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:** 01/01/2024 – 12/31/2024  
**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](http://www.optumrx.com) or by calling 1-855-546-3439.

<table>
<thead>
<tr>
<th>Prescription Coverage</th>
<th>Rx Tier</th>
<th>Copayments</th>
<th>Exceptions</th>
</tr>
</thead>
</table>
| 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 | Some drugs may not be covered under the Optum formulary. |
| 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 | Some drugs may not be covered under the Optum formulary. |
| 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 | Some drugs may not be covered under the Optum formulary. |
| 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 / OptumRx card at the pharmacy to ensure you pay the correct cost sharing amounts.