



**2024 EmblemHealth
VIP Medicare Plans**

No matter what your needs, we have a plan for you.

Based on more than 80 years of experience, we know that different people have different needs.

That is why we offer you a choice of EmblemHealth VIP Medicare plans. We want to make it easy for you to select the Medicare plan that is right for you. At EmblemHealth, keeping you healthy is one of our top priorities.

EmblemHealth VIP Medicare Plans

EmblemHealth offers many different non-referral plans that give you all the benefits of Original Medicare and more. All EmblemHealth VIP Medicare plans give you service through our VIP Bold or VIP Reserve Network of health care professionals and facilities. One is sure to meet your needs and budget!

EmblemHealth VIP Gold (HMO): You will pay **\$0** to see your primary care provider (PCP) and **\$25** to see specialists in-network. You will also get benefits Medicare does not cover, like comprehensive dental, hearing aids, vision, and a **SilverSneakers® membership**.

EmblemHealth VIP Gold Plus (HMO): You will pay **\$0** for many medical services, such as when you see your primary care provider (PCP) or specialists, or get urgently needed services. You will also get benefits Medicare does not cover, like comprehensive dental, hearing aids, vision, and a **SilverSneakers® membership**.

EmblemHealth VIP Rx Saver (HMO): You will pay **\$0** each month for the plan. You will pay **\$0** to see your primary care provider (PCP) and **\$25** to see specialists in network. You will also get benefits Medicare does not cover, like comprehensive dental, \$125 monthly over-the-counter (OTC) items, hearing aids, vision, and a **SilverSneakers® membership**.

Plans availability varies by county.

EmblemHealth VIP Dual Medicare Plans

EmblemHealth VIP Dual Reserve (HMO D-SNP): This is a Special Needs Plan for people enrolled in both Medicare and full Medicaid. You pay nothing each month for this plan based on your level of Extra Help. You pay **\$0** for covered services in this plan. You will also get benefits Medicare does not cover, like preventive and comprehensive dental, routine eyewear, and a debit card with up to **\$20 monthly** for over-the-counter (OTC) items including healthy food items.

EmblemHealth VIP Dual (HMO D-SNP): This is a Special Needs Plan for people enrolled in both Medicare and full Medicaid. You pay nothing each month for this plan based on your level of Extra Help. You pay **\$0** for covered services in this plan. You will also get benefits Medicare does not cover, like preventive and comprehensive dental, hearing aids, routine eyewear, a **SilverSneakers® membership**, a card with up to **\$60** for over-the-counter (OTC) items including healthy food items depending on where you live, and **10 acupuncture visits** in addition to what Medicare covers.

To join Special Needs Plans, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and Medicaid, and live in our service area.

Our Special Needs Plans (HMO D-SNP) cover beneficiaries with the Medicaid benefit levels below:

Chart for Dual Eligibility

| Criteria | VIP Dual Reserve and VIP Dual |
|---------------------------------------|-------------------------------|
| Full New York State Medicaid benefits | ✓ |
| QMB-Plus | ✓ |

EmblemHealth VIP Medicare Plans

| Monthly Premium – The amount you pay for your insurance every month. | EmblemHealth VIP Gold (HMO) (Premiums may be reduced based on your level of Extra Help.) |
|--|--|
| Bronx/Kings/New York/Queens | \$82 |
| Richmond/Nassau | \$112 |
| Suffolk/Westchester | \$219 |
| Orange/Rockland/Dutchess/ Putnam/Sullivan/Ulster | N/A |
| Albany/Broome/Columbia/Delaware/Greene/Rensselaer/ Saratoga/Schenectady/Warren/Washington | N/A |
| What Our Plan Covers | |
| | VIP Bold Network |
| Primary care provider (PCP) visit | \$0 |
| Specialist visit | \$25 |
| Preventive care (services that keep you healthy) | \$0 |
| Urgent care | \$35 |
| Emergency room | \$100 |
| Inpatient hospital coverage | \$290/day for days 1-7 \$0 days 8 and beyond |
| Lab services ¹ | \$0 or \$15 |
| Foot care | \$25 |
| X-rays ¹ | \$25 or 20% |
| Dental services (no annual dollar limit) | Comprehensive and Preventive |
| Hearing aids | Up to \$2,400 every 3 years |
| Routine eyewear | Up to \$300 every year |
| Prescription drugs | Yes |
| Extra Benefits | |
| 24-Hour nurse hotline | Yes |
| SilverSneakers® | Yes |
| Acupuncture ² | Yes |
| Teladoc® | \$0 |
| Telehealth ³ | Yes |
| Over-the-counter items | Not covered |

¹ Lower cost when provided in a doctor’s office or independent facility.

