



# Summary of Benefits

City of New York  
2019 GHI Standard Medicare  
Prescription Drug Plan



# Medicare Summary of Benefits

For the GHI Standard Medicare Prescription Drug Plan for members enrolled in the GHI HMO Program.

January 1, 2019 — December 31, 2019

## Introduction

City of New York retirees who also enroll in the City of New York GHI HMO program can sign up for the City of New York/GHI Standard Medicare Part D program. This drug plan is in addition to your Medicare medical plan. This means that you have to keep your Medicare medical plan.

If you are a member of a Medicare Advantage Plan (like an HMO or PPO) or if you have health coverage from an employer or union, joining this plan may change how your coverage works. If you have questions, you should contact the Medicare Advantage Plan or the administrator of the program. This is usually an employer or union.

If you don't enroll in a plan that has prescription drug coverage, you may have to pay a late enrollment penalty if you try to enroll in a Medicare prescription drug plan in the future. You must get creditable coverage to avoid this late fee. Creditable coverage is drug coverage that is at least as good as Medicare drug coverage. The City of New York/GHI Standard Medicare Part D program is considered creditable coverage.

This Summary of Benefits tells you some of the features of the plan. It doesn't list every drug we cover, or every limitation or exclusion. To get an Evidence of Coverage (EOC), which includes a complete list of services covered under this plan, please call the GHI Medicare Prescription Drug Plan at **800-624-2414 (TTY: 711)**. Here are some commonly asked questions about this plan.

### HOW DO I ENROLL IN THIS PLAN?

You will automatically be enrolled in this plan:

1. If you are a Medicare-eligible retiree or a Medicare-eligible dependent of a retiree of the City of New York.

2. And you are enrolled in the City of New York GHI HMO program with the optional rider for prescription drugs.

### DO I HAVE TO ENROLL IN THIS PLAN?

No. If you don't want to be enrolled, just send a letter to **the City of New York, Office of Labor Relations, 40 Rector Street, New York, NY 10006**.

### HOW MUCH WILL THIS PLAN COST ME?

The cost of this plan is \$85 and is taken out of your pension check each month. If you are eligible for the Medicare Part D low-income subsidy, your cost will be less depending on the amount of the subsidy that is approved by The Centers for Medicare and Medicaid Services (CMS). You can contact the Social Security Administration to see if you qualify for a subsidy.

For drugs that are covered under this plan:

1. **You will first pay:** \$415 toward your drug prices before your plan begins to pay. This is a deductible.
2. **Then you will pay:** 25% of the drug price. This applies until your total drug costs (what you paid and what the plan paid) reach \$3,820. This is called the Initial Coverage stage.
3. **Then you will pay:** 37% of the drug price for generic drugs and 25% of the drug price for brand-name drugs. This applies until your total drug costs reach \$5,100. This is called the Coverage Gap stage.
4. **Then you will pay:** 5% of the drug price or \$3.40 for generics and \$8.50 for brand, whichever is greater. This applies once you have paid \$5,100 toward your drug costs. This is the full true out-of-pocket (TrOOP) cost for 2019. This is called the Catastrophic stage.

## WHAT IS A TRUE OUT-OF-POCKET (TrOOP) BALANCE?

True out-of-pocket (TrOOP) costs are those that count toward the most you will pay for Medicare drugs. TrOOP costs are also used to figure out when catastrophic coverage begins. You will see a balance of your TrOOP amount in your monthly Explanation of Benefits (EOB) statements.

## HOW CAN I COMPARE MY OPTIONS?

You can go to [medicare.gov](https://www.medicare.gov) and view the programs offered in your area.

## WHERE CAN I GET MY PRESCRIPTIONS?

As part of your plan, you have access to pharmacies in our network. You can find a pharmacy in our network by calling Express Scripts Inc. at **800-585-5786** (TTY: **800-899-2114**). They are available 24 hours a day, 7 days a week.

