

2024 Summary of Benefits EmblemHealth VIP Dual (HMO D-SNP)

January 1, 2024 – December 31, 2024

WHO CAN JOIN?

To join **EmblemHealth VIP Dual (HMO D-SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and in New York State Medicaid, and live in our service area.

Our service area includes the following counties in **New York:** Bronx, Kings, Nassau, New York, Queens, Richmond, and Suffolk, **Capital Region:** Albany, Broome, Columbia, Delaware, Greene, Rensselaer, Saratoga, Schenectady, Warren, and Washington, and **Hudson Valley:** Dutchess, Orange, Rockland, Putnam, Sullivan, Ulster, and Westchester.

This plan does not require referrals.

To enroll in this Special Needs Plan, you must also be enrolled in one of these Medicaid programs:

- **Full Benefit Dual Eligible (FBDE):**
Full Medicaid benefits.
- **Qualified Medicare Beneficiary – Plus (QMB+):**
Helps pay Medicare Part A and Part B premiums, and other cost-sharing (like deductibles, coinsurance, and copayments), plus full Medicaid benefits.

NEW YORK'S INTEGRATED BENEFITS FOR DUALY-ELIGIBLE ENROLLEES PROGRAM (IB-DUAL)

If you are member of EmblemHealth Enhanced Care or EmblemHealth Enhanced Care Plus plan, when you become Medicare-eligible, you may be enrolled in IB-Dual program with EmblemHealth. This program provides complete set of benefits and services for members with Medicaid and Medicare who do not require long term services and supports.

You will receive your Medicaid and Medicare covered services, Medicare prescription drug coverage, plus additional services like fitness benefits through one plan. EmblemHealth will coordinate all your care.

WHICH DOCTORS, HOSPITALS, AND PHARMACIES CAN I USE?

EmblemHealth VIP Dual (HMO D-SNP) plan has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan will not pay for these services.

When joining the **EmblemHealth VIP Dual (HMO D-SNP)** plan, you should choose a primary care doctor (PCP) in the VIP Bold Network. If you do not select a PCP, one will be selected for you. At any time, you can select a different PCP within the network. This network also includes additional medical providers like specialists, laboratories, and hospitals.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at **emblemhealth.com/medicare**. Or, call us and we'll send you a copy.

In most situations you must use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directories on our website at **emblemhealth.com/medicare**. Or, call us and we'll send you a copy.

HOW TO REACH US

To find out more about EmblemHealth plans and to enroll, please call us at **800-447-9169 (TTY: 711)**. From Oct. 1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m. From April 1 to Sept. 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. Or visit us at our website, emblemhealth.com/medicare.

To get a complete list of services we cover, call us and ask for the “Evidence of Coverage (EOC).” You can also view the EOC online at emblemhealth.com/medicare. If you want to know more about the benefits, services, and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at [medicare.gov](https://www.medicare.gov) or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. If you use a TTY, please call **1-877-486-2048**. If you want to compare our plan with other Medicare Advantage plans we offer, you can visit us at emblemhealth.com/medicare.

SUMMARY OF MEDICARE-COVERED BENEFITS	
BENEFIT	EMBLEMHEALTH VIP DUAL (HMO D-SNP)
<p>MONTHLY PLAN PREMIUM (The amount you pay for your insurance every month.)</p>	<p>You pay \$0</p> <p>You must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medicaid or another third party.</p>
<p>DEDUCTIBLE (The amount you pay before the plan starts to pay.)</p>	<p>You pay \$0</p>
<p>MAXIMUM OUT-OF-POCKET RESPONSIBILITY (The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, and your share of the costs (copays, coinsurance), your health plan pays 100% of the costs of covered benefits. This does not include your premium or prescription drug costs.)</p>	<p>\$8,850 yearly for services you receive from in-network health care professionals and facilities.</p>
<p>INPATIENT HOSPITAL COVERAGE (May require approval.)</p>	<p>You pay \$0</p>
<p>OUTPATIENT HOSPITAL COVERAGE (May require approval.)</p> <ul style="list-style-type: none"> • Hospital observation: • Outpatient hospital: • Ambulatory surgery center: 	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p>
<p>DOCTOR VISITS (In-office/virtual)</p> <ul style="list-style-type: none"> • Primary care provider (PCP): • Specialists: 	<p>You pay \$0</p> <p>You pay \$0 for annual physical exam.</p> <p>You pay \$0</p>

