



# 2024 Summary of Benefits

EmblemHealth City of New York  
2024 GHI Standard Medicare Part D  
Prescription Drug Plan (PDP)



# Medicare Summary of Benefits

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

**Jan. 1, 2024 - Dec. 31, 2024**

City of New York retirees who also enroll in the City of New York/GHI HMO Medicare Supplement Plan can sign up for the EmblemHealth City of New York/GHI Standard Medicare Part D Prescription Drug Plan (PDP). This drug plan is **in addition** to your GHI HMO Supplement medical plan. You must keep your medical plan to add this drug plan.

The GHI Standard Medicare Part D PDP is a creditable Medicare prescription drug 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.

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. For a full list of prescription drugs we cover, please visit **emblemhealth.com/pharmacy**. To get a list of covered drugs (formulary) or an Evidence of Coverage (EOC) for a complete list of services, visit **my.emblemhealth.com** and select "My Documents" on the welcome screen. Select "Plan Documents" to view and download your EOC. For additional help, contact Customer Service at **800-624-2414** (TTY: **711**), 8 a.m. to 8 p.m., Monday through Friday.

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

You must have Medicare Parts A and/or B, be a City of New York retiree, and be enrolled in the GHI HMO Supplement Plan to enroll in this plan. The plan covers 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 if you are both:

**1. A Medicare-eligible retiree or a Medicare-eligible dependent of a retiree of the City of New York.**

**2. Enrolled in the City of New York GHI HMO Supplement 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 paid from 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.

This plan covers drugs in four tiers. Please see page 4 for more information about tiers.

Tier 1: Generic Drugs

Tier 2: Preferred Brand Drugs

Tier 3: Non-Preferred Drugs

Tier 4: Specialty Drugs

For drugs covered under this plan in Tiers 1 through 4:

- 1. First, you pay \$545** toward the cost of prescription drugs before your plan begins to pay. This is the **deductible**. You do not pay your deductible on covered insulin and most vaccines.
- 2. Then, you pay 25%** of the cost of prescription drugs. This applies until your total drug costs (what you paid plus what the plan paid) reach **\$5,030**. This is called the **Initial Coverage Stage**.
- 3. Then, you pay 25%** of the cost of both generic and brand-name drugs. This applies until your **true out-of-pocket (TrOOP)** costs reach **\$8,000**. TrOOP is the maximum amount you pay for your prescription drugs in a calendar year. This is called **the Coverage Gap**.
- 4. Then, you pay \$0 for all covered** prescription drugs for the rest of the year. This is called **the Catastrophic Stage**.



## **IMPORTANT MESSAGE ABOUT INSULIN AND VACCINE COSTS**

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.

## **WHERE CAN I GET MY PRESCRIPTIONS?**

You can find a pharmacy in our network by calling Express Scripts at **800-585-5786** (TTY: **800-899-2114**), 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. To learn more, visit **[emblemhealth.com/pharmacy](http://emblemhealth.com/pharmacy)** and read the Delivery & Refills section.

## **WHAT IS PRIOR AUTHORIZATION?**

This plan requires that you get permission from your insurance plan 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**).

## **WHAT IS STEP THERAPY?**

Step therapy is the process of trying other medications first before moving to a higher-priced drug. Sometimes, a less expensive drug, such as a generic drug, may work just as well.

## **WHAT ARE DRUG QUANTITY LIMITS?**

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

## **WHAT IS MEDICATION THERAPY MANAGEMENT (MTM)?**

MTM is available for members who take multiple medications for 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** (TTY: **711**).



## 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. For more information, please see your Evidence of Coverage (EOC) for a complete list of services. You can find your EOC in your member portal account. Visit [my.emblemhealth.com](https://my.emblemhealth.com) and select “My Documents” on the welcome screen. Select “Plan Documents” to view and download your EOC. Your doctor can also call Provider Services at **877-920-1470** (TTY: **800-716-3231**). Your doctor will need to submit a statement to support your request.

