



**EmblemHealth City of New York GHI Enhanced (PDP)
2025 Cost Sharing Guide for Medicare Members**

Benefits	Your Cost-Sharing	
Premium - The amount you pay for your prescription drug plan.	\$150 per month for your prescription drug plan premium. 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 \$2,000		
Initial Coverage Stage / 30-day supply		
Tier Level	Retail Pharmacies	Mail Order
Tier 1: Generic	25% of the drug cost	25% of the drug cost
Tier 2: Preferred Brand	25% of the drug cost \$35 insulins \$0 most vaccines	25% of the drug cost \$35 insulins \$0 most vaccines
Tier 3: Non-Preferred Drug	25% of the drug cost \$35 insulins	25% of the drug cost \$35 insulins
Tier 4: Specialty Tier	25% of the drug cost	25% of the drug cost
Initial Coverage Stage / 60-day supply		
Tier Level	Retail Pharmacies	Mail Order
Tier 1: Generic	25% of the drug cost	25% of the drug cost
Tier 2: Preferred Brand	25% of the drug cost \$70 insulins	25% of the drug cost \$70 insulins
Tier 3: Non-Preferred Drug	25% of the drug cost \$70 insulins	25% of the drug cost \$70 insulins
Tier 4: Specialty Tier	Not available in long-term supply	Not available in long-term supply
Initial Coverage Stage / 90-day supply		
Tier Level	Retail Pharmacies	Mail Order
Tier 1: Generic	25% of the drug cost	25% of the drug cost
Tier 2: Preferred Brand	25% of the drug cost \$105 insulins	25% of the drug cost \$105 insulins
Tier 3: Non-Preferred Drug	25% of the drug cost \$105 insulins	25% of the drug cost \$105 insulins
Tier 4: Specialty Tier	Not available in long-term supply	Not available in long-term supply



Prescription Drug Coverage	
Catastrophic Coverage Stage	
You pay the following after your out-of-pocket drug costs reach \$2,000	
All covered drugs	\$0

IMPORTANT INFORMATION

You can find a full list of benefits in your Evidence of Coverage (EOC) at 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 2025 Medicare Plan EOC. In the event of a discrepancy between the information contained in the guide and the provisions of your 2025 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 **800-585-5786** (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 **800-585-5786** (TTY users should call **711**). Our hours are 8 a.m. to 8 p.m., seven days a week. Or visit us at emblemhealth.com/medicare.*