



2026 EmblemHealth VIP Medicare Plans

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

Based on more than 85 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 a range of plans that give you all the benefits of Original Medicare and so much more. You can get care from thousands of doctors and other health care providers in our extensive network. Our plans include additional benefits such as:

- Prescription drug coverage.
- Preventive and comprehensive dental coverage.
- **\$0** copay for Teladoc®.
- 24-hour nurse hotline.

EmblemHealth VIP Gold (HMO)

The monthly premium is **\$49 - \$175 depending on where you live** in addition to your Medicare Part B premium. You will pay:

- **\$0** to see your primary care provider (PCP).
- **\$25** to see a specialist.

Plus, you get **unlimited** Preventive and Comprehensive dental coverage, up to **\$2,400** every three years for hearing aids, up to **\$300** every year for eyewear, and access to the SilverSneakers® fitness program.

EmblemHealth VIP Gold Plus (HMO)

The monthly premium is **\$252** in addition to your Medicare Part B premium. You will pay:

- **\$0** to see your primary care provider (PCP).
- **\$0** to see a specialist.

Plus, you get **unlimited** Preventive and Comprehensive dental coverage, up to **\$3,000** every three years for hearing aids, up to **\$150** every year for eyewear, and access to the SilverSneakers® fitness program.

EmblemHealth VIP Value (HMO-POS)

The monthly premium is **\$0** in addition to your Medicare Part B premium. You will pay:

- **\$0** to see your primary care provider (PCP).
- **\$35** to see a specialist.

Plus, you get Preventive and Comprehensive dental coverage with a **\$2,000** annual limit, up to **\$300** for eyewear every year, up to **\$3,000** every three years for hearing aids, **\$80** quarterly for over-the-counter items, and access to the SilverSneakers® fitness program.

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 if you receive Extra Help. You will pay:

- **\$0** to see your primary care provider (PCP).
- **\$0** to see a specialist.

Plus, you get **unlimited** Preventive and Comprehensive dental coverage, up to **\$350** every year for eyewear, **\$80** monthly for over-the-counter (OTC) items, **20 acupuncture visits**, and access to the SilverSneakers® fitness program in addition to what Medicare covers.

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 if you receive Extra Help. You will pay:

- **\$0** to see your primary care provider (PCP).
- **\$0** to see a specialist.

Includes **unlimited** Preventive and Comprehensive dental coverage. Depending on where you live, you get up to **\$150** every two years for eyewear, up to **\$40** monthly for over-the-counter (OTC) items, and access to the SilverSneakers® fitness program.

*Our Special Needs Plans (HMO D-SNP) cover beneficiaries who have full Medicaid and QMB-Plus Medicaid benefit levels.

EmblemHealth VIP Medicare Plans

EmblemHealth VIP Gold (HMO)	
Monthly Premium – The amount you pay for your insurance every month.	(Premiums may be reduced with Extra Help.)
Kings	\$49
Bronx/New York/Queens/Richmond	N/A
Nassau	\$114
Suffolk/Westchester	\$175
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 care within the U.S./outside the U.S. ¹	\$115/\$0
Inpatient hospital coverage	\$290 per day for days 1-7 \$0 per additional day
Lab services ²	\$0 or \$15
Foot care	\$25
X-rays ²	\$25 or 20%
Dental services	Comprehensive & Preventive (no annual dollar limit)
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 ³	Yes
Teladoc®	\$0
Telehealth ⁴	Yes
Over-the-counter items	Not covered
Maximum out-of-pocket limit (financial protection for you)	\$9,250

¹ Subject to limitations.

² Lower cost when provided in a doctor's office or independent facility.

³ You get up to 20 visits per year to treat chronic low back pain.

⁴ Telehealth benefit is the same copay as PCP and specialist visits.

EmblemHealth VIP Gold Plus (HMO)	EmblemHealth VIP Value (HMO-POS)
(Premiums may be reduced with Extra Help.)	
\$252	N/A
	N/A
	N/A
	N/A
	\$0 (Dutchess and Orange)
N/A	\$0
VIP Bold Network	VIP Bold Network
\$0	\$0
\$0	\$35
\$0	\$0
\$0	\$40
\$115/\$0	\$115/\$0
\$195 per day for days 1-10 \$0 per additional day	\$450 per day for days 1-5 \$0 per additional day
\$0 or \$15	\$0 or \$15
\$0	\$25
\$0 or 20%	\$25 or 20%
Comprehensive & Preventive (no annual dollar limit)	Comprehensive & Preventive included with up to \$2,000 annual limit
Up to \$3,000 every 3 years	Up to \$3,000 every 3 years
Up to \$150 every year	Up to \$300 every year
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
\$0	\$0
Yes	Yes
Not covered	\$80 per quarter
\$9,250	\$7,500

