Copayment	Deductible, then \$25 Copayment
Tier 2	<b>Up to a 30-day supply:</b> Deductible, then \$30 Copayment <b>Up to a 90-day supply:</b> Deductible, then \$90 Copayment	Deductible, then \$75 Copayment
Tier 3	<b>Up to a 30-day supply:</b> Deductible, then \$65 Copayment <b>Up to a 90-day supply:</b> Deductible, then \$195 Copayment	Deductible, then \$165 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/2023Premium3T](http://www.harvardpilgrim.org/2023Premium3T) 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.

