

EMBLEMHEALTH HMO 35/55

Quick Start Guide To Your Benefits

Welcome to your EmblemHealth HMO 35/55 plan. We're happy to help you meet your health care needs. Here are some important things you need to know about your HMO plan:

NETWORK

You have in-network coverage only. As an HMO member, you must choose a primary care physician (PCP) who participates in the Select Care Provider Network. Your PCP will coordinate your care. Your benefits will be covered **only** if you see one of the nearly 12,000 doctors or other health care providers in the Select Care Network. If you see a doctor outside the network, you may have to pay the costs yourself. So, when setting up office visits, make sure to ask whether the doctor participates with the Select Care Network at that location. You can use EmblemHealth's online provider directory to find a list of the participating providers.

FIND A DOCTOR IN YOUR NETWORK

1. Sign in at **emblemhealth.com** (see the box on back of this page for instructions on how to register).
2. Go to "Find a Doctor." As an HMO member, you must choose a primary care physician (PCP) who participates in the Select Care Network.
3. On the Provider Search web page, select the type of provider you are looking for. Enter a ZIP code to search by location or name to search by provider name.
4. Click on the "Search" button.
5. You will see a list of doctors. Review the profiles until you find a doctor who best meets your needs.

REFERRALS

You need a written referral from your PCP before receiving specialist care.

Specialists are doctors who provide services other than primary care, such as allergists and dermatologists. You **do not** need a referral for the following specialist services:

- Primary and preventive care
- Chiropractic services
- Outpatient mental health services
- Preventive and primary obstetric and gynecological care
- Refractive eye exams from an optometrist (this is only covered up to age 19 years end of month)
- Diabetic eye exams from an ophthalmologist

PRIOR APPROVAL

Some inpatient and outpatient services require prior approval by EmblemHealth before you receive them. Your doctor will contact EmblemHealth to take care of this for you. Examples of these services are: inpatient nonemergency procedures, outpatient surgery, home health care, hospice care, and outpatient physical, occupational and speech therapies. See your Certificate of Coverage for a full list of services that require prior approval.



How to Reach Us

- Just call Customer Service at **1-888-447-7703** (TTY/TDD: **711**), seven days a week (excluding major holidays), from 8 am to 8 pm. Enter your member ID number at the prompt.
- Register on our website, **www.emblemhealth.com**. (Read how on back.) We're never more than a few clicks away and you can email us with questions.

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PREVENTIVE CARE

Preventive care is covered in full and is not subject to any cost sharing as long as you use a participating provider. These services include routine physicals, immunizations, mammograms, gynecological exams, well-baby care, prostate screening and prescription contraceptives for women.

DEDUCTIBLE

A deductible is the portion of eligible costs you must pay during a plan year before EmblemHealth begins paying for covered services, except for preventive care. In the EmblemHealth HMO 35/55 plan, facility and surgical services are subject to a deductible and coinsurance. This plan also has a separate per person prescription drug deductible that must be satisfied before prescriptions will be covered with copays.

COINSURANCE

The coinsurance is a percentage of the allowed amount for your provider's services. You are required to pay the coinsurance directly to the provider.

MAXIMUM OUT OF POCKET

Deductibles, copays and coinsurance are applied to the maximum out-of-pocket limit. Once the maximum out-of-pocket limit is reached, in-network services are covered in full.

LAB WORK

Quest Diagnostics is our network laboratory services provider. Quest is a national laboratory with extensive coverage in our service area. Walk-ins are always welcome but for added convenience, Quest offers lab testing by appointment, which you can schedule online at www.questdiagnostics.com/appointment or call 1-888-277-8772.

EMBLEMHEALTH.COM

You can manage your health care and health plan right from our website. Once you register at emblemhealth.com, you can use your secure account to:

- Find a list of participating hospitals, urgent care centers, pharmacies and labs
- Print a temporary ID card
- See your plan benefits
- See a list of covered drugs
- Check the status of referrals
- Receive personal reminders for health screenings
- Update certain information, such as your email address
- Sign up to go paperless

PHARMACY

Your plan covers a wide range of prescription drugs. Visit emblemhealth.com and click on the "Member" button. You will see a list of drugs covered under your plan's formulary when you select the "Pharmacy" link and sign in to your account with your member ID and password.

When you visit an EmblemHealth participating pharmacy, simply give your ID card to the pharmacist along with the doctor's prescription. The pharmacist will fill your prescription and apply the drug deductible to the prescription drug allowed amount. Once the prescription drug deductible is met, prescriptions will be covered with copays. Your prescription coverage has a three tier plan design. Your out-of-pocket cost will vary depending on whether you receive a prescription drug in Tier 1, Tier 2 or Tier 3.

We're here to help you. If you have questions or need help finding a doctor in your area, call us at 1-888-447-7703, seven days a week (excluding major holidays), from 8 am to 8 pm. If you have a hearing or speech impairment and use a TTY/TDD, please call 711.



EmblemHealth's Website

You can sign in to EmblemHealth's website to manage your health care. Follow the steps below to register:

1. Type emblemhealth.com into your web browser.
2. On the EmblemHealth home page, click on the "Register Now" button and type in the requested information. You will need to provide your name, date of birth, member ID (on your ID card) and email address.
3. After you submit the information, you will receive a password in an email.
4. Sign in to the site using your password.