

HIP Prescription Drug Coverage Only – NYS

PART D DRUG COVERAGE	HIP Standard Part D	HIP Enhanced Pat D
Part D Premium	\$30.60	\$68.60
Annual Deductible	\$310	\$0
Tier 1: Preferred Generic Medications	\$4	\$5
Tier 2: Preferred Brand Medications	25% of drug cost	25% of drug cost
Tier 3: Non-Preferred Brand/Generic Medications	40% of drug cost	40% of drug cost
Tier 4: Specialty Medications	25% of drug cost	25% of drug cost
Initial Coverage Limit¹ (Total Drug Cost Paid by Member and Plan)	\$2830	\$2520
Coverage During Coverage Gap (Preferred Generic Drugs Only)	Member pays 100%	\$5 for Tier 1 medications
Catastrophic Drug Coverage (After Your Out-of-Pocket Cost Reaches \$4,550)	The greater of \$2.50 or 5% for generic drugs or \$6.30 or 5% for preferred brand	The greater of \$2.50 or 5% for generic drugs or \$6.30 or 5% for preferred brand

¹ Prescription drug copays, coinsurance and deductibles may vary based on income. Copayment will be based on Low Income Subsidy (LIS) as determined by Social Security Administration. With LIS the maximum annual deductible is \$63, if applicable.