

## 2021 Summary of Benefits

# EmblemHealth VIP Rx (PDP) and EmblemHealth VIP Rx Plus (PDP)

January 1, 2021 – December 31, 2021

### Who can join?

To join **EmblemHealth VIP Rx (PDP)** or **EmblemHealth VIP Rx Plus (PDP)**, you must be entitled to Medicare Part A and/or Medicare Part B and live in our service area.

Our service area is New York State.

### Which drugs are covered?

We will generally cover the drugs in our formulary (list of covered Part D prescription drugs) as long as the drug is medically necessary, the prescription is filled at an EmblemHealth network pharmacy, and other plan rules are followed.

You can see the complete 2021 formulary for our plans, as well as any restrictions, online at [emblemhealth.com/medicare](https://emblemhealth.com/medicare).

### Which pharmacies can I use?

We have a network of pharmacies (both standard and preferred), and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs. If you use an out-of-network pharmacy, the plan may not pay for these drugs, and you may pay more than you pay at an in-network pharmacy. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can check online to see if your pharmacy is in our network at [emblemhealth.com/medicare](https://emblemhealth.com/medicare).

### How to Reach Us

**To find out more about EmblemHealth plans and to enroll, please call us at 800-447-9169 (TTY: 711). From October 1 to March 31, you can call us seven days a week from 8 am to 8 pm. From April 1 to September 30, you can call us Monday through Friday from 8 am to 8 pm.**

To get a complete list of services we cover, call us and ask for the “Evidence of Coverage (EOC).” You can also view the EOC online at [emblemhealth.com/medicare](https://emblemhealth.com/medicare). If you want to know more about the benefits, services, and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at [medicare.gov](https://www.medicare.gov) or get a copy by calling **1-800-MEDICARE** (1-800-633-4227), 24 hours a day, seven days a week. If you use a TTY, please call **877-486-2048**. If you want to compare our plan with other Medicare Advantage plans we offer, you can visit us at [emblemhealth.com/medicare](https://emblemhealth.com/medicare).



## MONTHLY PLAN PREMIUM (the amount you pay for your insurance every month)

EmblemHealth VIP Rx (PDP) and EmblemHealth VIP Rx Plus (PDP)					
Plans	Your Level of Extra Help				
	0% (Full Premium)	25%	50%	75%	100%
EmblemHealth VIP Rx (PDP)	\$49.30	\$38.70	\$28.20	\$17.60	\$7.00
EmblemHealth VIP Rx Plus (PDP)	\$72.50	\$61.90	\$51.40	\$40.80	\$30.20

In addition, you must continue to pay your Medicare Part B premium.

## Prescription Drugs for EmblemHealth VIP Rx (PDP) and EmblemHealth VIP Rx Plus (PDP)

### EmblemHealth VIP Rx (PDP)

Our plan groups each drug into one of five “tiers” (levels). You will need to use the formulary (list of covered drugs) to find what tier a drug is on.

#### Four Stages of Drug Coverage

##### Deductible

The deductible is the amount you pay before your plan starts to pay. This deductible is for retail and home delivery.

There is a **\$445** deductible for Tier 1 (preferred generic), Tier 2 (generic), Tier 3 (preferred brand), Tier 4 (non-preferred drug), and Tier 5 (specialty) drugs.

##### Initial Coverage

After you’ve reached the deductible, you’ll enter the initial coverage stage.

In this stage, you and the plan share the costs of some of the covered drugs until your total drug costs, including deductible, reach **\$4,130**. The total drug costs paid by both you and our Part D plan will help you reach the coverage gap.

#### Retail Cost-Sharing

Tier	EmblemHealth VIP Rx (PDP)				
	Deductible	Initial Coverage \$0-\$4,130 — 30-Day Supply		Coverage Gap Over \$4,130	Catastrophic* Over \$6,550
	You pay	Preferred	Standard	You pay	You pay
Tier 1: Preferred Generic	\$445	\$2	\$7	25%	5% or \$3.70
Tier 2: Generic	\$445	\$12	\$17	25%	5% or \$3.70
Tier 3: Preferred Brand	\$445	\$40	\$45	25%	5% or \$9.20
Tier 4: Non-Preferred Drug	\$445	33%	33%	25%	5%, \$3.70, or \$9.20
Tier 5: Specialty	\$445	25%	25%	25%	5%, \$3.70, or \$9.20

## Mail Order Cost-Sharing

Tier	EmblemHealth VIP Rx (PDP)		
	Deductible	Initial Coverage \$0-\$4,130	
Monthly Supply	You pay	30-day supply	90-day supply
Tier 1: Preferred Generic	\$445	\$0	\$0
Tier 2: Generic	\$445	\$12	\$30
Tier 3: Preferred Brand	\$445	\$40	\$120
Tier 4: Non-Preferred Drug	\$445	33%	33%
Tier 5: Specialty	\$445	25%	N/A

If you live in a long-term care facility, you pay the same as at a standard retail pharmacy.

### Coverage Gap

The coverage gap (also called the “donut hole”) starts after the total yearly drug costs (along with what our plan has paid and what you have paid) reach **\$4,130**.

