

HEALTH MATTERS

Fall 2013



EmblemHealth Creates AdvantageCare Physicians

This new practice brings care even closer to you.

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Four New York City and Long Island medical groups joined forces earlier this year to form AdvantageCare Physicians, one of the largest physician-led practices in the New York metropolitan area. If you receive care at Manhattan's Physician Group, Preferred Health Partners in Brooklyn, Queens-Long Island Medical Group or Staten Island Physician Practice, you have a lot to look forward to.

AdvantageCare Physicians, which brings together 450 primary care and specialty physicians, is based on a unique model developed by EmblemHealth to improve coordination of care and produce better member outcomes and higher levels of member satisfaction. The model supports three central goals:

1. Making it easier for you to access care
2. Helping you manage your care
3. Improving how we serve you

With 39 convenient locations across New York and plans to upgrade and expand the current physical locations, AdvantageCare Physicians is making it easier for you to access care when you need it. The introduction of care teams across all locations this year will also help you to proactively manage your care and shorten wait times. Your personal care team — consisting of a physician, nurse (RN/LPN), medical assistant and patient service representative — will support many aspects of your care, including helping you secure and understand medication, dietary needs, transportation

to appointments and medical follow-ups.

Next year, you will also benefit from the implementation of new health information technology that allows you to communicate with your care team online. The team can access your medical records from any of our locations, allowing you to choose the most convenient location for your care.

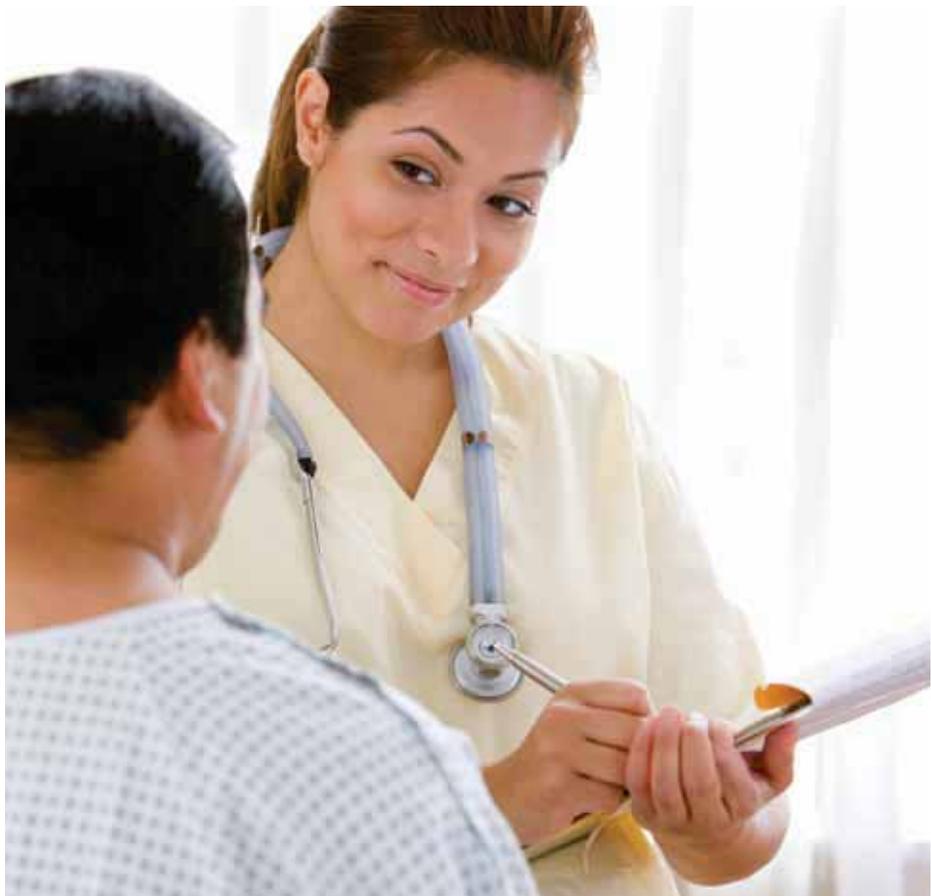
"Patients can look forward to enjoying better health because of this new practice," says EmblemHealth Chief Medical Officer William Gillespie, MD, who serves as President and CEO of AdvantageCare Physicians. "EmblemHealth is investing in a more coordinated approach to care so that we can enhance the member experience and deliver on our pledge to bring care closer to the community."

