

# Prescription Drug Coverage

## PREMIUM 3 TIER

Covered prescription medications are available at participating pharmacies.

	Retail (up to a 30-day supply)	Mail (up to a 90-day supply)
Tier 1	\$15 Copayment	\$30 Copayment
Tier 2	\$30 Copayment	\$60 Copayment
Tier 3	\$50 Copayment	\$100 Copayment

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/premium3](http://www.harvardpilgrim.org/premium3) 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.

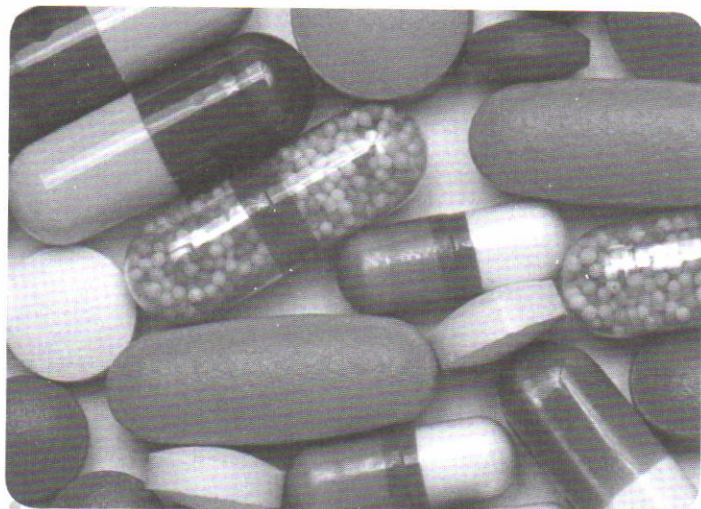




➤ Premium 3-Tier

## Q & A: Your Prescription Drug Benefit

prescription



Harvard Pilgrim  
HealthCare



Harvard Pilgrim's prescription drug program is designed to give you and your providers as many choices as possible for your medication needs. Your coverage includes a three-tier prescription drug benefit to help make paying for medications more affordable. The following are some common questions and answers about prescription drug coverage.

(Note: This Q & A provides highlights of your prescription drug coverage. You will receive a complete description of your pharmacy benefit, including limitations and exclusions, after you enroll.)



## The three-tier benefit

### How does this benefit work?

The three-tier prescription drug benefit places all covered medications into one of three levels or tiers.

#### TIER 1 \$

**Tier 1 is primarily made up of generic drugs.** These drugs contain the same active ingredients as their brand-name counterparts. Tier 1 may also include brand-name drugs that the plan has determined to be more effective, less costly or to have fewer side effects than similar medications. You pay the lowest copayment or coinsurance amount for Tier 1 drugs.

#### TIER 2 \$\$

**Tier 2 is primarily made up of brand-name drugs** for which generic equivalents are not available. These drugs have been selected by the plan based on review of the relative safety, effectiveness and cost of the many brand-name drugs on the market. Tier 2 may also include generic drugs that the plan has determined to be more costly than their brand-name alternatives.

#### TIER 3 \$\$\$

**Tier 3 is made up of drugs that the plan has not included in Tier 1 or Tier 2.** You pay the highest copayment or coinsurance amount for Tier 3 drugs.

\$ ⇒ \$\$ ⇒ \$\$\$

Indicates lowest cost sharing to highest cost sharing.

### What do I pay for my medications?

Depending on your plan, your payments—also called “cost-sharing”—may include a combination of copayments, coinsurance and a deductible. See the *Prescription Drug Coverage* insert to find out what you will pay for prescriptions. All payments are due to the pharmacy at the time you purchase your medications.

- ▶ **COPAYMENT:** A fixed dollar amount you pay per prescription. In most cases, there are different copayments for each of the three tiers. Each copayment covers up to a 30-day supply for each prescription or refill, except when limited by the plan. If your physician prescribes less than a 30-day supply of a medication, each copayment covers the amount prescribed. Harvard Pilgrim may limit the quantity of a drug covered per 30-day period or per copayment.
- ▶ **COINSURANCE:** A percentage amount you pay for a medication. The percentage may be different for each of the three tiers.
- ▶ **DEDUCTIBLE:** A specific dollar amount you must pay each year for prescription drugs before coverage begins. The deductible may apply to drugs in one, two or all three tiers. Depending on your plan, the prescription drug deductible may apply to drugs purchased through the Mail Service Prescription Drug Program.
- ▶ **OUT-OF-POCKET MAXIMUM:** Some plans include an out-of-pocket maximum for prescription drugs. This is the total amount you are required to pay annually in prescription drug copayment, coinsurance and deductible amounts. Please see the *Prescription Drug Coverage* insert to see whether your plan includes an out-of-pocket maximum for prescription drugs.



## How can I learn which tiers my medications are in?

For the most up-to-date information, please visit [www.harvardpilgrim.org/premium3](http://www.harvardpilgrim.org/premium3). Use the Drug Tier Look-up to find out which tiers your medications are in.\*

## Who determines which drugs go in which tier?

Harvard Pilgrim's Pharmacy and Therapeutics Committee is an advisory group that makes recommendations for placing drugs in different tiers, as well as for setting exclusions and limitations on drug coverage. The committee comprises physicians and pharmacists who are advised by physician consultants from a large number of medical specialties. The committee makes recommendations to Harvard Pilgrim's Pharmacy Services clinical team, who are responsible for making all decisions about tier assignment.

