

# Prescription Drug Coverage

Covered prescription medications are available at participating pharmacies.

Your copayments for up to a 30-day supply are:

▶Tier 1:	.....	\$15
▶Tier 2:	.....	\$30
▶Tier 3:	.....	\$50

These copayment amounts will be shown on your Plan identification (ID) card. Bring your prescription or refill to a participating pharmacy, along with your ID card, and pay the applicable copayment.

## Harvard Pilgrim's mail service prescription drug program (Maintenance medications ONLY)

If you have a condition (e.g., high blood pressure) that requires maintenance medications, you can order up to a 90-day supply of these drugs through Harvard Pilgrim's mail service prescription drug program.

Your copayments for a 90-day supply are:

▶Tier 1:	.....	\$30
▶Tier 2:	.....	\$60
▶Tier 3:	.....	\$100



15\_30\_50-30\_60\_100