

DRUG COVERAGE FOR RETIREES



United Federation of Teachers
A Union of Professionals

At retirement, you must select the Optional Benefits Rider to have prescription drug coverage. Your health insurance carrier will then issue to you a new identification card.

The following paragraphs tell you how to use your drug benefit. Please refer to the paragraph(s) listed under your medical insurance carrier, e.g. GHI-CBP, HIP PRIME, etc.

GHI COVERAGE

A. NON-MEDICARE MEMBERS AND NON-MEDICARE DEPENDENTS

GHI COVERAGE-GHI-CBP has two programs-one is for prescription on a short-term basis; the other is for maintenance drugs. You can use one or the other, or both.

1. REIMBURSEMENT/CO-PAY PROGRAM (SHORT-TERM BASIS)

You will take your GHI card to a participating pharmacy. The exact amount you must pay is based on whether your deductible has been met, and whether you purchase generic or brand name drugs.

After a deductible of \$150 per person (\$450 maximum for a family of three or more), the member pays 20% of the cost of GENERIC medicines, or 40% of the cost of BRAND NAME medicines if it is FORMULARY; 50% if NON-FORMULARY.

If a non-participating pharmacy is used, pay in full, and submit a claim to Express Scripts, INC., P.O. Box 66773, St Louis, MO 63166-6773. You will be reimbursed accordingly, after your deductible has been met. Reimbursement will be based on the ALLOWABLE AMOUNT, and not the actual cost of the drug.

2. GHI MAINTENANCE PROGRAM

For prescription drugs that you will be taking over an extended period of time, you can call Express Scripts at 1-877-534-3682 or access the internet at www.express-scripts.com.

When you need medication, the doctor can prescribe up to a 90 day supply. Prescriptions will be filled generically UNLESS the doctor indicated "Brand medically necessary", writing DAW on the prescription.

Prescriptions are sent electronically to Express Scripts (ESI). The co-pay is \$12.50 for each GENERIC prescription or \$50 for each BRAND NAME prescription, FORMULARY; \$75 NON-FORMULARY, (The \$12.50, \$50 OR \$75 is not part of your deductible).

B. RETAIL 90/MAINTENANCE MEDS (NON-MEDICARE)

Always check with your pharmacy to verify current costs as policies do change.

Retirees can get a 90-day supply of maintenance medications at Express Scripts with no-deductible or at Duane Reade/Walgreens with a \$150 deductible.

COPAYS: Generic \$12.50 Formulary Brand \$50.00 Non-Formulary Brand \$75.00

NOTE: A 90 day supply is not available through other retail pharmacies.

DIABETIC PROGRAM (NON-MEDICARE)

- RETAIL PHARMACIES (i.e. CVS, Rite-Aid, independent pharmacies) will provide 30-day supplies. After two refills, member must use Express Scripts or Smart 90.

COPAYS: Generic \$5.00 Brand \$15.00

- EXPRESS SCRIPTS (no deductible) or Smart 90 Maintenance Program at Duane Reade/ Walgreens (\$150. deductible) will provide 90-day supply.

COPAYS: Generic \$12.50 Brand \$37.50

continued

C. MEDICARE MEMBERS AND MEDICARE DEPENDENTS

CITY ENHANCED PART D PLAN (FOR GHI Senior Care)

Medicare Rates effective January 1, 2021

<p>MEDICARE PHASE 1 Member/Dependent and Insurance Company combined pays up to \$4,130.</p>
<p>MEDICARE PHASE 2 (Coverage Gap) Member/Dependent pays 25% out-of-pocket for generics and brand-name medications. Between \$4,130 and \$6,550</p>
<p>MEDICARE PHASE 3 (Catastrophic Phase) At \$6,551 members go into the catastrophic phase where they pay only 5% co-insurance. Any out-of-pocket above the \$6,550 can be reimbursed by the Welfare Fund. The yearly Explanation of Benefits from Emblem comes in January for the previous year. If the column marked, "You Paid," shows that you paid more than \$6,550, then the Welfare Fund will reimburse you. The form is available at www.uftwf.org or by calling 212.539.0500.</p>

HIP COVERAGE

A. HIP PRIME (HMO) NON-MEDICARE

Non-Medicare retirees pay a co-payment at a HIP participating pharmacy or pay a co-payment and use the HP Mail Order Pharmacy from Express Scripts for maintenance drugs.

B. HIP VIP PREMIER MEDICARE PLAN

Medicare-eligible retirees must have prescriptions prescribed by a HIP doctor and filled at a participating pharmacy. There is a co-pay for generic and formulary drugs and a charge of 50% of the drug cost for non-formulary drugs.

OTHER CITY HEALTH PLANS

Your HMO doctor must write the prescription, which you must fill at a participating pharmacy. You are responsible for any necessary co-payments and deductibles.

PICA DRUG PROGRAM
(For non-Medicare members only)

If you use injectable or chemotherapy drugs, and are non-Medicare, you will be covered by the PICA Drug Program. The customer service number at Express Scripts is 1-800-467-2006 (Group# APNA).