BENEFIT	EMBLEMHEALTH VIP DUAL (HMO D-SNP)
<p>PREVENTIVE CARE (Services that keep you healthy.)</p> <p>Our plan covers many preventive services, including:</p>	<p>You pay \$0</p> <ul style="list-style-type: none"> - Bone mass measurement. - Breast cancer screenings (mammogram). - Cardiovascular screenings. - Cervical and vaginal cancer screening. - Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy). - Depression screenings. - Diabetes screenings. - Prostate cancer screenings (PSA). - Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots, and COVID 19 Vaccines. - "Welcome to Medicare" preventive visit (one-time). - Yearly "Wellness" visit. <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
<p>EMERGENCY CARE</p>	<p>You pay \$0</p> <p>If you are admitted to the hospital within one day, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Coverage" section of this booklet for other costs.</p>
<p>URGENTLY NEEDED SERVICES</p>	<p>You pay \$0</p>
<p>DIAGNOSTIC SERVICES/LABS/IMAGING (Lower costs when provided in a doctor's office or free-standing facility. May require approval.)</p> <ul style="list-style-type: none"> • Diagnostic radiology services (such as MRIs, CT scans): • Lab services: • Diagnostic tests and procedures: • Outpatient x-rays: • Therapeutic radiology services (such as radiation treatment for cancer): 	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p>

BENEFIT	EMBLEMHEALTH VIP DUAL (HMO D-SNP)
<p>HEARING SERVICES</p> <ul style="list-style-type: none"> • Exam to diagnose and treat hearing and balance issues: • Routine hearing exam (one every year): • Hearing aid fitting/evaluation (one every year): • Hearing aid (limited to two, one for each ear): 	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>Our plan pays up to \$300 every three years.</p>
<p>DENTAL SERVICES Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth):</p> <p>Preventive Dental Services:</p> <ul style="list-style-type: none"> • Cleaning (one every six months): • Dental x-ray(s) (one every six months): • Fluoride treatment (one every six months): • Oral exam (one every six months): <p>COMPREHENSIVE DENTAL SERVICES: (May require approval.)</p> <ul style="list-style-type: none"> • Restorative services: • Endodontics, periodontics, extractions: • Prosthodontics, other oral/maxillofacial surgery, other services: 	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p>

BENEFIT	EMBLEMHEALTH VIP DUAL (HMO D-SNP)
<p>VISION SERVICES</p> <ul style="list-style-type: none"> • Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): • Routine eye exam (one every year): • Eyeglasses (frames and lenses) or contact lenses: • Eyeglasses (frames and lenses) or contact lenses after cataract surgery: 	<p>You pay \$0</p> <p>You pay \$0</p> <p>One pair up to \$300 plan limit every two years.</p> <p>You pay \$0</p>
<p>MENTAL HEALTH SERVICES (May require approval.)</p> <ul style="list-style-type: none"> • Inpatient visit: • Outpatient group therapy visit: • Outpatient individual therapy visit (In-office/virtual): 	<p>You pay \$0 per day for days one through 90.</p> <p>Our plan covers up to 90 days per inpatient mental health admission.</p> <p>Our plan also covers 60 “lifetime reserve days” as long as the stay is covered under the plan.</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health services in a psychiatric hospital. The 190-day limit does not apply to mental health services provided in a psychiatric unit of a general hospital.</p> <p>You pay \$0</p> <p>You pay \$0</p>
<p>SKILLED NURSING FACILITY (SNF) (May require approval.)</p>	<p>You pay \$0 per day for days one through 100.</p> <p>Our plan covers up to 100 days in a SNF per benefit period.</p>
<p>PHYSICAL THERAPY (May require approval.)</p> <p>Physical therapy, and speech and language therapy visit:</p>	<p>You pay \$0</p>

BENEFIT	EMBLEMHEALTH VIP DUAL (HMO D-SNP)
<p>AMBULANCE (May require approval; not waived if admitted.)</p> <ul style="list-style-type: none"> • Ground: • Air: 	<p>You pay \$0</p> <p>You pay \$0</p>
<p>TRANSPORTATION</p>	<p>Not covered.</p>
<p>MEDICARE PART B DRUGS Chemotherapy drugs and other Part B drugs (may require approval): These drugs may require step therapy and/or prior approval.</p>	<p>You pay \$0</p>

Prescription Drugs for EmblemHealth VIP Dual (HMO D-SNP)

MEDICARE PART D DRUGS

As a member of **EmblemHealth VIP Dual (HMO D-SNP)**, you are automatically enrolled in Medicare Part D. You must have Medicare and full Medicaid to enroll in this plan. Because you have full Medicaid, you automatically qualify for Extra Help.