Find a Doctor — STAT

You can search for a doctor any time, day or night, when you visit **emblemhealth.com**.

Our Web site gives you access to the most current provider information, including primary care doctors, specialists, hospitals, laboratories and other health care providers and facilities. Plus, our mobile Find a Doctor tool with built-in GPS searching is supported on most smartphones and tablets. If you'd like a printed directory mailed to you, call your plan's Customer Service number (see back page). To be sure the doctor you select is still in our network and accepting new patients, confirm this when you call to schedule a visit. If your plan provides

for out-of-network services, remember that choosing a network doctor will save you money.



HELP WHEN YOU NEED IT MOST

We want you and your family to live life to its fullest, even if you have a serious illness, injury or condition. That's why we offer programs to assess, plan, implement, coordinate, monitor and evaluate medical and behavioral health care options on your behalf.

While your primary care doctor is the one who determines your care needs, your plan's case managers can work closely with your doctor to help you make the most of your treatment. As part of the case management program, registered nurses and social workers offer:

- A better understanding of your disease or condition
- A link between you and the doctors and nurses on your care team
- A liaison with community agencies
- A health care advocate
- More personalized attention
- Expert guidance on effective self-care

For conditions that call for a high level of care coordination, your case manager can also help you get the right care in the right setting.

If you think you may be a candidate for our case management program, speak with your doctor or call **1-800-447-0768**.

Am I Covered for That?

Answers to this and other questions you have about your plan can be found in your Member Handbook, available online at emblemhealth.com. Helpful information throughout our site includes:

- Covered benefits and services, including a list of covered drugs
- Procedures to follow for prescription drug coverage
- Copays and other fees for which you are responsible
- Printing a temporary ID card and requesting a replacement permanent card
- The most up-to-date list of network doctors and other practitioners in the network
- How to change your primary doctor
- Submitting claims for covered services
- Benefit restrictions for out-of-network or out-of-area services
- Receiving care after your doctor's office hours
- How to obtain primary care, specialty care, hospital services, mental health care and substance abuse services
- How to get care when you're out of your plan's service area
- How to voice a complaint or file an appeal
- How to obtain translation services
- Emergency care and when to call 911
- How we evaluate new medical technology for covered benefits
- Creating a personal health record
- Taking a health risk assessment
- Health and wellness information
- The latest on health reform



RIGHTS AND RESPONSIBILITIES — Yours and Ours

Understanding your rights and responsibilities as a plan member can help you — and help us help you — make the most of your membership. That's why we ask that you go to emblemhealth.com and read your Member Rights and Responsibilities. It outlines what you can expect of us, as

well as what we expect from you. Becoming familiar with your rights and responsibilities will make it easier for us to provide you with access to the best health care possible. The list of Member Rights and Responsibilities is also available in your Member Handbook.

HOW ARE WE DOING

Are you satisfied with your membership? Are you receiving outstanding customer service? Do you think there are ways we can serve you better? Your answers to these questions will help us improve the service we give you.

Share your views by coming to one of our member forums. You can tell us about your experiences as a member and ask questions of management and Member Council representatives. Space is limited, so let us know if you'd like to attend.

To view the dates and locations of our upcoming forums, visit www.emblemhealth.com/forum. If you'd like to participate, call **1-800-447-6688 (TTY/TDD 711)**, Monday through Friday, 9 am to 5 pm, September 16 through October 22. You will receive an invitation by mail if space allows.

BRINGING CARE CLOSER

Finding your way through the health care system can be tricky. Sometimes you need someone to talk to — face-to-face. That's when EmblemHealth Neighborhood Care comes in handy. We have solution specialists, community liaisons, registered nurses and pharmacists — all onsite, ready to answer your questions and connect you to the resources and care you need. We have services for non-EmblemHealth members, too. And there is no charge for the help we provide. So let us help you, your family and your neighbors, too. For now, you can find Neighborhood Care in two of the communities we serve — Harlem and Cambria Heights. More locations will be opening throughout NYC soon. In the meantime, come visit us at our Manhattan or Queens locations. You'll be greeted by a friendly face, eager to show you what care feels like! Learn more at ehnc.com.



