



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: 01/01/2026 – 12/31/2026

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	Generics (Optum Tier 1)	30-Day Supply Retail Pharmacy: \$15 Copayment 90-Day Supply Retail Pharmacy: \$45 Copayment 90-Day Supply Mail Order Pharmacy: \$30 Copayment	Some drugs may not be covered under the Optum formulary.
	Preferred brand drugs (Optum Tier 2)	30-Day Supply Retail Pharmacy: \$45 Copayment 90-Day Supply Retail Pharmacy: \$135 Copayment 90-Day Supply Mail Order Pharmacy: \$90 Copayment	Some drugs may not be covered under the Optum formulary.
	Non-preferred brand drugs (Optum Tier 3)	30-Day Supply Retail Pharmacy: \$65 Copayment 90-Day Supply Retail Pharmacy: \$195 Copayment 90-Day Supply Mail Order Pharmacy: \$130 Copayment	Some generic drugs are in this tier. Same as above.
	Specialty Drugs	30 Day - \$15 Tier 1 30 Day - \$30 Tier 2 30 Day - \$50 Tier 3	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.