

Prescription Drug Coverage

PREMIUM 3 TIER

Covered prescription medications are available at participating pharmacies.

	Retail (up to a 30-day supply)	Mail (up to a 90-day supply)
Tier 1	\$10 Copayment	\$10 Copayment
Tier 2	\$20 Copayment	\$20 Copayment
Tier 3	\$35 Copayment	\$35 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/premium3 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.