➔ Your External Appeal Rights

FOLLOW THESE STEPS IF YOU DISAGREE WITH A COVERAGE DECISION.

You have the right to an external appeal when health care services are denied as not medically necessary, experimental/investigational, a clinical trial, and a rare disease treatment or, in certain cases, as out-of-network. Providers also have their own rights to an external appeal when these health care services are denied concurrently or retrospectively. External appeal requests must be submitted to the New York State Department of Financial Services (DFS). DFS will assign independent medical experts to review the appeal.

These medical experts may overturn your plan's decision in whole or in part. Or, they may uphold your plan's denial of coverage. Their decision is binding on both you and your plan.

To appeal to DFS, you first request your plan's internal or first-level appeal. You have 180 days to request an internal or first-level appeal from your plan after receiving your Adverse Determination (denial). If we uphold the original denial,

you will receive a letter known as a Final Adverse Determination.

You have four months after you receive our final adverse decision on your appeal to ask for an external appeal. If you and your plan agree to skip our appeal process, you must ask for the external appeal within four months after the agreement with your plan is made.

Keep in mind that to file an external appeal, the health care services had to have been denied as not medically necessary, experimental/investigational, a clinical trial, a rare disease treatment or, in certain cases, as out-of-network.

When we issue a final adverse determination denial, you will receive instructions on how to file an external appeal along with an external appeal application.

If you have questions or need help with an external appeal application, call DFS at **1-800-400-8882** or visit their Web site, www.dfs.ny.gov.

NOTE: This process does not apply to federal employees or ASO members.

Why Travel to the Drug Store?

Want to save time and make filling prescriptions hassle-free? Why not take advantage of “one-stop shopping” convenience and have your prescription filled right at the doctor’s office? That’s right — 12 locations of physician group practices (Manhattan’s Physician Group, Preferred Health Partners, Queens-Long Island Medical Group and Staten Island Physician Practice, which are all part of AdvantageCare Physicians) have an EmblemHealth drugstore in the same building! Wait times are shorter than at most retail drugstores and our quick and efficient process for filling prescriptions will speed you on your way.

The EmblemHealth pharmacies are staffed by friendly, caring professional pharmacists.

They will always make a point to explain your medication and dosing, provide medication therapy management and show you how to use any medical devices your doctor has prescribed.

If any of your medicines are not covered by insurance, they work closely with your doctor and health plan to make sure you get the most affordable medication. And you’ll find that drug prices are in line with or lower than other retail drugstores.

For EmblemHealth pharmacy locations and hours of operation, please visit www.emblemhealth.com/pharmacy.



QUIT TO FEEL BETTER

Many people who quit smoking are surprised by how good they feel! They feel in charge of their life, have more energy, smell good, look better and are more relaxed. The benefits of quitting are far greater than the temporary discomfort. So stay with it and find your freedom!

When you’re ready to quit, our no-cost Tobacco-Free PATH program is available to members 18 years and older. You’ll have unlimited access to a tobacco cessation specialist, full coverage for tobacco cessation prescription products and nicotine replacement therapy (gum, lozenge and patch). To join, call **1-866-611-QUIT (1-866-611-7848)** or **TTY/TDD 1-877-777-6534**, 24 hours a day, seven days a week. We also encourage you to talk with your doctor about quitting.

Hotel Employees and Restaurant Employees International Union (HEREIU) and City of New York PPO employees and retirees who have GHI coverage should call the New York State Quitline at **1-866-NY-QUITS (1-866-697-8487)** or **TTY/TDD 711**. If you live outside New York State, call the National Quitline at **1-800-QUIT-NOW (1-800-784-8669)**.

LIVING WELL WITH HIV

Thanks to treatment advances, it's a manageable disease.

No one ever wants to hear the words, "You have HIV." But it's no longer the dire diagnosis it once was.

Human immunodeficiency virus (HIV) is the virus that can lead to AIDS. HIV weakens the immune system, but not everyone with HIV develops AIDS.

Fortunately, treatment advances have made HIV what experts consider a manageable chronic disease — although there is no cure. People with HIV should see their primary care provider at least twice a year. It's also a good idea to work with a doctor who is experienced in treating HIV infection.