## CAN I USE A MAIL ORDER PHARMACY?

Yes. This plan includes the Express Scripts mail order pharmacy program. You can easily fill your prescriptions and have them delivered to your door. Using a mail order pharmacy may also save you money.

## WHAT IS A DRUG FORMULARY?

A drug formulary is a list of drugs covered by your plan. This plan uses a formulary that includes drugs covered by Medicare Part D and certain non-Part D drugs. You can find a list of drugs at [emblemhealth.com/city/see-covered-drugs](https://www.emblemhealth.com/city/see-covered-drugs).

## WHAT IS PRIOR AUTHORIZATION AND STEP THERAPY?

This plan requires that you get permission before filling some drugs. This is called a prior authorization. This helps us make sure that you are getting drugs that are safe and necessary.

Some drugs require that you get prior authorization from your insurance plan. You can call Express Scripts at **800-585-5786** to find out which drugs need prior authorization.

Step therapy is trying other medications first before moving to a drug that costs more. Sometimes a less expensive drug, such as a generic drug, may work just as well.

Here is a list of some of the drugs that require step therapy or prior authorization:

- Antivirals for Hepatitis C (e.g. Harvoni, Viekira).
- PCSK9 Inhibitors (e.g. Repatha, Praluent).
- Drugs commonly used for non-Medicare approved uses.
- Drugs for Idiopathic Pulmonary Fibrosis.

## WHAT IS DRUG QUANTITY MANAGEMENT?

To make sure that you are getting drugs that are safe and necessary in the right amounts, we may limit the quantity of drugs you get at one time.

- Erectile Dysfunction Drugs (e.g., Viagra).
- Antivirals for Hepatitis C (e.g. Harvoni, Viekira).
- Opioids (e.g., oxycodone).
- Esbriet
- Ofev
- Entresto
- Ocaliva
- Orkambi
- Nucala



## WHAT IF I NEED A DRUG THAT IS DENIED?

If your drug prior authorization is denied, have your doctor call GHI at **888-447-8175 (TTY: 711)**. Our hours of operation are 8 am to 8 pm, Monday to Sunday. We will work with your doctor to fill a drug, if your diagnosis meets approved guidelines.

## WHERE CAN I GET INFORMATION ABOUT THE COST OF A DRUG OR MY COPAY?

To find out how much you will have to pay for a drug, call Express Scripts at **800-585-5786** (TTY: 800-899-2114). You can also go to **express-scripts.com**. You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify, call Medicare at **800-633-4227** (TTY: **877-486-2048**). They are available 24 hours a day/7 days a week. You can also call the Social Security Office at **800-772-1213** (TTY: **800-325-0778**). They are available 7 am to 7 pm, Monday through Friday.

## Drug Categories and Preferred Pharmacies

This plan groups drugs into separate categories, but your cost for all of them is the same. Even if a drug changes tiers, your cost will stay the same. Here is what each category represents:

- **Tier 1:** Generic. This means that they are a lower-cost version of a brand-name drug.
- **Tier 2:** Preferred Brand.
- **Tier 3:** Non-Preferred Drug.
- **Tier 4:** Specialty Tier.

Some pharmacies work with EmblemHealth to bring you more cost savings. These are called preferred pharmacies. The price you pay for your drugs may also depend on if you use a mail-order pharmacy like Express Scripts or if you request a 30-or-90 day supply. Tier 4 drugs are available for a 30 day supply only.

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## IMPORTANT RESOURCES

**Express Scripts Inc. (ESI):**  
**800-585-5786**, 24 hours a day, 7 days a week,  
**TTY: 800-899-2114, [express-scripts.com](http://express-scripts.com)**

**Group Health Incorporated (GHI):**  
**800-624-2414, 8 am to 6 pm**, Monday through Friday,  
**TTY: 711, [emblemhealth.com](http://emblemhealth.com)**

**Centers for Medicare and Medicaid Services (CMS):**  
**800-633-4227**, 24 hours a day, 7 days a week,  
**TTY: 877-486-2048, [medicare.gov](http://medicare.gov)**

You can call CMS or visit the CMS website to get a copy of the 2019 CMS *Medicare & You* Brochure.



