



Simply Prescriptions Copay Plan

Prepared for Village Of Brockport

Effective: 01/01/2024

Plan Feature Highlights	Simply Prescriptions Copay Plan
Type of Care/Plan Benefits	In-Network
<p>Prescription drug coverage</p>	<p>Prior Authorization and Step Therapy apply.</p> <p>Quantity Limits Apply.</p> <p><u>Deductible:</u> \$0</p> <p><u>Initial Coverage:</u> up to \$5,030 in covered drugs</p> <p>30 day supply: \$5/\$30/\$75</p> <p>90 day supply: Subject to 2.5 times the copay</p> <p><u>Coverage Gap:</u> up to \$8,000 out-of-pocket</p> <p>30 day supply: 25% Coinsurance Tier 1 Generics</p> <p>90 day supply: Subject to 2.5 times the copay</p> <p><u>Catastrophic Coverage:</u> The member pays \$0 copay for all drugs.</p> <p><u>Out of network:</u> Covered at in network cost sharing in emergency situations only.</p>

This is not a contract. It is intended to highlight the coverage of this plan. Benefits are determined by the terms of the Evidence of Coverage (contract).



Quote Prepared for: Village Of Brockport

Simply Prescriptions Copay Plan	
Quote Effective: 01/01/2024	Rating Region: Rochester
Plan Cycle: Calendar Year	Rate Type: Large Group
Plan Feature Highlights	Simply Prescriptions Copay Plan
Type of Care/Plan Benefits	In-Network
Prescription drugs	Deductible: \$0 \$5/\$30/\$75 Subject to 2.5 times the copay for a 90 day supply

Proposed Rate	
1 Tier	\$120.21

NOTE: Rate is subject to New York State Department of Financial Services approval of employer group prescription drug plans.

By signing this rate quote, the employer group agrees to the following:

- Compliance with the Centers for Medicare and Medicaid Services (CMS) requirements for Uniform Premium waivers in relation to premiums charged to our group plan participants. The employer group plan sponsor cannot charge participants covered under this plan an amount greater than the standard Medicare Part D beneficiary premium plus up to 100% of the value of any supplement prescription drug coverage.
- Administration of any Low Income Subsidy (LIS) premium payments received for plan participants in accordance with CMS regulations (any LIS premium payments we receive from CMS for plan participants will be passed through to the employer group).
- Compliance with alternative disclosure requirements under ERISA, including Summary Plan descriptions of benefit offerings to participants covered under this plan.
- Compliance with the CMS requirement only permitting retirees and/or spouses of retirees to enroll in a stand-alone Medicare Prescription Drug plan. Individuals who are actively working for you are not permitted to enroll in these plans.
- Qualification as an employer group under standard underwriting guidelines. The employer group plan sponsor must operate in the plan service area, offer active employees a benefit offering (no retiree only groups), have 2 or more employees, contribute to the premium and not be a Chamber, Trust or Association.

This is not a contract. It is intended to highlight the coverage of this program. Benefits are determined by the terms of the contract. All benefits are subject to medical necessity.

Signature: _____
(Group Representative)

Title: _____ Date: _____

Quote Effective Date: 01/01/2024