

GHI Senior Care vs. HIP VIP Premier vs. Aetna: Optional Prescription Drug Rider Comparison

	GHI Senior Care Enhanced Medicare Prescription Drug Plan	HIP VIP Premier (HMO) Medicare	Aetna Medicare Rx by SilverScript
Calendar Year 2023 Optional Prescription Drug Rider Premium	\$125.00 (per individual per month)	\$177.59 (per individual per month)	\$103.50 (per individual per month)
Formulary	EmblemHealth National Drug Plan (PDP) Formulary	EmblemHealth HMO Employer Group 5 Tier Drug Formulary (Closed Formulary). Non-formulary drugs are available through coverage determination	Open Formulary (Comprehensive Plus); all Part D drugs are covered
Network Access	emblemhealth.com/city	emblemhealth.com/city	65,000 standard national pharmacies of which 23,000 are preferred *
Mail Order Pharmacy	ExpressScript	ExpressScript	CVS Caremark
Non-Part D Supplemental Rx **	Covered	Not covered	Covered
2023 Inflation Reduction Act Insulins and Vaccines	You won't pay more than \$35 for a one-month supply of each insulin product covered on the formulary. The plan covers most Part D vaccines at no cost to you.	You won't pay more than \$35 for a one-month supply of each insulin product covered on the formulary. The plan covers most Part D vaccines at no cost to you.	You won't pay more than \$35 for a one-month supply of each insulin product covered on the formulary. The plan covers most Part D vaccines at no cost to you.

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Every prescription drug on the list of covered prescription drugs is placed in one of the cost sharing tiers listed. In general, the higher the cost sharing tier, the higher your cost for the prescription drug. For example, generic drugs are lower cost drugs and usually placed in a lower cost sharing tier.

GHI Senior Care Enhanced Medicare Prescription Drug Plan (4-Tier Structure)	GHI Senior Care Enhanced Medicare Prescription Drug Plan (Cost Share)	HIP VIP Premier (HMO) Medicare (5-Tier Structure)	HIP VIP Premier (HMO) Medicare (Cost Share)	Aetna Medicare Rx by SilverScript (5-Tier Structure)	Aetna Medicare Rx by SilverScript (Cost Share)
Deductible	No annual deductible	Deductible	No annual deductible	Deductible	No annual deductible
		Preferred Generics: Tier 1 (30 or 90 day supply available at retail)	\$10 copay for 30 day supply (retail) \$15 copay for 90 day supply (mail order)	Preferred Generics: Tier 1*** (30 or 90 day supply available at retail)	0% Preferred pharmacy*** 25% Standard Pharmacy****
Generics: Tier 1 (30 or 90 day supply available at retail)	25% coinsurance			Generics: Tier 2 (30 or 90 day supply available at retail)	25% coinsurance ****
Preferred Brand: Tier 2 (30 or 90 day supply available at retail)	25% coinsurance	Preferred Brand: Tier 2 (30 or 90 day supply available at retail)	\$15 copay for 30 day supply (retail) \$22.50 copay for 90 day supply (mail order)	Preferred Brand: Tier 3 (30 or 90 day supply available at retail)	25% coinsurance****
Non-Preferred Brand: Tier 3 (30 or 90 day supply available at retail)	25% coinsurance	Non-Preferred Brand: Tier 3 (30 or 90 day supply available at retail)	\$100 copay for 30 day supply (retail) \$150 copay for 90 day supply (mail order)	Non-Preferred Brand: Tier 4 (30 or 90 day supply available at retail)	25% coinsurance****
Specialty: Tier 4 (30 day supply only)	25% coinsurance	Specialty: Tier 4 (30 day supply only)	25% coinsurance for 30 day supply (retail) 25% coinsurance copay for 30 day supply (mail order)	Specialty: Tier 5 (30 day supply only)	25% coinsurance****
		Select Care Drugs: Tier 5***** (30 or 90 day supply only)	\$0 copay per 30 day supply (retail only) \$0 copay for 90 day supply (mail order)		
Coverage Gap*****	25% CMS Standard (in all Tiers 1 - 4)	Coverage Gap*****	You continue to pay the same copays and coinsurance as the Initial Coverage Limit through the coverage gap	Coverage Gap*****	25% CMS Standard (in all Tiers 1 - 5)****
Catastrophic Phase*****	You pay the greater of 5% of the cost of the drug or \$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs	Catastrophic Phase*****	You pay the greater of 5% of the cost of the drug or \$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs	Catastrophic Phase*****	You pay the greater of 5% of the cost of the drug or \$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs

Notes

*Standard network pharmacies include CVS, Walgreens, RiteAid, Duane Reade and many independent pharmacies located in New York Metro area. Preferred pharmacies include CVS, Costco, Publix and mail order through CVS Caremark.

**Non-Part D Supplemental Rx Rider are drugs not covered by Part D and include weight loss, gain or anorexia, vitamins & minerals, ED, cough & cold, fertility, cosmetic or hair growth.

***Preferred Generics is a list of low-cost generic drugs that includes common drugs used in the Medicare population that treat conditions such as high blood pressure, high cholesterol, etc.

****Drug estimator tool: <https://cony.destinationrx.com/compare/MDC/2023/StartSession>

*****Examples include, ACE inhibitors / ARBs (for BP), statins (for cholesterol), oral generic diabetic medications that are listed on the formulary.

***** Coverage gap starts once you reach \$4,660 in Medicare covered drug costs in the Initial Coverage Limit (ICL).

***** Catastrophic Phase starts once \$7,400 in true out-of-pocket costs are incurred.

Disclaimer

The information in this comparison was provided by the plans. For official detail plan benefit description, for each health plan described in this comparison chart, refer directly to the health plan's benefit summary located on the health plan's website or the plan's Evidence of Coverage.