



**Simply Prescriptions Copay Plan**

Prepared for Geneva Board Of Education

Effective: 01/01/2024

Plan Feature Highlights	Simply Prescriptions Copay Plan
Type of Care/Plan Benefits	In-Network
<p><b>Prescription drug coverage</b></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: \$2/\$7</p> <p>90 day supply: Subject to 3 times the copay</p> <p><u>Coverage Gap:</u> up to \$8,000 out-of-pocket</p> <p>30 day supply: \$2/\$7</p> <p>90 day supply: Subject to 3 times the copay</p> <p>Coverage for generic drugs is provided by the Part D plan. Coverage for brand name drugs is provided by a wraparound group health plan.</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: Geneva Board Of Education

<b>Simply Prescriptions Copay Plan</b>	
Quote Effective: 01/01/2024	Rating Region: Rochester
Plan Cycle: Calendar Year	Rate Type: Large Group
<b>Plan Feature Highlights</b>	<b>Simply Prescriptions Copay Plan</b>
<b>Type of Care/Plan Benefits</b>	<b>In-Network</b>
<b>Prescription drugs</b>	Deductible: \$0 \$2/\$7 Subject to 3 times the copay for a 90 day supply

<b>Proposed Rate</b>	
1 Tier	\$356.01

**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