² You get up to 20 visits per year to treat chronic low back pain.

³ Telehealth benefit is the same copay as PCP and specialist visits.

| EmblemHealth VIP Gold Plus (HMO) | EmblemHealth VIP Rx Saver (HMO) |
|--|--|
| (Premiums may be reduced based on your level of Extra Help.) | |
| \$241 | N/A |
| | N/A |
| | N/A |
| | N/A |
| N/A | \$0 |

| VIP Bold Network | VIP Bold Network |
|---|---|
| \$0 | \$0 |
| \$0 | \$25 |
| \$0 | \$0 |
| \$0 | \$50 |
| \$100 | \$100 |
| \$195/day for days 1-10 \$0 days 11 and beyond | \$325/day for days 1-5 \$0 days 6 and beyond |
| \$0 or \$15 | \$0 or \$15 |
| \$0 | \$25 |
| \$0 or 20% | \$40 |
| Comprehensive and Preventive Up to \$3,000 every 3 years | Comprehensive and Preventive Up to \$1,500 every 3 years |
| Up to \$150 every year | Up to \$600 every year |
| Yes | Yes |

| | |
|-------------|---------------------------------|
| Yes | Yes |
| Yes | Yes |
| Yes | Yes |
| \$0 | \$0 |
| Yes | Yes |
| Not covered | \$125 per month mail order only |

EmblemHealth VIP Medicare Special Needs Plans



| | EmblemHealth VIP Dual Reserve (HMO D-SNP) | EmblemHealth VIP Dual (HMO D-SNP) |
|--|--|--------------------------------------|
|--|--|--------------------------------------|

Monthly Premium - The amount you pay for your insurance every month.
(Premiums below include full Extra Help.)

| | | |
|--|-----|-----|
| Bronx/Kings/New York/Queens | \$0 | \$0 |
| Richmond/Nassau/Suffolk | | |
| Hudson Valley: Westchester/Orange/Rockland/ Dutchess/Putnam/Sullivan/Ulster | N/A | \$0 |
| Capital Region: Albany/Broome/Columbia/ Delaware/Greene/Rensselaer/Saratoga/ Schenectady/Warren/Washington | N/A | \$0 |

What Our Plan Covers

| | VIP Reserve Network | VIP Bold Network |
|---|--|---|
| Primary care provider (PCP) visit | \$0 | \$0 |
| Specialist visit | \$0 | \$0 |
| Preventive care (services that keep you healthy) | \$0 | \$0 |
| Urgent care | \$0 | \$0 |
| Emergency room | \$0 | \$0 |
| Inpatient hospital coverage | \$0 | \$0 |
| Lab services ¹ | \$0 | \$0 |
| X-rays | \$0 | \$0 |
| Foot care | \$0 | \$0 |
| Dental services (no annual dollar limit) | Comprehensive & Preventive | Comprehensive & Preventive |
| Hearing aid | Not covered | Up to \$300 every 3 years |
| Routine eyewear (maximum limit) | Up to \$500 every year | Up to \$300 every 2 years |
| Prescription drugs | Yes | Yes |
| Extra Benefits | | |
| 24-Hour nurse hotline | Yes | Yes |
| SilverSneakers® | Not covered | Yes |
| Acupuncture ² | Yes | Yes. Plus 10 additional visits yearly at no cost |
| Telehealth ³ | \$0 | \$0 |
| Teladoc® | \$0 | \$0 |
| Over-the-counter items | Includes Healthy Food \$20 per month | Includes Healthy Food • \$60 per month in Nassau, Suffolk, Richmond, Hudson Valley, and Capital Region. • Not covered in the Bronx, Kings, New York, and Queens counties. |

¹ Lower cost when provided in a doctor's office or independent facility.

² You get up to 20 visits for chronic low back pain each year.

³ Telehealth visit copays are the same as PCP and specialist visits.



Over-the-Counter (OTC) Benefit

Many of our plans include an OTC allowance to spend on eligible items.

