



# EmblemHealth City of New York GHI Enhanced Medicare Prescription Drug Plan (PDP) Group 2026 Cost Sharing Guide for Medicare Members

Benefits		Your Cost-Sharing	
<b>Premium</b> The amount you pay for your prescription drug plan.		<b>\$180 per month.</b> Contact your group administrator for more information about your plan premium.	
Prescription Drug Coverage			
Initial Coverage Stage			
You pay the following until your out-of-pocket drug costs reach \$2,100			
Tier Level	30-day/60-day/90-day supply Retail Pharmacy	30-day/60-day/90-day supply Mail Order Pharmacy	
	What You Pay*	What You Pay*	
Tier 1: Generic	25% of the drug cost	25% of the drug cost	
Tier 2: Preferred Brand	25% of the drug cost	25% of the drug cost	
Tier 3: Non-Preferred Drug	25% of the drug cost	25% of the drug cost	
Tier 4: Specialty Tier**	25% of the drug cost	25% of the drug cost	
Catastrophic Coverage Stage			
You pay the following after your out-of-pocket drug costs reach \$2,100		Retail Pharmacy and Mail Order	
		What You Pay	
All Covered Part D Drugs		\$0	

\*You pay the lower of 25% of the cost or \$35 for a one-month supply of covered insulin products. You pay \$0 for most Part D vaccines, including shingles, and some travel vaccines.

\*\*Specialty Tier drugs are not available in long-term supply.

## IMPORTANT INFORMATION

You can find a full list of benefits in your Evidence of Coverage (EOC) at [emblemhealth.com/medicare](https://emblemhealth.com/medicare).

All services covered in this Cost Sharing Guide are subject to medical necessity review. For an actual description of your benefits, including exclusions, limitations, or specific conditions, see your 2026 Medicare Plan EOC. In the event of a discrepancy between the information contained in the guide and the provisions of your 2026 Medicare EOC, the specific provisions of the EOC shall prevail over the Cost Sharing Guide.

This information is not a complete description of benefits. Call 833-998-5351 (TTY users should call 711) for more information.

If you have questions, or want to request a copy of the EOC, call Customer Service at 833-998-5351 (TTY users should call 711), 8 am to 8 pm 7 days a week from October 1 to March 31 and 8 am to 8pm, Monday - Saturday, April 1 to September 30. Or visit us at [emblemhealth.com/medicare](https://emblemhealth.com/medicare).