

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	\$20 Copayment
Tier 2	\$25 Copayment	\$50 Copayment
Tier 3	\$45 Copayment	\$90 Copayment

Your plan has an annual Out-of-Pocket Maximum for prescription drug costs. Your Out-of-Pocket Maximum amount is \$5400 per Member/\$10800 per family. 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.

