

PPO Preferred Plan Base Benefit Formulary

2021 Formulary (List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

This formulary was updated on 10/01/2021. To reach member services, please call **212-501-4444** (TTY: **711**). Our hours are Monday to Friday 8 am to 6 pm, Our agents will be happy to help.



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2021 Formulary

(List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

Thank you for being an EmblemHealth member. This guide tells you about the list of covered drugs in your plan. This list is called a formulary. It is up to date as of 10/01/2021. Please note: this list may change over time, such as when:

- We add a new, less costly drug.
- We remove a drug that may no longer be as effective as other drugs.

Which drugs are included in the formulary?

Our list of covered drugs includes both brand-name drugs and generic drugs. The brand name is the name the drug company gave the drug. For example, the brand name of acetaminophen is Tylenol. Generic drugs are the low-cost version of the brand-name drug.

Your plan only covers:

- Diabetes medicines.
- Treatments for drug or alcohol problems.
- Certain preventive medicine at no cost to you. This means you don't have to pay a copay. These no-cost benefits are part of the Affordable Care Act (ACA). They include:
 - Medicine to prevent certain health conditions.
 - Medicine and products for quitting smoking or chewing tobacco (tobacco cessation).
 - Medicine used before a screening for certain health conditions in adults.
 - Vaccines and immunizations for babies, children, and adults.
 - Birth control for women.

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How do I get the drugs listed in the formulary?

We generally cover the drugs listed as long as that drug is “medically necessary.” Being “medically necessary” means that you have to take the drug to stay healthy. Your maintenance drugs must be filled at either Duane Reade/Walgreens, or by mail through our home delivery partner, Express-Scripts. Maintenance drugs are medicines you take regularly, for example if you have a chronic condition like diabetes.

How do I use the formulary?

This formulary lists drugs from A to Z.

- Generic drugs are italicized and spelled out in lowercase letters.
- Brand-name drugs are not italicized and spelled out in all caps, or uppercase letters.

This formulary will also tell you which tier your drug belongs in. The chart below shows you what each tier means.

Tier	Explanation
ACA	\$0 cost-share preventive drugs (there may be some limits on these drugs; see below)
Tier 1	Generic
Tier 2	Preferred brand
Tier 3	Non-preferred brand

What are generic drugs?

Generic drugs are the low-cost version of a brand-name drug. Generally, a pharmacist will fill the generic type of the drug your doctor ordered if it is available. This may happen **even** if your prescription is written for a brand-name drug.

If you want the brand-name drug, be sure your doctor tells the pharmacist to give you the brand-name drug. When this happens, you may have to pay the copay, or the set amount you pay, for the generic drug, plus the cost difference between the brand name drug and the generic one.

Are there any limitations on my coverage?

A medicine listed in this guide does not mean we will pay for it. For example, some drugs may need prior authorization, or approval, for us to pay for them. In other cases, we may only pay for certain amounts or strengths. These drugs will have initials after their names.

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Below is a list of abbreviations that explains what the initials mean.

List of abbreviations

Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column. They tell you if there are any special requirements for coverage of your drug.

Brand: Brand Drug

Generic: Generic Drug

PA: Prior Authorization. The plan requires you or your doctor to get approval before you fill your prescription. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

ACA: There is no cost-sharing if this is the right drug for your age, condition and the way the drug is being used.

LA: Limited Availability. You may only be able to get this drug at some drug stores.

Can I get my drugs by mail order?

Our pharmacy partner, Express Scripts, can help you get drugs sent to your home. Mail order may save you money if you refill the same drugs each month and think you will be on the same drug(s) for six months or longer. To learn more, visit emblemhealth.com/pharmacy.

To reach member services:

- Please call **212-501-4444** (TTY: **711**). Our hours are Monday to Friday 8 am to 6 pm. Our agents will be happy to help.

ATTENTION: Language assistance services, free of charge, are available to you. Call **1-877-411-3625** (TTY/TDD: **711**).