People can stay healthy by taking daily medication that can slow down HIV's impact on the immune system. They should also get regular lab tests to check on their health. Lifestyle changes such as exercise and getting plenty of rest are important, too.

Prompt diagnosis of HIV is essential. Especially in its early stages, untreated HIV infection is linked to many serious health issues. HIV can also lead to various infections because of the body's weakened immune system, another reason for regular checkups and tests.

Any diagnosis of a chronic condition can lead to depression or other mental health issues. Your doctor can recommend a counselor and support services you need to live with HIV.



Keep Smiling

Routine dental checkups make your mouth happy.

You know that brushing your teeth after every meal and flossing every day are keys to good dental hygiene. But regular visits to the dentist are just as important for adults and children.

Routine dental exams help prevent problems like cavities and gum disease, so experts recommend starting children's dental visits at around age 1. Plus, dental exams can provide early warning signs of other health issues, including diabetes, oral cancer and eating disorders.

During a routine dental checkup for adults or kids, the dentist will take a medical history and visually examine the gums, teeth and bones. Periodic X-rays are also a routine part of dental

visits. If there are any problems, the dentist will recommend a treatment plan.

In addition to exams, routine visits usually include a thorough cleaning by a dental hygienist to remove tartar from the teeth, which brushing and flossing alone can't do. Some hygienists use handheld instruments while others use ultrasonic instruments. The hygienist will polish the teeth to remove surface stains, and offer tips for at-home hygiene between visits.

Routine dental checkups are the best way to keep your teeth healthy — and that's a great reason for anyone to smile.

WOMEN'S WELLNESS

It's easier and more affordable than ever to prevent health problems.



The best way to stay healthy is to take action before health issues arise. That means proactively getting preventive care — and we're here to help our members get the care they need. Let us show you how.

NO-COST PREVENTIVE SERVICES

There are now eight women's preventive health services available at no cost, as long as you use a network provider and joined your plan on or after August 1, 2012. They are:

- Well-woman visits
- Gestational diabetes screening
- HPV DNA testing
- Sexually Transmitted Infection (STI) counseling
- HIV screening and counseling
- Oral contraception and contraceptive counseling
- Breastfeeding support, supplies and counseling
- Domestic violence screening

Mammograms are also covered every one to two years for women over 40. You don't need a referral for a mammogram or routine OB/GYN visit.

PRENATAL CARE

If you're planning to have a baby, taking good care of yourself before, during and after pregnancy is essential. As an EmblemHealth member, you have access to the Healthy Beginnings PATH Pregnancy Management Program, from the moment

you find out you're pregnant through early postpartum (after birth). The Healthy Beginnings PATH program includes a wide range of resources, including 24/7 phone support from a maternity nurse, online live chat, health surveys to help you and your baby stay healthy and other educational materials. If your pregnancy is high-risk, you'll also have assistance from a nurse case manager. Call **1-877-736-BABY (1-877-736-2229)** to get started.

ROUTINE CARE AND SCREENINGS

Be sure to see your doctor at least once a year, unless he or she asks you to come more often. During an annual well-woman visit, your doctor will run screenings to check your cholesterol, blood pressure, blood glucose, weight and other basic measures of health.

Depending on your age, your doctor may recommend screenings for cervical cancer, colorectal cancer or osteoporosis. Your annual checkup is also a good time to make sure you're up-to-date on your vaccinations for various diseases, including the flu if your appointment is in the fall. Your doctor will help you stay on schedule with vaccines.

Best of all, most of these preventive services are covered with no copay if you enrolled on or after September 23, 2010. Even if there is a copay, it's a small price to pay to stay well. If you have questions about your plan coverage, call the Customer Service number on your member ID card.