## Do drugs ever change tiers?

The tier placement of covered drugs may change from time to time. Harvard Pilgrim is working to control rising drug costs in a rapidly changing prescription drug market, while still preserving choice for our members and their physicians. When new information comes to light about prescription drugs—from published clinical research, from the federal Food and Drug Administration (FDA) or as a result of marketplace developments—Harvard Pilgrim evaluates the information and assesses whether any tier changes are necessary.

# Drug coverage

## What drugs are covered?

Your prescription drug benefit covers all FDA-approved drugs that require a prescription, except a limited number of drugs that Harvard Pilgrim has excluded from coverage. Your benefit also covers certain non-prescription items. All covered drugs are subject to the applicable cost-sharing amounts. Please see the *Prescription Drug Coverage* insert for the cost-sharing amounts that apply to your coverage.

## What drugs are not covered?

Currently, the prescription drug benefit does not cover certain classes of drugs, such as those for cosmetic purposes or weight loss.

## Are there limitations on certain drugs?

Harvard Pilgrim limits the coverage of specific drugs for reasons of cost and to ensure their safe and effective use. Limitations may be placed on the quantity of certain drugs we will cover.

For the most up-to-date information on drugs that have quantity limitations, visit [www.harvardpilgrim.org/premium3](http://www.harvardpilgrim.org/premium3). Click on "Quantity limitations."\*

## Are there drugs that require prior authorization?

Harvard Pilgrim requires prior authorization for some medications to evaluate whether they are medically necessary. Based on clinical criteria, prior authorization may include: an evaluation of (1) whether a drug is clinically appropriate for the medical condition for which it has been prescribed; or (2) whether "step therapy" will be required. Drugs subject to step therapy are only covered if a member has either first tried another drug to treat a specific condition or obtained prior authorization to be exempted from that requirement.

To find out which medications require prior authorization or are subject to step therapy, visit [www.harvardpilgrim.org/premium3](http://www.harvardpilgrim.org/premium3). Choose "3-Tier Program" and click on "Prior authorization required" or "Step Therapy."\*

To request prior authorization your physician must submit a Medication Request Form to our pharmacy benefits manager, MedImpact. Physicians can obtain these forms on the "Providers" section of [www.harvardpilgrim.org](http://www.harvardpilgrim.org) or by calling MedImpact at (800) 788-2949. Determinations are made within 24-48 hours of receiving the request.

## Are exceptions available?

Harvard Pilgrim providers may request exceptions on behalf of members for coverage of any drug that is excluded or limited. Exceptions may be granted only for clinical reasons. Harvard Pilgrim will not grant exceptions to waive or reduce the copayment or coinsurance amount of a particular drug. However, Harvard Pilgrim providers may submit a request to the Pharmacy and Therapeutics Committee to review a drug for placement in a lower tier.

\*If you don't have Internet access, please call us and we'll send you a copy of Harvard Pilgrim's Premium Three-Tier Prescription Drug List. It includes the medications we cover, the tiers they're in, the medications that have quantity limitations and those that require prior authorization and step therapy. The Prescription Drug List and the phone call are free.



# Buying prescriptions

## Where can I buy prescriptions?

There are thousands of pharmacies in our network (more than 65,000 nationwide), including major chains such as CVS/pharmacy, Kmart Pharmacy, Rite Aid Pharmacy, Stop & Shop, Walgreens and Walmart. You can also fill prescriptions at many local, independent pharmacies. Just present your member ID card and pay your appropriate cost-sharing amount.

To find out if a certain pharmacy participates in our network, visit [www.harvardpilgrim.org/premium3](http://www.harvardpilgrim.org/premium3). Click on “Find a retail pharmacy near you.” You can also give us a call. For phone numbers, see “Questions?”

## Can I buy prescriptions through the mail?

You may purchase up to a 90-day supply of maintenance medications through our Mail Service Prescription Drug Program. In addition to saving a trip to the pharmacy, some plans provide lower cost-sharing amounts when you purchase drugs through this program. See the *Prescription Drug Coverage* insert for your mail service cost-sharing amounts.

In some states you may also be able to obtain a 90-day supply of maintenance medications from certain retail pharmacies. Find information on participating pharmacies by visiting [www.harvardpilgrim.org/premium3](http://www.harvardpilgrim.org/premium3) or by calling Member Services.

## What about specialty medications?

You must obtain certain specialty medications (including those for treatment of conditions such as hepatitis C, osteoarthritis, multiple sclerosis, rheumatoid arthritis and certain hereditary conditions) from pharmacies that participate in Harvard Pilgrim’s Specialty Pharmacy Program. For details, including a list of drugs that must be purchased through this program and a list of specialty pharmacies, visit [www.harvardpilgrim.org/premium3](http://www.harvardpilgrim.org/premium3) and click on “Specialty Pharmacy Program.” Or call us for more information. See “Questions?” for phone numbers.

### Questions?

If you have questions about your prescription drugs, please speak with your doctor. To learn more about Harvard Pilgrim’s pharmacy program, visit [www.harvardpilgrim.org/premium3](http://www.harvardpilgrim.org/premium3). Or:

- If you’re already a member, call Member Services with questions at **(888) 333-4742**. For TTY service, call (800) 637-8257.
- If you’re not yet a member, call **(800) 848-9995**.

