



# 2023 Small Group Pharmacy At A Glance

We offer small group plans with the needs of small businesses in mind. Our pharmacy benefits are listed below. Plans noted as “creditable” offer coverage as comprehensive as Medicare Part D.

*A deductible is the amount(s) you must pay each plan year before the plan starts to pay benefits. Coinsurance is a percentage you pay for each fill or re-fill. A copayment (also called a “copay”) is a fixed dollar amount you pay for each fill or re-fill.*

*An integrated deductible means pharmacy is included within your medical deductible.*

Small Group Product	Pharmacy Deductible (Individual)	Pharmacy Cost-sharing per 30 day supply Tiers 1 (generic)/2 (preferred)/ 3 (non-preferred)	Creditable Benefits
<b>Platinum Level</b>			
Platinum PPO	\$0	\$0/\$30/\$80	Creditable
Platinum Premier-P	\$0	\$0/\$30/\$65	Creditable
<b>Gold Level</b>			
Gold Virtual EPO-N	\$750 Integrated Deductible	\$0 before deductible/\$40 after deductible/\$80 after deductible	Creditable
Gold PPO	\$0	\$0/\$45/\$100	Creditable
Gold Premier-P	\$0	\$0/\$40/\$80	Creditable
<b>Silver Level</b>			
Silver Plus H.S.A	\$3,500 Integrated Deductible	\$15/\$45/\$80 after deductible	Creditable
Silver Premier-P	\$0	\$0/\$40/\$80	Creditable
<b>Bronze Level</b>			
Bronze Plus H.S.A	\$6,750 Integrated Deductible	\$15/\$65/\$100 after deductible	Creditable
Bronze Premier-P	\$6,300 Integrated Deductible	\$50 before deductible/50% after deductible/50% after deductible	Creditable

This summary is provided for information only; it does not contain complete details of the plan, which are available only in the Contract or Certificate of Coverage, and it does not constitute an agreement.

The following plans are underwritten by Health Insurance Plan of Greater New York (HIP), refer to policy forms **Platinum Plans:** Platinum Premier-P Schedule 155-OA-NSSGPlatinumPremierPSch (04/22), **Gold Plans:** Gold Premier-P Schedule 155-OA-NSSGGoldPremierPSch (04/22), **Silver Plans:** Silver Premier-P Schedule 155-OA-NSSGSilverPremierPSch (04/22), Silver Plus HSA Schedule 155-OANSSGSilverPlusHSASch (04/22), **Bronze Plans:** Bronze Premier-P Schedule 155-OA-NSSGBronzePremierPSch (04/22), Bronze Plus HSA Schedule 155-OA-NSSGBronzePlusHSASch (04/22),

The following plans are underwritten by EmblemHealth insurance Company, refer to policy forms Platinum Plans: Platinum PPO-N Schedule 151-23-NSSGPlatinumPPONSch (04/21) Gold Plans: Gold Virtual EPO-N Schedule 151-23-NSGHDEPOSCH (04/21), Gold Virtual EPO-M Schedule 151-23-NSGLDEPOSCH (04/21), Gold PPO-N Schedule 151-23-NSSGGoldPPONSch (04/21)

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