This means that you will receive help in paying for your Medicare Part D premium (the amount you pay for insurance every month), yearly deductible (the amount you pay before your plan starts to pay), and prescription drug copays (the amount you pay for a drug), as applicable.

Part D prescription drug cost-sharing for a 30-day supply of covered drugs.

How much you pay depends on what stage of the benefit you are in and your level of Extra Help.

Tier Name	Initial Coverage Stage	Coverage Gap Stage	Catastrophic Coverage Stage
Annual Deductible	\$0		
Tier 1: Preferred Generic Tier 2: Generic	\$0/\$1.55/\$4.50		
Tier 3: Preferred Brand Tier 4: Non-Preferred Drugs Tier 5: Specialty	Generics: \$0/\$1.55/\$4.50 Brands: \$0/\$4.60/\$11.20		\$0
Tier 6: Select Care Drugs*	\$0		

* \$0 eligible vaccines with no deductible.

Your cost will not change regardless of where you purchase your Part D prescription drugs. This includes our “preferred” or “standard” pharmacies, mail order, long-term care, or home infusion. See your Evidence of Coverage (EOC) for more information about your prescription drug coverage.

Qualifying for Extra Help, Low-Income Subsidy (LIS)

If you qualify for Extra Help for your Medicare Prescription Drug plan costs, the amount you pay for insurance every month and cost at the pharmacy will be lower.

The amount of Extra Help, Low-Income Subsidy (LIS) level will decide the amount you pay for insurance every month as a member of our plan.

To learn more about Extra Help, please call:

- EmblemHealth at **800-447-9169** (TTY: **711**). From Oct. 1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m. From April 1 to Sept. 30, you can call us Monday through Friday from 8 a.m. to 8 p.m.
- Social Security at **800-772-1213** (TTY: **800-325-0778**), Monday through Friday, 8 a.m. to 7 p.m. Or, visit **ssa.gov**. Social Security can also provide you with an application.

Additional Benefits

BENEFIT	EMBLEMHEALTH VIP DUAL (HMO D-SNP)
<p>ACUPUNCTURE (May require approval.)</p>	<p>You pay \$0 for up to 20 visits for chronic low back pain every year (maximum of 12 visits in 90 days). You pay \$0 for up to 10 visits for other conditions than chronic low back pain.</p>
<p>CHIROPRACTIC CARE (May require approval.)</p> <p>Manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position):</p>	<p>You pay \$0</p>
<p>FOOT CARE</p> <ul style="list-style-type: none"> • Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: • Routine foot care (up to four visits every year): 	<p>You pay \$0</p> <p>Foot care includes removal of calluses and corns, and trimming of nails.</p> <p>You pay \$0</p>
<p>HOME HEALTH CARE (May require approval.)</p>	<p>You pay \$0</p>
<p>HOSPICE</p>	<p>You pay \$0 for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please call us for more details.</p>
<p>MEDICAL EQUIPMENT/SUPPLIES</p> <p>Durable Medical Equipment (wheelchairs, oxygen, etc.) (may require approval):</p> <p>Prosthetic Devices (braces, artificial limbs, etc.) (may require approval):</p> <ul style="list-style-type: none"> • Prosthetic devices: • Related medical supplies: <p>Diabetes Supplies and Services:</p> <ul style="list-style-type: none"> • Diabetes monitoring supplies: • Diabetes self-management training: • Therapeutic shoes or inserts: 	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p>

Additional Benefits (Continued)

BENEFIT	EMBLEMHEALTH VIP DUAL (HMO D-SNP)
RENAL DIALYSIS	You pay \$0
WELLNESS PROGRAMS <ul style="list-style-type: none"> • Fitness: • Hotline: • Teladoc®: 	SilverSneakers® — You pay \$0 24-Hour Nurse Hotline — You pay \$0 You pay \$0
OUTPATIENT SUBSTANCE ABUSE (May require approval.) <ul style="list-style-type: none"> • Group therapy visit: • Individual therapy visit (In-office/virtual): 	You pay \$0 You pay \$0
OVER-THE-COUNTER ITEMS (The amount does not roll over from month to month.)	Includes healthy food items. \$60/month if you live in Albany, Broome, Columbia, Delaware, Dutchess, Greene, Nassau, Orange, Putnam, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Suffolk, Sullivan, Ulster, Warren, Washington, and Westchester counties. Not covered if you live in Bronx, Brooklyn, Queens, or New York counties.
WORLDWIDE EMERGENCY AND URGENT COVERAGE	You pay \$0

