Covered prescription medications are available at participating pharmacies.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Retail</th>
<th>Mail (up to a 90-day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>Up to a 30-day supply: $5 Copayment&lt;br&gt;Up to a 90-day supply: $15 Copayment</td>
<td>$12.50 Copayment</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Up to a 30-day supply: $25 Copayment&lt;br&gt;Up to a 90-day supply: $75 Copayment</td>
<td>$62.50 Copayment</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Up to a 30-day supply: $50 Copayment&lt;br&gt;Up to a 90-day supply: $150 Copayment</td>
<td>$125 Copayment</td>
</tr>
<tr>
<td>Tier 4</td>
<td>Up to a 30-day supply: $70 Copayment&lt;br&gt;Up to a 90-day supply: $210 Copayment</td>
<td>$210 Copayment</td>
</tr>
<tr>
<td>Tier 5</td>
<td>Up to a 30-day supply: 20%Coinsurance* up to $250 maximum per prescription or refill&lt;br&gt;Up to a 90-day supply: 20% Coinsurance* up to $750 maximum per prescription or refill</td>
<td>20% Coinsurance* up to $750 maximum per prescription or refill</td>
</tr>
</tbody>
</table>

*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.

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/2017Value5T](http://www.harvardpilgrim.org/2017Value5T) 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.
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).


Kreyòl Ayisyen (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)。


Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-333-4742 (телетайп: 711).

العربية (Arabic) إشعار : إذا أتت تعلم اللغة العربية ، خدمات المساعدة اللغوية متوفرة لك مجانًا. اتصل على 1-888-333-4742 (TTY: 711).

ភាសាខ្មែរ (Cambodian) បញ្ហាមិនបានដាក់ឱ្យ ប្រកួតប្រជីកជាច្រើនស្រុក សូមអភិបាកយោង ឱ្យរៀបចំ៖ 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 σε διάφορες χώρες υπηρεσίες για συστημάτες που ενισχύουν την επικοινωνία. Καλείτε το 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 दिएँ: अगर आप हिंदी बोलते हैं तो आपके लिए भाषाकोश सहायता मूल्य में उपलब्ध है। जानकारी के लिए फोन करें: 1-888-333-4742 (TTY: 711)

ગુજરાતી (Gujarati) ધ્વય ધ્વય: તમે ગુજરાતી બોલતા હોવ તો આપણે આપને ભાષાકોષ સંબંધિત સહાયક સેવા તહત મુંખર ઉપલબ્ધ છે। જનાનીઓ માટે ફોન કરો: 1-888-333-4742 (TTY: 711)

ລາວ (Lao) ໂປດ Khun: ຜ່ວຍ ແກ၍ ເຊຊະ siden, ປະເພດການແຂ່ງຂ້າງຂອງເທົ່າ, ສັ່ງນຳເເລຂາ, ໃ່ງແລ່ງເຊຍໂດຍທີ່ທ້າຍ. ໂທຣ 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).


(Continued)
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. HPHC does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

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, you can file a grievance with: Civil Rights Compliance Officer, 93 Worcester St., Wellesley, MA 02481, (888) 750-2074, TTY service: 711, Fax: (617) 509-3085, Email: civil_rights@harvardpilgrim.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)