DO THIS

New Name — Same Value

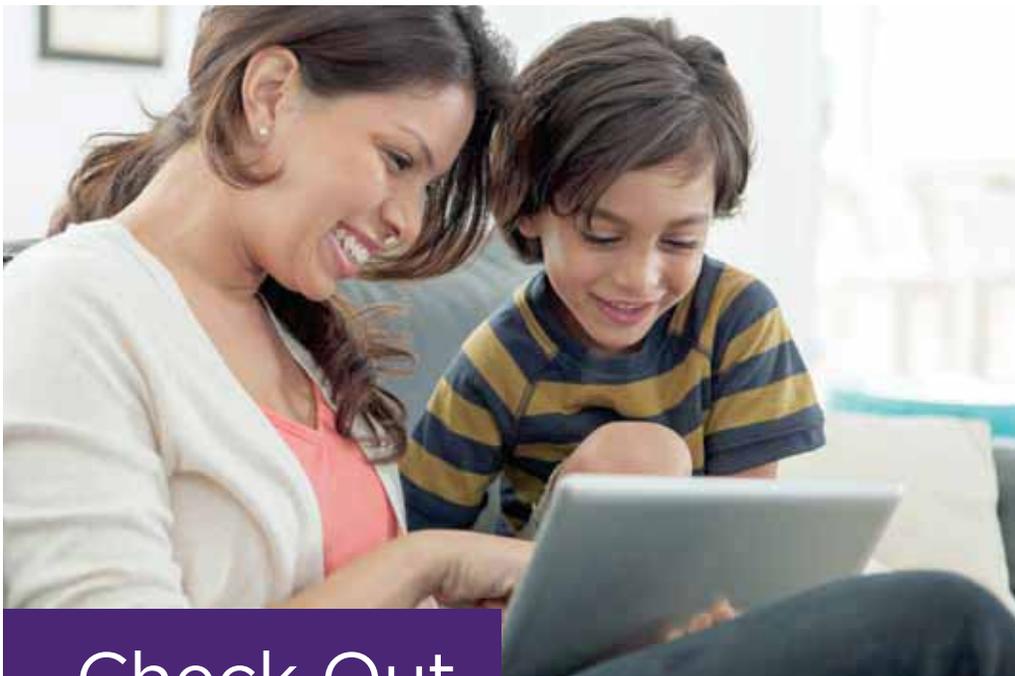
Later this year, Davis Vision will be refreshing its company-owned retail stores, stocking up on the latest frames — and changing its name to Visionworks. For EmblemHealth members who have GHI coverage and optical benefits through Davis Vision, this means you will soon have access to a national network of more than 37,000 vision locations, including nearly 600 Visionworks stores.

All Visionworks stores offer designer and exclusive brand frames, lenses, sunglasses and accessories, along with leading technology in vision correction. Their complete range of services includes contact lens dispensing, in-store labs with one-hour service and doctors of optometry at or next to every store.

For more information about Visionworks or to find a location near you, visit www.davisvision.com.



Presort
Standard Mail
U.S. Postage
PAID
EmblemHealth



Check Out Our New Web Site!

We recently rolled out a sparkling new **emblemhealth.com**. The site has a fresh look and is easy to use. We made these changes so that managing your health care can be hassle-free. Here's what you'll find on the new **emblemhealth.com**:

- Full-site experience from any device (desktop, mobile, tablet)
- Clean, uncluttered design that works with touchscreens

- Fewer clicks to get where you want to go
- Big and bold "How Do I?" links, helping you perform tasks quickly
- Easy access to doctor search and pharmacy tools right from the homepage
- A redesigned myEmblemHealth, the secure member portal you can use after signing in:
 - Search for claims right from your homepage.
 - Use one-click tools to access the Message Center, Find a Doctor, Print ID Card, Bill Pay and much more.
 So check out the new **emblemhealth.com**. We think you'll like what you see!

HOW TO CONTACT US

EmblemHealth: 1-877-842-3625
GHI HMO: 1-877-244-4466
GHI PPO: 1-800-624-2414
HIP: 1-800-447-8255

Quit Smoking

- **1-866-611-QUIT** (1-866-611-7848)
- **1-866-NY-QUITS** (1-866-697-8487)
- **1-800-QUIT-NOW** (1-800-784-8669)

Lab Services — Quest Diagnostics

- **1-888-277-8772** (appointments)
- **1-866-697-8378** (Customer Service)

Mental Health and Substance Abuse

- **EmblemHealth CompreHealth HMO/EPO:** 1-877-347-2552
- **EmblemHealth EPO/PPO:** 1-866-208-1424
- **GHI PPO NYC-resident:** 1-800-692-2489
- **GHI PPO non-NYC residents:** 1-866-208-1424
- **GHI HMO:** 1-888-447-2526
- **HIP:** 1-888-447-2526

Suspect Insurance Fraud?

