

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:	.....	\$25
►Tier 3:	.....	\$35

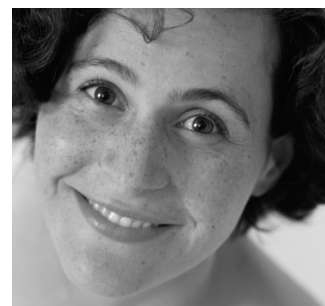
These copayment amounts will be shown on your Plan identification (ID) card. Bring your prescription or refill to a participating pharmacy, along with your ID card, and pay the applicable copayment.

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 up to a 90-day supply are:

►Tier 1:	.....	\$30
►Tier 2:	.....	\$50
►Tier 3:	.....	\$70



**Harvard Pilgrim
Health Care**

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care and its affiliates, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.