Eligible health items include:

- Allergy, sinus, and combination liquids and tablets.
- Cough, cold, and flu liquids and tablets.
- Denture/dental care (floss, toothbrush, toothpaste, and denture care).
- Elevated toilet seats and accessories.
- And more!

Some plans allow members to use their OTC benefit to also buy fresh, nutritious, and healthy food items.

These items may include:

- Hot and cold cereal.
- Dairy products (milk, cheese, butter).
- Dry foods (beans, fruits, pasta) and frozen foods.
- Eggs and egg substitutes.
- Fresh food boxes (mixed produce, fruits, and vegetables).
- Meat (poultry, beef, sausage, lunch meat).
- Rice, whole grains, and soup.
- And more!

Check the chart below to find your plan and information on how to use your OTC benefit:

| Plan Name | OTC Items by Mail Order | OTC Items in Retail Stores | OTC Items and Healthy Foods | OTC Card |
|------------------------------|-------------------------|----------------------------|-----------------------------|----------|
| VIP Dual Reserve (HMO D-SNP) | ✓ | ✓ | ✓ | ✓ |
| VIP Dual (HMO D-SNP) | ✓ | ✓ | ✓ | ✓ |
| VIP Rx Saver (HMO) | ✓ | | | |

OTC benefit amount must be used within the benefit frequency and will not roll over.

For more information, visit [emblemhealth.com/otc](https://www.emblemhealth.com/otc).

Scan QR Code to view mail order catalog:



VIP Rx saver (HMO)



VIP Reserve and Dual (HMO D-SNP)



EmblemHealth Prescription Drug Coverage

Prescription Drug Tiers (levels)

Many EmblemHealth HMO plans with prescription drug coverage have a formulary with six tiers:

Tier 1: Preferred Generic

Tier 2: Generic

Tier 3: Preferred Brand

Tier 4: Non-Preferred Drugs

Tier 5: Specialty

Tier 6: Select Care Drugs

Where to buy your prescription drugs

There are more than 35,000 pharmacies in the EmblemHealth network, including many national chain pharmacies. Pharmacies in our network include “standard” pharmacies and “preferred” pharmacies.

The cost of covered drugs will be lower if you use a preferred pharmacy. Preferred pharmacies include, but are not limited to: Duane Reade, Rite Aid, Walgreens, Walmart, and more.

You can also purchase covered drugs using our mail order pharmacies, including a preferred mail order pharmacy like Express Scripts. Using a preferred mail order will save you time and money. On most plans, you will pay \$0 for generic drugs in Tiers 1, 2, and 6 when you use a preferred mail order pharmacy.

The prescription drug cycle

What you pay for your covered prescription drugs depends on what stage of the drug benefit cycle you are in. The federal government created these stages and each year sets a dollar limit within each stage. The amount you pay for your covered prescriptions may be different, depending on which stage you are in, and a new cycle begins on Jan. 1 of each year.

Stage 1 – Deductible

This is the amount you will need to pay before your plan pays.

Stage 2 – Initial Coverage Limit

You pay copays (the fixed amount you pay for drugs) and/or coinsurance (the percentage you pay for drugs) for covered drugs until your total drug costs exceed the initial coverage limit set by that plan in 2024. Total drug costs include what you have paid plus what EmblemHealth has paid since the beginning of the year.

Stage 3 – Coverage Gap (also known as the donut hole)

You pay copays and/or coinsurance for covered drugs until your true out-of-pocket costs reach **\$8,000** in 2024. True out-of-pocket costs include the costs you have paid plus the brand-name drug manufacturer discounts.

Stage 4 – Catastrophic Coverage

After your true out-of-pocket costs exceed **\$8,000** in 2024, you pay \$0.