1-888-4KO-Fraud

Web Resources

- **emblemhealth.com**
- **express-scripts.com** (mail order pharmacy)
- **questdiagnostics.com/patient** (lab)
- **valueoptions.com** (mental health)



2014 PREVENTIVE HEALTH GUIDELINES

The 2014 Preventive Health Guidelines will help you learn more about the screenings, tests and shots that you and your family need every year. The sources of the enclosed information are medical expert organizations, such as the American Academy of Pediatrics, the US Department of Health and Human Services, the Advisory Committee on Immunization Practices and the Centers for Disease Control and Prevention. Save this handy chart and bring it to your next doctor's visit. With your doctor, you can make sure your family's medical checkups and shots are up to date. Some of these preventive services may or may not be covered by your plan.



EmblemHealth[®]
WHAT CARE FEELS LIKE.

The guidelines contained in this booklet are intended to provide information about preventive services currently recommended by medical expert organizations. EmblemHealth and its companies provide many coverage options. Please check your Certificate of Coverage to learn if and how copays, coinsurance or deductibles apply. Under the Affordable Care Act (ACA), policies issued or renewed after September 23, 2010, have no out-of-pocket costs associated with selected preventive services obtained in network. For more information about health reform, visit www.emblemhealthreform.com. Your coverage is subject to all terms, conditions, limitations and exclusions contained in your Certificate of Coverage.

BIRTH TO 2 YEARS

Safety first: It is important to give your baby a safe place to sleep, so make sure that no pillows, soft bedding or comforters are used. According to the March of Dimes, babies should be placed on their back in a crib with a firm mattress. In the car, put your child in a rear-facing car seat in the back of the car, at least until age 2.

Well-baby exam: At birth, 3–5 days and 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months. In addition to giving advice about your baby's health, development and behavior, your doctor should talk to you about injury prevention, violence prevention, sleep positions, feeding and diet, daily care and activity, and dental referrals. If your child has a disability or delay, your doctor may refer your child to the early intervention program (EIP) for evaluation. During the exam, your child may receive shots and screenings, depending on clinical presentation and your doctor's judgment.

IMMUNIZATIONS

See Recommended Immunizations for Children on back page.

SCREENINGS

- **Hemoglobin and hematocrit (Hgb/Hct):** Performed at 12 months.
- **Lead screening:** Annually between age 6 months and 6 years to assess risk for lead poisoning.*
- **Lead test:** All children at age 12 and 24 months.*
- **TB:** Annually or as your child's doctor advises.
- **Vision:** Screening at every well visit.
- **Hearing:** Screening for all newborns and at well visits thereafter.
- **Weight, length and head circumference:** At every visit.
- **Dental:** Your child needs a dental screening at 6, 9 and 12 months of age. The first dental exam should occur when your baby gets his first tooth, but no later than 12 months of age.



AGE 2 TO 20

Well-child exam: Once a year for children ages 2 to 20. You should receive advice about your child's dental health, exercise and physical activity, diet and nutrition, sun exposure, injury and violence prevention and, when appropriate, alcohol misuse, sexual behavior, smoking cessation, substance abuse, depression and suicide prevention. In addition, during this exam your child may receive shots and developmental screenings, depending on clinical presentation and your doctor's judgment.

IMMUNIZATIONS

See Recommended Immunizations for Children on back page.

SCREENINGS

- **Blood pressure measurement:** Starting at 3 years of age, annually at well-child exams.
- **BMI counseling:** Review body mass index (BMI) results with your doctor annually. BMI is an important tool in determining childhood obesity. For ages 2–15, your doctor needs to calculate and discuss BMI percentage. For ages 16 and older, your doctor needs to calculate and discuss BMI value.
- **Cholesterol:** All children at least once between ages 9 and 11 years and again between ages 17 and 21 years.
- **Height and weight:** At every well-child exam.
- **Hemoglobin and hematocrit (Hgb/Hct):** As your child's doctor advises and at yearly checkups.
- **Lead screening:** All children at ages 12 and 24 months.* Continue screening until age 6.*
- **TB:** As your child's doctor advises.
- **Sexually transmitted disease (STD):** All sexually active patients should be screened for STDs, including chlamydia, starting at age 11. (HIV screenings as your child's doctor advises, starting at age 13, including those who are pregnant.)
- **Skin cancer counseling:** Starting at age 10 for those with fair skin.
- **Urine test:** At least once in teen years.
- **Vision and hearing:** Should be checked every year; testing for vision should start at age 3, hearing should be tested at age 4 and annually thereafter until age 11.
- **Dental:** Your child should have dental checkups twice a year.

