



Please note that the pharmacy benefit is administered through OptumRx and NOT Harvard Pilgrim Health Care. All of the necessary OptumRx information is included on your HPHC ID card. Claims should be submitted to OptumRx and NOT HPHC.

OptumRx Pharmacy Coverage

Coverage Period: 01/01/2020 – 12/31/2020

Coverage for: Individual & Family

Plan type: HPHC PPO & HPHC HMO



This is only a summary. If you want more detail about your coverage and costs, you can get the complete information at www.optumrx.com or by calling 1-855-546-3439.

Prescription Coverage	Rx Tier	Copayments	Exceptions
If you need drugs to treat your illness or condition	Low-cost generics	30-Day Supply Retail Pharmacy : \$5 Copayment 90-Day Supply Retail Pharmacy : \$15 Copayment 90 Day Supply Mail Order Pharmacy: \$10 Copayment	None
	Generics (Optum Tier 1)	30-Day Supply Retail Pharmacy: \$20 Copayment 90-Day Supply Retail Pharmacy : \$60 Copayment 90-Day Supply Mail Order Pharmacy: \$40 Copayment	None
	Preferred brand drugs (Optum Tier 2)	30-Day Supply Retail Pharmacy: \$30 Copayment 90-Day Supply Retail Pharmacy : \$90 Copayment 90-Day Supply Mail Order Pharmacy: \$60 Copayment	None
	Non-preferred brand drugs (Optum Tier 3)	30-Day Supply Retail Pharmacy: \$50 Copayment 90-Day Supply Retail Pharmacy : \$150 Copayment 90-Day Supply Mail Order Pharmacy: \$150 Copayment	Some generic drugs are in this tier. Same as above.
	Specialty Drugs	All drugs are covered in Retail Pharmacy and Mail Order Pharmacy, all Tiers.	Must be obtained through Optum Specialty Pharmacy.

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. Be sure to show your Harvard Pilgrim / Optum RX card at the pharmacy to ensure you pay the correct cost sharing amounts.