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

### **Español (Spanish)**

ATENCIÓN: Si usted habla español, 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：如果您講中文，我們免費為您提供相關的語言協助服務。請致電 **1-877-411-3625** (TTY/TDD: **711**)。

### **Русский (Russian)**

ВНИМАНИЕ! Если Вы говорите на русском языке, Вам доступны бесплатные услуги переводчика. Звоните по тел. **1-877-411-3625** (служба текстового телефона, TTY/TDD: **711**).

### **Kreyòl Ayisyen (Haitian Creole)**

ATANSYON: Si ou pale Kreyòl Ayisyen, gen sèvis èd nan lang gratis ki disponib pou ou. Rele nimewo **1-877-411-3625** (TTY/TDD: **711**).

### **한국어 (Korean)**

주의: 귀하가 한국어를 사용하는 경우, 귀하에게 언어 지원 서비스가 무료로 제공됩니다. **1-877-411-3625**(TTY/TDD: **711**)로 전화하십시오.

### **Italiano (Italian)**

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

### **אידיש (Yiddish)**

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

### **বাংলা (Bengali)**

দৃষ্টি আকর্ষণ: আপনি যদি বাংলা ভাষাভাষী হন, তাহলে আপনার জন্য ভাষা সহায়তা পরিষেবাগুলি, বিনামূল্যে, উপলব্ধ আছে। **1-877-411-3625** (TTY/TDD: **711**) নম্বরে ফোন করুন।

### **Polski (Polish)**

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Proszę zadzwonić pod numer **1-877-411-3625** (TTY/TDD: **711**).

### **العربية (Arabic)**

يُرجى الانتباه: إذا كنت تتكلم اللغة العربية، تتوفر لك خدمات المساعدة اللغوية مجاناً. اتصل بالرقم **1-877-411-3625** (TTY/TDD: **711**).

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## Français (French)

ATTENTION : si vous parlez français, une assistance d'interprétation gratuite est à votre disposition. Veuillez composer le **1-877-411-3625** (Sourds et malentendants : **711**).

## اردو (Urdu)

توجہ دیں: اگر آپ اردو بولتے ہیں تو، آپ کے لیے زبان سے متعلق مدد کی خدمات، مفت دستیاب ہیں۔ **1-877-411-3625** (ٹی ٹی وائی/ٹی ڈی ڈی: **711**) پر کال کریں۔

## Tagalog (Tagalog)

NANANAWAGAN NG PANSIN: Kung nagsasalita ka ng Tagalog, 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: Εάν μιλάτε Ελληνικά, διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε **1-877-411-3625** (για άτομα με προβλήματα ακοής/TTY/TDD: **711**).

## Shqip (Albanian)

VINI RE: Nëse flisni Shqip, shërbimi i asistencës për përkthim do të jetë në dispozicionin tuaj, pa pagesë. Telefononi në **1-877-411-3625** (TTY/TDD: **711**).

## Notice of Nondiscrimination Policy

EmblemHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. EmblemHealth does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

EmblemHealth:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact **1-877-411-3625**.

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 **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](https://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](https://hhs.gov/ocr/office/file/index.html).



Group Health Incorporated (GHI) is a PPO plan and a standalone PDP with a Medicare contract. Enrollment in GHI depends on contract renewal. GHI is an EmblemHealth company.

ATTENTION: If you speak other languages, language assistance services, free of charge, are available to you. Call 1-877-444-7241 (TTY: 711). ATENCIÓN: Si usted habla español, tiene a su disposición, gratis, servicios de ayuda para idiomas. Llame al 1-877-444-7241 (TTY: 711).

Group Health Incorporated (GHI), HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.