While in the coverage gap in 2021, you’ll pay 25% of the price for brand-name drugs and 25% of the price for generic drugs. The costs you paid, and the manufacturer discount payment for brand-name drugs count 70% toward your true out-of-pocket (TrOOP) costs and help you get out of the coverage gap.

**Not everyone will reach the coverage gap.**

### Catastrophic Coverage

After your yearly true out-of-pocket (TrOOP) drug costs reach **\$6,550**, your cost-sharing will be the larger amount of **\$3.70** or **5%** for generic or preferred multisource drugs, and **\$9.20** or **5%** for all other drugs.

# Prescription Drugs for EmblemHealth VIP Rx (PDP) and EmblemHealth VIP Rx Plus (PDP)

## EmblemHealth VIP Rx Plus (PDP)

Our plan groups each drug into one of five “tiers” (levels). You will need to use the formulary (list of covered drugs) to locate what tier a drug is on.

How much you pay for your prescription drugs depends on what tier your drug is in and what stage of the benefit you are in. There are four stages in your Part D prescription drug coverage.

### Four Stages of Drug Coverage

#### Deductible

The deductible is the amount you pay before your plan starts to pay.

There is no deductible for Tier 1 (preferred generic), Tier 2 (generic), and Tier 3 (preferred brand) drugs. There is a \$285 deductible for Tier 4 (non-preferred drug) and Tier 5 (specialty) drugs.

#### Initial Coverage

After you’ve reached the deductible, you’ll enter the initial coverage stage.

In this stage, you and the plan share the costs of some of the covered drugs until your total drug costs, including deductible, reach **\$3,970**. The total drug costs paid by both you and our Part D plan will help you reach the coverage gap.

### Retail Cost-Sharing

Tier	EmblemHealth VIP Rx Plus (PDP)				
	Deductible	Initial Coverage \$0-\$3,970 – 30-Day Supply		Coverage Gap Over \$3,970	Catastrophic Over \$6,550
	You pay	Preferred	Standard	You pay	You pay
Tier 1: Preferred Generic	\$0	\$0	\$5	25%	5% or \$3.70
Tier 2: Generic	\$0	\$0	\$15	25%	5% or \$3.70
Tier 3: Preferred Brand	\$0	\$35	\$47	25%	5% or \$9.20
Tier 4: Non-Preferred Drug	\$285	\$95	\$100	25%	5%, \$3.70, or \$9.20
Tier 5: Specialty	\$285	28%	28%	25%	5%, \$3.70, or \$9.20

### Mail Order Cost-Sharing

Tier	EmblemHealth VIP Rx Plus (PDP)		
	Deductible	Initial Coverage \$0-\$3,970	
	You pay	30-day supply	90-day supply
Tier 1: Preferred Generic	\$0	\$0	\$0
Tier 2: Generic	\$0	\$0	\$0
Tier 3: Preferred Brand	\$0	\$35	\$105
Tier 4: Non-Preferred Drug	\$285	\$95	\$285
Tier 5: Specialty	\$285	28%	N/A

If you live in a long-term care facility, you pay the same as at a standard retail pharmacy.

## Coverage Gap

The coverage gap (also called the “donut hole”) starts after the total yearly drug costs (along with what our plan has paid and what you have paid) reach **\$3,970**.

While in the coverage gap in 2021, you’ll pay 25% of the price for brand-name drugs and/or generic drugs. The costs paid by you, and the manufacturer discount payment for brand-name drugs count 70% toward your true out-of-pocket (TrOOP) costs and help you get out of the coverage gap.

**Not everyone will reach the coverage gap.**

## Catastrophic Coverage

After your yearly true out-of-pocket costs (TrOOP) reach **\$6,550**, your cost-sharing will be the larger amount of **\$3.70** or **5%** for generic or preferred multisource drugs, and **\$9.20** or **5%** for all other drugs.

## Get Help Paying for Your Prescription Drugs

### Extra Help

Extra Help is a free Medicare program and is known as Low-Income Subsidy (LIS). It helps people with low or limited income and resources pay Medicare Part D drug plan costs

### What do you get with Extra Help?

- Payment of 75% or more of your drug costs. These include your monthly premium for prescription drugs (**the amount you pay each month**).
- Payment of your annual deductible (**the amount you pay before your plan starts to pay**).
- Payment of coinsurance costs (**the percentage you pay for your prescription drugs**).
- No coverage gap.

### You automatically qualify for Extra Help if:

- You have full Medicaid coverage.
- You get help from your state Medicaid program to pay your Part B premiums in a Medicare Savings Program.
- You get Supplemental Security Income (SSI) benefits.

### Many other people with low or limited income also qualify for Extra Help and don’t know it!

- There is no cost to apply. Contact your local Social Security office or call Social Security at **800-772-1213** (TTY: **800-325-0778**). You can also apply online at **[ssa.gov/benefits/medicare/prescriptionhelp/](https://ssa.gov/benefits/medicare/prescriptionhelp/)**.

# 2021 Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **877-444-7241** (TTY: **711**), 8 am to 8 pm, seven days a week.

## Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit [emblemhealth.com/medicare](https://emblemhealth.com/medicare) or call **877-444-7241** (TTY: **711**) to view a copy of the EOC.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

## Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums, and/or copayments/co-insurance may change on January 1, 2022.