Summary of Medicaid-Covered Benefits

EmblemHealth VIP Dual (HMO D-SNP) has a contract with the New York State Department of Health. Because enrollment in this plan is limited to members with Medicaid and Medicare, New York State will continue to cover your Medicare cost-sharing and additional Medicaid benefits you have with full Medicaid.

The kind of Medicaid benefits you get depends on your level of Medicaid. Your Medicaid coverage can change during the year based on your income or resources. It is important that you renew your Medicaid coverage regularly. If you lose your Medicaid eligibility or see a provider who does not accept Medicaid, you will be responsible for your share of the costs for Medicare Part A and Part B benefits. With the help of Medicaid, some dual eligibles do not have to pay for Medicare-covered services. The services listed below are covered by Medicaid and most are covered by IB Dual Program, when you get your Medicaid and Medicare through EmblemHealth.

Please remember to always show both your **EmblemHealth VIP Dual (HMO D-SNP)** member ID card and your New York State-issued Medicaid card to get the Medicaid-covered services listed below. Your provider will need this information to cover your share of the costs when you qualify for assistance in paying Medicare cost-sharing and not enrolled in IB Dual program.

Benefit

- Adult Day Health Care
- AIDS Adult Day Health Care
- Audiology, Hearing Aids Services & Products
- Buprenorphine Prescribers
- Care Coordination for the HARP Program and HARP-Eligible Enrollees in the HIV SNP Program
- Community Psychiatric Support and Treatment (Adult CPST)
- Consumer Directed Personal Assistance Services
- Court-Ordered Services
- Crisis Intervention Services
- Dental Services
- Durable Medical Equipment (DME)
- Education Support Services
- Emergency Services
- Emergency Transportation
- Eye Care and Low Vision Services
- Family Planning and Reproductive Health Services
- Family Support and Training
- Foot Care Services
- Habilitation Services
- Home Delivered Meals
- Home Health Services
- Inpatient Hospital Services
- Inpatient Stay Pending Alternate Level of Medical Care
- Intensive Crisis Respite
- Intensive Supported Employment
- Laboratory Services
- Medical Social Services
- Mental Health Services including inpatient care over 190 days
- Midwifery Services
- Non-Emergency Transportation
- Nurse Practitioner Services
- Observation Services
- Ongoing Supported Employment
- Peer Supports
- Personal Care Services
- Personal Emergency Response System (PERS)
- Physician Services

Benefit (Continued)

- Prescription and Non-Prescription (OTC) Drugs, Medical Supplies, and Enteral Formula
- Preventive Health Services
- Pre-vocational Services
- Private Duty Nursing Services (Community Based)
- Prosthetic/Orthotic Services/Orthopedic Footwear
- Psychosocial Rehabilitation
- Radiology Services
- Rehabilitation Services
- Renal Dialysis
- Residential Health Care Facility (Nursing Home) Services (RHCF) — only available for Medicaid and Medicaid Managed Care members
- Short-term Crisis Respite
- Smoking Cessation Products
- Substance Use Disorder Services
- Transitional Employment
- Tuberculosis Directly Observed Therapy

The following benefits are available to you as a member of HARP:

- Care Coordination for the HARP Program
- Community Psychiatric Support and Treatment (Adult CPST)
- Education Support Services
- Family Support and Training
- Intensive Supported Employment
- Ongoing Supported Employment
- Peer Supports
- Pre-vocational Services
- Psychosocial Rehabilitation
- Transitional Employment

Health Insurance Plan of Greater New York (HIP) is an HMO D-SNP plan with a Medicare contract and a contract with the New York State Department of Health. Enrollment in HIP depends on contract renewal. HIP is an EmblemHealth company. For more information, contact the plan.

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2024 Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative at **877-344-7364** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week.

Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit emblemhealth.com/medicare or call **877-344-7364** (TTY: **711**) to view a copy of the EOC.
- Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums, and/or copayments/coinsurance may change on January 1, 2025.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the Provider Directory).
- This plan is a dual eligible Special Needs Plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.