Español (Spanish)

ATENCIÓN: Usted tiene a su disposición, gratis, servicios de ayuda para idiomas. Llame al **1-877-411-3625** (TTY/TDD: **711**).

中文 (Traditional Chinese)

注意：我們免費提供相關的語言協助服務。請致電 **1-877-411-3625** (TTY/TDD: **711**)。

Русский (Russian)

ВНИМАНИЕ! Вам доступны бесплатные услуги переводчика. Звоните по тел. **1-877-411-3625** (служба текстового телефона TTY/TDD: **711**).

Kreyòl Ayisyen (Haitian Creole)

ATANSYON: Gen sèvis èd nan lang gratis ki disponib pou ou. Rele nimewo **1-877-411-3625** (TTY/TDD: **711**).

한국어 (Korean)

주의: 귀하에게 언어 지원 서비스가 무료로 제공됩니다. **1-877-411-3625**(TTY/TDD: **711**)번으로 전화하십시오.

Italiano (Italian)

ATTENZIONE: sono disponibili servizi gratuiti di assistenza linguistica. Chiami il numero **1-877-411-3625** (TTY/TDD: **711**).

אידיש (Yiddish)

1-877-411-3625 אכטונג: שפראך הילף סערוויסעס, אהן קיין פרייז, זיינען דא צו באקומען פאר אייך. רופט **1-877-411-3625** (TTY/TDD: **711**).

বাংলা (Bengali)

মনোযোগ দিন: ভাষা সহায়তা পরিষেবাগুলি আপনার জন্য বিনামূল্যে উপলব্ধ আছে। **1-877-411-3625** (TTY/TDD: **711**) নম্বরে ফোন করুন।

Polski (Polish)

UWAGA: dostępna jest bezpłatna pomoc językowa. Prosimy zadzwonić pod numer **1-877-411-3625** (TTY/TDD: **711**).

العربية (Arabic)

يُرجى الانتباه: تتوفر لك خدمات المساعدة اللغوية مجاناً، اتصل على الرقم **1-877-411-3625** أو (TTY/TDD: **711**).

Français (French)

ATTENTION : une assistance d'interprétation gratuite est à votre disposition. Veuillez composer le **1-877-411-3625** (TTY/TDD : **711**).

Tagalog (Tagalog)

NANANAWAGAN NG PANSIN: Mayroon kang magagamit na mga serbisyo para sa tulong sa wika nang walang bayad. Tawagan ang **1-877-411-3625** (TTY/TDD: **711**).

Ελληνικά (Greek)

ΠΡΟΣΟΧΗ: Διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε το **1-877-411-3625** (για άτομα με προβλήματα ακοής (TTY/TDD): **711**).

Shqip (Albanian)

VINI RE: Shërbime ndihmore për gjuhën, falas, janë në dispozicionin tuaj. Telefononi në **1-877-411-3625** (TTY/TDD: **711**).

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EmblemHealth:

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 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose first language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call member services at **1-877-411-3625** (TTY/TDD: **711**).

If you believe that EmblemHealth has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with EmblemHealth Grievance and Appeals Department, PO Box 2844, New York, NY 10116, or call member services at **1-877-411-3625**. (Dial **711** for TTY/TDD services.) You can file a grievance in person, by mail or by phone. If you need help filing a grievance, EmblemHealth's Grievance and Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office of Civil Rights electronically through the Office of Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at **U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201; 1-800-368-1019**, (dial **1-800-537-7697** for TTY services).

Complaint forms are available at hhs.gov/ocr/office/file/index.html.



To reach member services, please call **212-501-4444** (TTY: **711**). Our hours are Monday to Friday 8 am to 6 pm. Our agents will be happy to help.

EmblemHealth insurance plans are underwritten by Group Health Incorporated (GHI), HIP Health Plan of New York (HIP) and HIP Insurance Company of New York.