EmblemHealth Prescription Drug Coverage

Included in VIP Medicare Plans

| | EmblemHealth VIP Gold (HMO) EmblemHealth VIP Gold Plus (HMO) | EmblemHealth VIP Rx Saver (HMO) |
|--|---|---|
| | Preferred/Standard Pharmacy | Preferred/Standard Pharmacy |
| Annual Deductible | \$200 (applies to Tier 3, Tier 4, and Tier 5 drugs only) | \$395 (applies to Tier 4 and Tier 5 drugs only) |
| Initial Coverage Limit | \$5,030 | |
| Preferred Mail Order | \$0 copay for Tier 1, Tier 2, and Tier 6 drugs | |
| Tier 1: Preferred Generic | \$2/\$7 | |
| Tier 2: Generic | \$10/\$20 | \$15/\$20 |
| Tier 3: Preferred Brand | \$40/\$47 | \$42/\$47 |
| Tier 4: Non-Preferred Drugs | \$95/\$100 | |
| Tier 5: Specialty | 29% | 25% |
| Tier 6: Select Care Drugs | \$0 | |
| Coverage Gap | \$5,030-\$8,000 | |
| Tier 1: Preferred Generic | 25% | |
| Tier 2: Generic | 25% | |
| Tier 3: Preferred Brand | 25% | |
| Tier 4: Non-Preferred Drugs | 25% | |
| Tier 5: Specialty | 25% | |
| Tier 6: Select Care Drugs | \$0 | |
| Catastrophic Coverage (After your out-of-pocket cost reaches \$8,000.) | \$0 | |

You pay no deductible and no more than \$35 for one-month supply of covered insulins and \$0 for most adult Part D vaccines, including shingles, tetanus and travel vaccines.

Prescription Drug Coverage Included in EmblemHealth D-SNP Plans

- EmblemHealth VIP Dual Reserve (HMO D-SNP).
- EmblemHealth VIP Dual (HMO D-SNP).

| | |
|--------------------------|-----|
| Annual Deductible | \$0 |
|--------------------------|-----|

Initial Coverage (\$0-\$8,000)

| | |
|------------------------------------|-------------------------------------|
| Tier 1: Preferred Generic | \$0 or \$1.55 or \$4.50 |
| Tier 2: Generic | Depends on your level of extra help |
| Tier 3: Preferred Brand | Generics: \$0 or \$1.55 or \$4.50 |
| Tier 4: Non-Preferred Drugs | Brands: \$0 or \$4.60 or \$11.20 |
| Tier 5: Specialty | Depends on your level of extra help |

| | |
|----------------------------------|-----|
| Tier 6: Select Care Drugs | \$0 |
|----------------------------------|-----|

Catastrophic Coverage (over \$8,000)

| | |
|----------------------------|-----|
| All Formulary Drugs | \$0 |
|----------------------------|-----|

\$0 eligible vaccines with no deductible.



Low-Income Subsidy (LIS) Premium Reduction

If you get Extra Help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get Extra Help from Medicare. The amount of Extra Help will determine your total monthly plan premium as a member of our plan. For more information about LIS, please call Social Security at **800-772-1213** (TTY: **800-325-0778**), Monday through Friday, 8 a.m. to 7 p.m.

| Your level of Extra Help | EmblemHealth VIP Gold (HMO) – Bronx/Kings/New York/Queens | EmblemHealth VIP Gold (HMO) – Nassau/Richmond |
|---------------------------------|--|--|
| 0% (Full Premium) | \$82.00 | \$112.00 |
| 100% | \$33.30 | \$63.30 |

| Your level of Extra Help | EmblemHealth VIP Gold (HMO) – Suffolk/Westchester |
|---------------------------------|--|
| 0% (Full Premium) | \$219.00 |
| 100% | \$170.30 |

| Your level of Extra Help | EmblemHealth VIP Gold Plus (HMO) – All Counties |
|---------------------------------|--|
| 0% (Full Premium) | \$241.00 |
| 100% | \$192.30 |



Services That Put You First — EmblemHealth Medicare Connect Concierge

EmblemHealth Medicare Connect Concierge is the one phone number you call when you need help solving your health care needs.

When you call EmblemHealth Medicare Connect Concierge, we can help you:

- Make a doctor’s appointment.
- Coordinate prior approvals.
- Answer benefit questions.
- Arrange Medicaid transportation.
- Confirm your over-the-counter (OTC) balance.
- And more!

And, we won’t transfer you. EmblemHealth Medicare Connect Concierge representatives will stay on the line and arrange three-way calls to help you.



The EmblemHealth Member Rewards Program

It pays to take care of yourself.

You deserve to be rewarded for making smart choices about your health. You can earn over \$100 for getting health services you need. Once you join the program, you’ll see what services can earn you rewards.