* Mandated by the New York State Department of Health.
Source: American Academy of Pediatrics

AGE 21 AND OLDER

Well-person exam: May include advice on dental health and vision, exercise and physical activity, diet and nutrition, sun exposure, smoking cessation, substance abuse, alcohol misuse and tobacco consumption, injury prevention, sexual behavior and intimate partner violence, vulnerable adult and elder abuse. Women who are or plan to become pregnant should take a daily multivitamin with folic acid. If you are at increased risk for certain cancers, you should ask your doctor about screening schedules and possibly starting screening at an earlier age. A risk factor is anything that affects your chance of developing a condition. Risk factors can be your age, gender, family history or lifestyle. During your exam, you may receive shots and screenings, depending on clinical presentation and your doctor's judgment.

IMMUNIZATIONS

See recommended immunizations for adults on back page.

SCREENINGS

- **Abdominal aortic aneurysm:** If you are a male between the ages of 65 and 75 and have ever been a smoker, talk to your doctor about a one-time screening for abdominal aortic aneurysm.
- **Blood pressure:** Every two years for those with blood pressure less than 120/80 and yearly with blood pressure 120–139/80–90.
- **Bone densitometry:** In women age 65 and older and men 70 and older, bone mineral density (BMD) testing recommended every two years when taking osteoporosis medication. In younger women, as your doctor advises.
- **Breast exam, clinical:** Every three years for women in their 20s and 30s and every year for women 40 and over. Breast self-exam is an option for women starting in their 20s.
- **Breast mammogram:** Yearly starting at age 40.
- **Cholesterol:** A fasting lipid profile starting at age 20; every five years thereafter; more frequently as your doctor advises.
- **Colon and rectal cancer:** At age 50–75 speak with your doctor about which of the following tests are right for you:
 - Flexible sigmoidoscopy every five years.
 - Yearly fecal occult blood test (FOBT).
 - Fecal immunochemical test (FIT) every year.
 - Colonoscopy every 10 years.

- **Dental:** Adults should have dental checkups twice a year or as your doctor advises. Pregnant women should see a dentist at least one time during pregnancy.
- **Depression:** Periodic assessment.
- **Diabetes, type 2:** In adults starting at age 45 and repeated every three years.
- **Hearing impairment:** Periodic assessment as your doctor advises.
- **Height and weight:** Yearly.
- **Obesity:** Use of body mass index (BMI) to identify adults at risk for disease and death due to overweight and obesity (as defined by having a BMI over 30 kg/m²).
- **Pelvic exam:** Screening should be done every year. Pap test for women ages 21–29 every three years. Women between 30 and 65 should have a Pap test every three years or a Pap test plus HPV testing every five years.
- **Prostate cancer:** Talk to your doctor about the benefits and risks of screening.
- **Sexually transmitted diseases (STD):** All sexually active men and women age 25 and younger as well as older adults at risk, as part of a regular health care visit. (HIV screening beginning at age 13 to age 65, including all pregnant women, and as your doctor advises.)
- **Skin cancer:** A skin evaluation should be part of a routine cancer-related checkup. Perform a self-evaluation once a month.
- **Vision/glaucoma:** Yearly, as needed or directed by your doctor. Check with eye doctor for recommended frequency of a complete eye exam for the following risk factors: history of eye injury, diabetes, family history of eye problems and African Americans older than 40.



PREVENTIVE

- **Aspirin therapy:** As your doctor advises.
- **Hormone replacement therapy:** As your doctor advises.
- **Exercise or physical therapy and Vitamin D supplementation for community-dwelling adults ages 65 or older:** As your doctor advises.

