Summary of Benefits

City of New York
2020 GHI Standard Medicare
Prescription Drug Plan
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 Senior Care plan. This means that you have to keep your Senior Care 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, 22 Cortlandt Street, New York, NY 10007.

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 & 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:** $435 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 $4,020. 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 total drug costs reach $6,350. This is called the Coverage Gap stage.

4. **Then you will pay:** 5% of the cost of prescription drugs or $3.60 for generics and $8.95 for brand, whichever is greater. This applies once you have paid $6,350 toward your drug costs. This is the full true out-of-pocket (TrOOP) cost for 2020. 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 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, 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 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/resources/pharmacy/2020-medicare-drugs-covered.

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
Prior Authorization

abiraterone
Abstral
Ac-Eth Estradiol
Actemra
Acthar H.P.
Actiq
Activella
Acyclovir
Adapalene
Adapalene-benzoyl peroxide
Adcirca
Adempas
Afinitor
Afinitor Disperz
Aimovig
Autoinjector
Ajovy
Alecensa
Alora
Altreon
Alunbrig
Alyq
Amabelz
ambrisentan
amphetamine sulfate
Ampyra
Anadrol-50
Androderm
Androgel
Angeliq
Aranesp
Arcalyst
Arikyce
Armofadinil
Ativan
Atralin
Aubagio
Auryxia
Austedo
Aveed
Avita
Avonex
Balversa
Belbuca
Benlysta
Benztropine
Berinert
Betaseron
Bexarotene
Bijuva
Bivigam
bosentan
Bosulif
Braftovi
Buphenyl
Buprenorphine
Butrans
Bydureon
Bydureon BCise
Byetta
Cablivi
Cabometyx
CalQUENCE
Caprelsa
Carbaglu
Carimune
Cayston
Chemet
Chenodal
Cholbam
Cialis
Cimzia
Cinryze
Climara
Climara Pro
Clindamycin-Tretinoin
clobazam
clorazepate
dipotassium
Co-Pack
CombiPatch
Cometriq
ConZip
Copaxone
Copiktra
Corlanor
Cosentyx
Cotellic
Crinone
Cyclobenzaprine
Cystagon
Cystaran
Daklinza
dalfampridine
Daliresp
Daraprim
Daurismo
deferasirox
Demser
Depo-Testosterone
Desoxyn
Diazepam
Diazepam Intensol
Dibenzyline
Diclofenac Sodium
Differin
Divigel
Dolaphine
Doptelet
Dotti
Dupixent
Duragesic
Egrifta
Elestrin
Elidel
Eligard
Embeda
Emflaza
Emgality Pen
Emgality Syringe
Enbrel
Endari
Epclusa
Epidiolex
Epiduo
Epogen
Erivedge
Erleada
erlotinib
Esbriet
Estrace
Estradiol
Estradiol-Norethindrone
Estradiol-Norethindrone Acet
Estropipate
Eucrisa
Evamist
Evekeo
Evekeo ODT
Evenity
Exjade
Extavia
Farydak
Fasenra
Femhrt Low Dose
Fentanyl
Fentanyl citrate
Fentora
Ferriprox
Fexmid
Firazyr
Firdapse
Flebogamma
Flector
Forteo
Fortesta
Fulphila
Fyavolv
Gafafold
Gammagard
Gammaked
Gammmaplex
Gamunex-C
Gattex 30-Vial
Genotropin
Genotropin
MiniQuick
Gilenya
Gilotrif
Glatiramer
Glatopa
Gleevec
Gocovri
Gralise
Granix
Haegarda
Harvoni
Hetlioz
Horizant
Humatrope
Humira
Hydromorphone
Hydroxyzine Hcl
Hysingla ER
Ibrance
icatibant
Iclusig
Idhifa
Ilumya
Imatinib
Imbruvica
Inbrija
Ingrezza
Inlyta
Inrebec
Iressa
Jadenu
Jakafi
Jinteli
Jynarque
Kadian
Kalydeco
Keveyis
Kevzara
Kineret
Kisqali
Kisqali Femara
Korlym
Kuvan
Kynamro
Lazanda
ledipasvir-sofosbuvir
Lenvima
Letairis
Leukine
leuproline
Lidocaine
Lidoderm
Lonsurf
Lopreza
Lorazepam
Lorazepam Intensol
Lorbrena
Lucemyra
Lupaneta
Lupron Depot
Lynparza
Lyrica CR
Mavenclad
Mavyret
Mayzent
Megestrol
Mekinist
Mektovi
Memantine
Menest
Menostar
Methadone
Methamphetamine
Mimvey
Mimvey Lo
Minivelle
Mirvaso
Modafinil
MorphaBond ER
Morpheine
MS Contin
Mulpleta
Myalept
Namenda
Namenda Titration
Pak
Namenda Xr
Namzaric
Natpara
Nerlynx
Neulasta
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.

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.

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, seven 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.

IMPORTANT RESOURCES

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<th>Express Scripts Inc. (ESI):</th>
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<tr>
<td><strong>800-585-5786</strong>, 24 hours a day, 7 days a week,</td>
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<td><strong>TTY: 800-899-2114</strong>, <a href="http://express-scripts.com">express-scripts.com</a></td>
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<th>Group Health Incorporated (GHI):</th>
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<td><strong>800-624-2414</strong>, 8 am to 6 pm, Monday through Friday,</td>
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<td><strong>TTY: 711</strong>, emblemhealth.com</td>
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<th>Centers for Medicare &amp; Medicaid Services (CMS):</th>
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You can call CMS or visit the CMS website to get a copy of the 2020 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)

中文 (Traditional Chinese)
注意：如果您讲中文，我們免费为您提供相关的語言協助服務。請致電 1-877-411-3625 (TTY/TDD: 711)。

俄語 (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)

한국어 (Korean)

Italiano (Italian)

אידיש (Yiddish)
אקטונג: אואיב אר זעדר אידיש, שפערער חילפ שטרוא unitOfWork, אוזן טירא, ז'ינא צא זא בקואמת פאר אימא. רופט 1-877-411-3625(TTY/TDD: 711) 1-877-411-3625

বাংলা (Bengali)
দুটি 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)

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

(Urdu)

Tagalog (Tagalog)

Ελληνικά (Greek)

Shqip (Albanian)

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

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