## 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 drug list.
- **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 be lower 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** (TTY: **800-899-2114**), 24 hours a day, 7 days a week, [express-scripts.com](https://www.express-scripts.com)

#### **EmblemHealth Plan, Inc.:**

**800-624-2414** (TTY: **711**), 8 a.m. to 6 p.m., Monday through Friday, [emblemhealth.com](https://www.emblemhealth.com)

#### **Centers for Medicare & Medicaid Services (CMS):**

**1-800-633-4227** (TTY: **1-877-486-2048**), 24 hours a day, 7 days a week, [medicare.gov](https://www.medicare.gov)

You can call CMS or visit the CMS website to get a copy of the 2024 CMS *Medicare & You* brochure.

## Multi-Language Insert Multi-Language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **877-411-3625** (TTY: **711**). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **877-411-3625** (TTY: **711**). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **877-411-3625** (TTY: **711**)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **877-411-3625** (TTY: **711**)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **877-411-3625** (TTY: **711**). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **877-411-3625** (TTY: **711**). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **877-411-3625** (TTY: **711**) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **877-411-3625** (TTY: **711**). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **877-411-3625** (TTY: **711**)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

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.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **877-411-3625** (TTY: **711**). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **877-411-3625** (TTY: **711**). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें **877-411-3625** (TTY: **711**) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **877-411-3625** (TTY: **711**). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **877-411-3625** (TTY: **711**). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **877-411-3625** (TTY: **711**). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **877-411-3625** (TTY: **711**). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**877-411-3625** (TTY: **711**)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

### :Urdu

آپ کے سوالات کا جواب دینے کے لئے، ہمارے پاس ترجمان کی مفت خدمات موجود ہیں۔ ڈرگ پلان یا صحت کے متعلق آپ کے کسی بھی سوالات کے لئے ہمارے ہیلپ لائن **877-411-3625** (TTY: **711**) پر کال کریں۔ ایک فرد جو اردو زبان بولتا ہے آپ کی مدد کر سکتا ہے۔ ترجمان حاصل کرنے کے لئے، یہ مفت خدمت ہے۔

### :Yiddish

מיר האבן אומזיסטע דאלמעטשער סערוויסעס צו ענטפערן סיי וועלכע פראגעס וואס איר קענט מעגליך האבן איבער אומער העלט אדער דראג פלאן. צו באקומען א דאלמעטשער, פשוט רופט אונז אויף **877-411-3625** (TTY: **711**). איינער וואס רעדט אידיש קען אייך העלפן. דאס איז אן אומזיסטע סערוויס.

**Greek:** Διαθέτουμε δωρεάν υπηρεσίες διερμηνείας ώστε να απαντήσουμε σε οποιοσδήποτε ερωτήσεις ενδέχεται να έχετε σχετικά με το πρόγραμμα υγείας ή φαρμακευτικής αγωγής μας. Για να αποκτήσετε πρόσβαση σε έναν διερμηνέα, απλά καλέστε μας στο τηλέφωνο **877-411-3625** (TTY: **711**). Κάποιος που μιλάει ελληνικά μπορεί να σας βοηθήσει. Αυτή είναι μία δωρεάν υπηρεσία.

**Albanian:** Kemi shërbime përkthimi falas për t'iu përgjigjur pyetjeve që mund të keni rreth planit tonë shëndetësor ose të barnave. Për të marrë një përkthyes, mjafton të na telefononi në nr. **877-411-3625** (TTY: **711**). Aty do t'ju ndihmojë dikush që flet gjuhën shqipe. Ky shërbim ofrohet falas.

**Bengali:** আমাদের স্বাস্থ্য এবং ওষুধের পরিকল্পনা সম্পর্কে আপনার যেকোনো প্রশ্নের উত্তর দেওয়ার জন্য আমাদের বিনামূল্যের দোভাষী পরিষেবা রয়েছে। একজন দোভাষী পেতে, **877-411-3625** (TTY: **711**) নম্বরে আমাদের ফোন করুন। বাংলা বলতে পারেন এমন কেউ আপনার সহায়তা করতে পারে। এটি একটি বিনামূল্যের পরিষেবা।

## 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** (TTY: **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 **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).





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

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