



2025 Summary of Benefits

EmblemHealth City of New York
2025 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, 2025 - Dec. 31, 2025

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. To drop the GHI HMO Supplement Optional Rider, you must complete the Retiree Health Benefits Application/Change Form (which can be found under Forms and Downloads in the Retiree section of the City website at **nyc.gov/hbp**)

HOW MUCH WILL THIS PLAN COST ME?

Your monthly plan premium is **\$115** 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 People Who Get Extra Help Paying for Prescription Drugs.

This plan covers drugs in four tiers. Please see page 3 for more information about tiers.

Tier 1: Generic

Tier 2: Preferred Brand

Tier 3: Non-Preferred Drug

Tier 4: Specialty Tier

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

- 1. First, you pay \$590** toward the cost of prescription drugs before your plan begins to pay. This is the **deductible** stage. You do not pay your deductible on covered insulin and most vaccines.
- 2. Then, you pay 25%** of the cost of prescription drugs. You pay \$0 for most vaccines and **\$35** per one-month supply of each covered insulin product. This is called the **Initial Coverage Stage**.
- Once you have paid **\$2,000** out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage). During this payment stage, the plan pays the full cost for your covered Part D drugs and you pay \$0.

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](https://www.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?

We may require step therapy for some drugs. 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). You can find your EOC in your member portal account or on our website. Visit **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 Tier. 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.

The Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December). This payment option might help you manage your expenses, but it doesn’t save you money or lower your drug costs. Extra Help from Medicare and help from your State Pharmacy Assistance Program (SPAP) and AIDS Drug Assistance Program (ADAP) for those who qualify, may be more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. Contact us or visit **medicare.gov** to find out if this payment option is right for you.

Helpful Resources

Express Scripts, Inc. (ESI):

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

EmblemHealth Plan, Inc.:

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

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

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **877-344-7364** (TTY: **711**; Oct. 1 through March 31: 8 a.m. to 8 p.m., seven days a week; April 1 through Sept. 30: 8 a.m. to 8 p.m., Monday through Saturday) or speak to your provider.

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al **877-344-7364** (TTY: **711**) o hable con su proveedor.

中文 (Simplified Chinese) 注意: 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 **877-344-7364** (文本电话: **711**) 或咨询您的服务提供商。

РУССКИЙ (Russian) ВНИМАНИЕ: Если вы говорите на русском, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону **877-344-7364** (TTY: **711**) или обратитесь к своему поставщику услуг.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib gratis tou. Rele nan **877-344-7364** (TTY: **711**) oswa pale avèk founisè w la.

한국어 (Korean) 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. **877-344-7364** (TTY: **711**) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Italiano (Italian) ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l' **877-344-7364** (tty: **711**) o parla con il tuo fornitore.

יידיש (Yiddish) נאטיץ: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פאר דיר פריי. צונעמען אידס און באדינונגס פאר פראווידינג אינפארמאציע אין צוטריטלעך פארמאטירונגען זענען אויך בנימצא פריי. רופן **877-344-7364** (TTY: **711**) אדער רעדן מיט דיין טרעגער.

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.

বাংলা (Bengali) মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। **877-344-7364** (TTY: **711**) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

POLSKI (Polish) UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer **877-344-7364** (TTY: **711**) lub porozmawiaj ze swoim dostawcą.

العربية (Arabic)

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجاناً. اتصل على الرقم **877-344-7364** (TTY: **711**) أو تحدث إلى مقدم الخدمة.

Français (French) ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le **877-344-7364** (TTY: **711**) ou parlez à votre fournisseur.

اردو (Urdu)

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ (TTY: **711**) **877-344-7364** پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa **877-344-7364** (TTY: **711**) o makipag-usap sa iyong provider.

Ελληνικά (Greek) ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το **877-344-7364** (TTY: **711**) ή απευθυνθείτε στον πάροχό σας.

SHQIP (Albanian) VINI RE: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi **877-344-7364** (TTY: **711**) ose bisedoni me ofruesin tuaj të shërbimit.

NOTICE OF NONDISCRIMINATION POLICY

Discrimination is Against the Law

EmblemHealth complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes. EmblemHealth does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

EmblemHealth:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters.
 - Written information in other formats (large print, audio, accessible electronic formats, and other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters.
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services contact the Civil Rights Coordinator by calling Medicare Connect Concierge at **877-344-7364** (TTY: **711**; Oct. 1 through March 31: 8 a.m. to 8 p.m., seven days a week; April 1 through Sept. 30: 8 a.m. to 8 p.m., Monday through Saturday).

If you believe that EmblemHealth has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Coordinator by writing to the EmblemHealth Grievance and Appeals Department, P.O. Box 2807, New York, NY 10116-2807; faxing them at **866-854-2763**; or calling Medicare Connect Concierge at **877-344-7364**. (Dial **711** for TTY services.) You can file a grievance in person, by mail, by fax, or through your secure member portal. 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 for Civil Rights electronically through the Office for 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; 800-368-1019 (TTY: 800-537-7697)**.

Complaint forms are available at **hhs.gov/ocr/office/file/index.html**.

This notice is available on EmblemHealth's website at **emblemhealth.com/legal/nondiscrimination**.



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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