



Summary of Benefits

EmblemHealth City of New York
2023 GHI Standard Medicare Prescription Drug Plan (PDP)

Medicare Summary of Benefits

EmblemHealth City of New York/GHI Standard Medicare Prescription Drug Plan for members enrolled in the GHI HMO Medicare Senior Supplement Program.

January 1, 2023 — December 31, 2023

Introduction

City of New York retirees who also enroll in the City of New York GHI HMO Medicare Supplement program can sign up for the EmblemHealth City of New York/GHI Standard Prescription Drug Plan. This drug plan is **in addition** to your GHI HMO plan. This means that you have to keep your HMO Senior Supplement plan.

If a plan is creditable, its drug coverage meets Medicare's minimum standards. Be sure you're enrolled in a plan with creditable coverage when you first become eligible for Medicare. If you do not, you may have to pay a late fee if you enroll in a Medicare drug plan at a later time. The Standard Medicare Part D program is a Medicare prescription drug plan.

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 a list of covered drugs (formulary) or an Evidence of Coverage (EOC), please call **800-624-2414** (TTY: **711**).

WHO IS ELIGIBLE AND HOW DO I ENROLL IN THIS PLAN?

You must have Medicare Parts A and/or B, be City of New York retiree, and be enrolled in the GHI HMO Senior Supplement plan to enroll in this plan. Our service area is the following counties in New York State: Albany, Bronx, Broome, Columbia, Delaware, Dutchess, Fulton, Greene, Kings, Montgomery, Nassau, New York, Orange, Otsego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Suffolk, Sullivan, Ulster, Warren, Washington, and Westchester. 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 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, simply email healthbenefits@olr.nyc.gov.

HOW MUCH WILL THIS PLAN COST ME?

Your monthly plan premium is \$85 and is taken out of your pension check each month. If you qualify for a subsidy, we will send you a Low-Income Subsidy rider or Evidence of Coverage rider for Extra Help benefits.

For drugs that are covered under this plan in tiers 1 through 4:

1. **You will first pay: \$505** toward the cost of prescription drugs before your plan begins to pay. This is the deductible.
2. **Then you will pay:** 25% of the cost of prescription drugs. This applies until your total drug costs (what you paid and what the plan paid) reach \$4,660. This is called the initial coverage stage.
3. **Then you will pay:** 25% of the cost of generic drugs and 25% of the cost of brand-name drugs. This applies until your true out-of-pocket (TrOOP) costs reach \$7,400. TrOOP is the maximum amount you pay before you reach the catastrophic stage.
4. **Then you will pay:** 5% of the cost of prescription drugs or \$4.15 for generics/\$10.35 for brand, whichever is greater. This applies once you have paid \$7,400 toward your drug costs. After that, the cost-shares above will apply.

IMPORTANT MESSAGE ABOUT WHAT YOU PAY FOR INSULIN AND VACCINES.

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, even if you haven't paid your deductible. Our plan covers most Part D vaccines at no cost to you. Call Express Scripts at **800-585-5786** (TTY: **800-899-2114**), 24 hours a day, 7 days a week for more information.

HOW CAN I TRACK MY TrOOP?

TrOOP costs help you 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?

Contact your union or the Office of Labor Relations for questions on plans available to you through your retirement.

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 at **800-585-5786** (TTY: **800-899-2114**). They are available 24 hours a day, seven 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 PRIOR AUTHORIZATION?

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. To confirm if a drug requires prior authorization, call Express Scripts at **800-585-5786** (TTY: **800-899-2114**).

Some drugs require that you get prior authorization from your insurance plan. You can call Express Scripts at **800-585-5786** (TTY: **800-899-2114**) to find out which drugs need prior authorization.

WHAT IS STEP THERAPY?

Step therapy is the process of 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.

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.

WHAT IS MEDICATION THERAPY MANAGEMENT (MTM)?

The MTM program is available for members who take multiple medications for many different conditions. It involves having a medication review by phone with a pharmacist to make sure your medications are working well together. To learn more, call **844-866-3730**.



WHAT IF I NEED A DRUG THAT IS DENIED?

You have the right to request a coverage decision or appeal of a decision we already made. Your doctor will need to submit a statement to support your request. For more information, please see your Evidence of Coverage. Your doctor can also call Provider Services at **877-920-1470** (TTY: **800-716-3231**).

Drug Categories

This plan groups drugs into separate categories, but your coinsurance 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. Generic drugs use the same active ingredients as their corresponding brand name drug.
- **Tier 2:** Preferred Brand. Brand-name and generic drugs that are typically less expensive than non-preferred drugs.
- **Tier 3:** Non-Preferred Drug. This tier includes non-preferred generic and brand name drugs as well as some drugs not included on the plan's formulary.
- **Tier 4:** Specialty Drugs. Drugs used to treat complex, chronic conditions like rheumatoid arthritis, multiple sclerosis, and cancer.

Our in-network pharmacies work with us to bring you more cost savings. 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.

Helpful Resources

Express Scripts, Inc. (ESI):

800-585-5786, 24 hours a day, 7 days a week, TTY: **800-899-2114**, express-scripts.com

EmblemHealth Plan, Inc.:

800-624-2414, 8 a.m. to 6 p.m., Monday through Friday, TTY: **711**, emblemhealth.com

Centers for Medicare & Medicaid Services (CMS):

1-800-633-4227, 24 hours a day, 7 days a week, TTY: **1-877-486-2048**, medicare.gov

You can call CMS or visit the CMS website to get a copy of the 2022 CMS *Medicare & You* brochure.



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 (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)

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)

يرجى 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**).

وجہ دیں: آپ کے لیے زبان سے متعلق اعانت کی خدمات، مفت دستیاب ہیں۔ -1-877- 411-3625 (TTY/TDD: 711) پر کال کریں۔

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**).

NOTICE OF NONDISCRIMINATION POLICY

EmblemHealth complies with 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 help
 - 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.



EmblemHealth Plan, Inc. is a standalone PDP with a Medicare contract. Enrollment in EmblemHealth Plan, Inc. depends on contract renewal.

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