* See back page for more information about the influenza (flu) vaccine.
Source: U.S. Department of Health & Human Services

IMMUNIZATION SCHEDULE (0 THROUGH 18 YEARS)¹

Vaccines	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16-18 yrs
Hepatitis B (HepB)	<1 st dose>	<2 nd dose>														
Rotavirus (RV) RV-1 (2-dose series); RV-5 (3-dose series)		<1 st dose>	<2 nd dose>													
Diphtheria, tetanus, & acellular pertussis (DTaP: <7 yrs)		<1 st dose>	<2 nd dose>	<3 rd dose>				<4 th dose>				<5 th dose>				
Tetanus, diphtheria, & acellular pertussis (Tdap: ≥7 yrs)														(Tdap)		
Haemophilus influenzae type b (Hib)		<1 st dose>	<2 nd dose>				<3 rd or 4 th dose>									
Pneumococcal conjugate (PCV13)		<1 st dose>	<2 nd dose>	<3 rd dose>			<4 th dose>									
Pneumococcal polysaccharide (PPSV23)																
Inactivated Poliovirus (IPV) (<18 years)		<1 st dose>	<2 nd dose>				<3 rd dose>					<4 th dose>				
Influenza (IIV; LAIV) 2 doses for some							Annual vaccination (IIV only)					Annual vaccination (IIV or LAIV)				
Measles, mumps, rubella (MMR)							<1 st dose>					<2 nd dose>				
Varicella (VAR)							<1 st dose>					<2 nd dose>				
Hepatitis A (HepA)							2 dose series									
Human papillomavirus (HPV2: females only; HPV4: males and females)														(3-dose series)		
Meningococcal (Hib-MenCY > 6 weeks; MCV4-Dz9 mos; MCV4-CRM ≥ 2 yrs.)														<1 st dose>		Booster

■ Range of recommended ages for all children
 ■ Range of recommended ages for catch-up immunization
 ■ Range of recommended ages for certain high-risk groups
■ Range of recommended ages during which catch-up is encouraged and for certain high-risk groups
 ■ Not routinely recommended

IMMUNIZATION SCHEDULE (19 AND OLDER)¹

VACCINE ▼	AGE GROUP ►	19-21 years	22-26 years	27-49 years	50-59 years	60-64 years	≥ 65 years
Influenza *		1 dose annually					
Tetanus, diphtheria, pertussis (Td/Tdap) *		Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs					
Varicella *		2 doses					
Human papillomavirus (HPV) Female *		3 doses					
Human papillomavirus (HPV) Male *		3 doses					
Zoster						1 dose	
Measles, mumps, rubella (MMR) *		1 or 2 doses					
Pneumococcal polysaccharide (PPSV23)		1 or 2 doses					1 dose
Pneumococcal 13-valent conjugate (PCV13) *		1 dose					
Meningococcal *		1 or more doses					
Hepatitis A *		2 doses					
Hepatitis B *		3 doses					

*Covered by the Vaccine Injury Compensation Program

■ For all persons in this category who meet the age requirements and who lack documentation of vaccination or have no evidence of previous infection; zoster vaccine recommended regardless of prior episode of zoster
■ Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indication)
 ■ No recommendation

Bars show the range of recommended ages for the vaccination.

¹This schedule includes recommendations in effect as of January 1, 2013. For more information on CDC immunization recommendations, visit www.cdc.gov.

**The Centers for Disease Control and Prevention (CDC) recommends that all persons age 6 months and older be immunized annually for seasonal flu. Children between age 6 months and 8 years who are getting the flu shot for the first time will require two separate shots, as a single dose will not provide enough protection.

Note: New York State requires that all children born January 1, 2008 or later be immunized with the Pneumococcal Conjugate Vaccine (PCV) before attending day care, pre-K or Head Start programs. New York State also requires that all children who attend a school, day care center or preschool program must have these shots: hepatitis B; diphtheria, tetanus, acellular pertussis; Haemophilus influenzae type b; polio; measles, mumps, rubella; and varicella. The New York State Department of Health's immunization bureau has issued new requirements for the tetanus, diphtheria and pertussis (Tdap) booster vaccine. As of September 1, 2007 all children born on or after January 1, 1994 and enrolling in the sixth grade will need to receive one dose of the Tdap booster vaccine.

Source: The Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP).

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