Member Rewards Program

| Preventive Measures | Reward |
|--|--------|
| Initial New-to-Medicare Annual Wellness Visit* | \$50 |
| Initial Health Assessment (HA)* | \$25 |
| Annual Primary Care Provider (PCP) Visit | \$25 |
| Member Portal Registration | \$25 |
| Sign-up for Paperless | \$25 |

*You must complete your visit or assessment within 90 days of your enrollment.

For more information, visit emblemhealth.com/medicare-rewards.

VIP Dual Reserve and VIP Dual members can earn up to an additional \$310 a year (eligible after completing a consult with a clinical pharmacist in our Medication Therapy Management Program (MTM) for each refill of monthly diabetes, hypertension, or cholesterol prescriptions. You can earn rewards for each prescription refill of Select Care Drugs (Tier 6)).

Fitness Program

It's never too late to add exercise to your life!



SilverSneakers® is a fitness program for seniors that comes free with qualifying Medicare health plans, like those offered by EmblemHealth. SilverSneakers® can help you live a healthier, more active life.

Learn more at silversneakers.com.

Preventive and Comprehensive Dental

All EmblemHealth Medicare Advantage plans include the preventive and comprehensive dental services below at no extra monthly cost. There is no annual dollar limit (prior authorization may be required).

| Services | What You Pay* |
|--|---------------|
| Preventive Dental Benefits | |
| Routine cleaning/1 every 6 months | You pay \$0 |
| Fluoride application; Fluoride treatment/1 every 6 months | You pay \$0 |
| Single-tooth x-rays; Bitewing x-rays/1 every 6 months | You pay \$0 |
| Periodic oral exam; Limited oral exam/1 every 6 months | You pay \$0 |
| Comprehensive Dental Benefits | |
| Restorative | |
| Fillings/1 every 24 months | You pay \$0 |
| Recent crown (covered after 6 months) | You pay \$0 |
| Prefabricated stainless steel crowns/1 every 60 months | You pay \$0 |
| Post and core in addition to crown/1 every 60 months | You pay \$0 |
| Inlay/Onlay and single crown restoration/1 every 60 months | You pay \$125 |
| Endodontic/Periodontic/Extractions | |
| Therapeutic pulpotomy/1 per lifetime | You pay \$0 |
| Root canal (molar)/1 per permanent tooth per lifetime | You pay \$20 |
| Root canal (except molar)/1 per lifetime | You pay \$0 |
| Gingivectomy/Gingivoplasty per quadrant/1 every 36 months | You pay \$20 |
| Osseous surgery - (1-3 teeth) per quadrant/1 every 60 months | You pay \$75 |
| Osseous surgery - (4 or more teeth) per quadrant/1 every 60 months | You pay \$150 |
| Periodontal maintenance/1 every 36 months | You pay \$0 |
| Apicoectomy/Periradicular services/1 per lifetime | You pay \$20 |
| Scaling and root planing/1 every 36 months per quadrant | You pay \$0 |
| Prosthetics, Oral/Maxillofacial | |
| Complete or partial denture/1 every 60 months | You pay \$150 |
| Complete denture repair/1 every 12 months | You pay \$0 |
| Complete denture rebase and relines/1 every 36 months | You pay \$0 |
| Fixed partial denture pontics, retainers, recent/1 every 60 months | You pay \$150 |
| Extraction or removal of tooth - soft tissue/1 per lifetime | You pay \$0 |
| Removal of bony impacted tooth/1 per lifetime | You pay \$50 |
| Other surgical procedures/1 per lifetime | You pay \$50 |
| Alveoloplasty without extraction - per quadrant/1 every 12 months | You pay \$0 |
| Excision, incision, and other repair procedures | You pay \$50 |
| Vestibuloplasty - 1 arch per lifetime | You pay \$50 |

*VIP Dual Reserve (HMO D-SNP) and VIP Dual (HMO D-SNP) have \$0 copays for covered services.



Take the next step to better manage your health care.

Simply call **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.

Visit us online at **emblemhealth.com/medicare**.

Health Insurance Plan of Greater New York (HIP) is an HMO plan with a Medicare contract and a 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. Free language assistance services are available at 800-447-9169 (TTY: 711). You can get this information for free in other formats, such as large print. Call our toll-free number at 800-447-9169 (TTY: 711). Eligibility for the Model Benefit or RI Programs under the VBID Model is not assured and will be determined by the MAO after enrollment, based on relevant criteria (e.g., clinical diagnoses, eligibility criteria, participation in a disease state management program.)

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