



**A plan for life.**

**New York State  
Group #10006006  
Summary of Additional Benefits**

Your employer has chosen the following riders to modify the Plan under which you would be covered as a CDPHP® member:

**Prescription Drug Coverage**

Prescription drug benefits as follows:

- No deductible.
- No “coverage gap.”
- Tier 1: \$3 copayment for formulary value generic drugs.
- Tier 2: \$5 copayment for formulary generic drugs.
- Tier 3: \$30 copayment for formulary preferred brand drugs.
- Tier 4: \$50 copayment for formulary brand drugs.
- Tier 5: \$55 copayment for formulary specialty drugs.
- When your total Part D out-of-pocket spending reaches \$4,550, “catastrophic coverage” begins:
  - You pay the greater of 5% coinsurance or \$2.50 for generics and multiple source brand drugs, and the greater of 5% coinsurance or \$6.30 for all other drugs.
- Mail order: 90-day supply available for two copayments for Tier 1, 2, 3, and 4 drugs.
- Retail pharmacy: 90-day supply available for three copayments for Tier 1, 2, 3, and 4 drugs.
- Tier 5 drugs limited to a 30-day supply.
- Prescriptions must be written by a duly licensed health care provider and filled at a participating pharmacy, unless otherwise authorized in advance by CDPHP.
- All CDPHP Medicare Choices members receive a CVS ExtraCare Health® card, offering 20 percent discounts on all on CVS brand, health-related, flexible spending account (FSA)-eligible items as well as the benefits of the standard CVS ExtraCare card.
- CDPHP Medicare Choices Part D Formulary and Enhanced Formulary apply.
- CDPHP will send you monthly or quarterly statements on the total cost of drugs used and your true out-of-pocket (“TrOOP”) spending.

*This summary does not detail all benefits, limitations, or exclusions. This is not a contract and may be subject to change.*