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.		
Bronx/Kings/New York/Queens	\$0	\$0
Richmond/Nassau/Suffolk	N/A	N/A
Hudson Valley: Westchester/Orange/ Rockland/Dutchess/Putnam/Sullivan/Ulster	N/A	N/A
Capital Region: Albany/Broome/Columbia/ Delaware/Greene/Rensselaer/Saratoga/ Schenectady/Warren/Washington	N/A	N/A
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	\$0	\$0
X-rays	\$0	\$0
Foot care	\$0	\$0
Dental services (no annual dollar limit)	Comprehensive & Preventive	Comprehensive & Preventive
Hearing aids	Up to \$3,000 every 3 years	Not covered
Routine eyewear (maximum limit)	Up to \$350 every year	Not covered
Prescription drugs	Yes	Yes
Extra Benefits		
24-hour nurse hotline	Yes	Yes
SilverSneakers®	Yes	Not covered
Acupuncture ¹	Yes. Plus 20 additional visits yearly at no cost	Yes
Telehealth ²	\$0	\$0
Teladoc®	\$0	\$0
Over-the-counter items	\$80 per month	Not covered

¹ You get up to 20 visits for chronic low back pain each year.

² Telehealth visit copays are the same as PCP and specialist visits.

EmblemHealth
VIP Dual (HMO D-SNP)

N/A
\$0
\$0
\$0

VIP Bold Network
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
Comprehensive & Preventive
Up to \$300 every 3 years
Up to \$150 every 2 years
Yes
Yes
Yes
Yes. Plus 10 additional visits yearly at no cost
\$0
\$0
\$40 per month

Over-the-Counter (OTC) Allowance

When your Medicare Advantage plan includes an over-the-counter (OTC) benefit, you can get an OTC card that can be used to shop for a wide range of health-related items.





EmblemHealth VIP Dual Reserve (HMO D-SNP)	\$80* monthly.
EmblemHealth VIP Dual (HMO D-SNP)	Up to \$40* monthly (depending on where you live).
EmblemHealth VIP Value (HMO-POS)	\$80* quarterly.

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

Here are some examples of covered over-the-counter items:

- Personal care:** First aid dressings/treatments, first aid kits and supplies, hot/cold therapy, braces, and orthopedic support.
- Vitamins/dietary supplements:** Vitamins, multivitamins, mineral supplements, specialty supplements, amino acids, and hormones.
- Oral care:** Toothbrushes, floss/flossers, denture products, toothpaste, dry mouth rinse, temporary dental repair, and mouth guards.
- Cold and allergy/pain relief:** Cough, cold, flu and sinus relief, cough drops, sore throat relief, nasal spray, sleep aids, external pain relief, stimulants, and motion sickness.

How To Buy Your OTC Item(s)

			
Retail Locations	Online	By Mail	By Phone

For the most up-to-date list of locations and mail order options, please visit emblemhealth.com/otc.



Scan QR Code to view
Convey mail order catalog:



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 60,000 pharmacies in the EmblemHealth network, including many national chain pharmacies such as Duane Reade, Walgreens, Walmart, and more.

You can also purchase covered drugs using our mail order pharmacies, including a preferred mail order pharmacy like Amazon Pharmacy or Express Scripts. Using a preferred mail order pharmacy 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. There is no deductible for insulins and most Part D vaccines.

Stage 2 – Initial Coverage Stage

In this stage, you and the plan share the costs of some of the covered drugs until your year-to-date out-of-pocket costs reach **\$2,100**. Out-of-pocket costs include what you paid when you get covered Part D prescription drugs, any payments for your drugs made by family or friends and payments made for your drugs by Extra Help from Medicare, an employer or union health plan, Indian Health Service, AIDS drug assistance programs, charities, and most State Pharmaceutical Assistance Programs (SPAPs).

You pay the lesser of 25% of the cost (22% if you use preferred mail order), or \$35 for a one-month supply of insulin. You pay \$0 for most adult Part D vaccines, including shingles, and some travel vaccines.

Stage 3 – Catastrophic Coverage

After your year-to-date out-of-pocket costs exceed **\$2,100** in 2026, you pay **\$0**.

EmblemHealth Prescription Drug Coverage

Included in VIP Medicare Plans

	EmblemHealth VIP Gold (HMO) EmblemHealth VIP Gold Plus (HMO)	EmblemHealth VIP Value (HMO-POS)
	Retail Pharmacy (one-month supply)	
Annual Deductible	\$200 (applies to Tier 3, Tier 4, and Tier 5 drugs only)	\$215 (applies to Tier 3, Tier 4, and Tier 5 drugs only)
Initial Coverage Stage	\$2,100	
Preferred Mail Order	\$0 copay for Tier 1, Tier 2, and Tier 6 drugs	
Tier 1: Preferred Generic	\$0	
Tier 2: Generic	\$10	
Tier 3: Preferred Brand	25%	
Tier 4: Non-Preferred Drugs	28%	
Tier 5: Specialty	29%	
Tier 6: Select Care Drugs	\$0	
Catastrophic Coverage		
(After your year-to-date out-of-pocket costs reach \$2,100.)	\$0	

You pay no deductible and the lesser of 25% of the cost (22% if you use preferred mail order), or \$35 for a one-month supply of insulin. You pay \$0 for most adult Part D vaccines, including shingles, and some 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-\$2,100)	
	Generic Drugs: \$0/\$1.60/\$5.10 Brand Drugs: \$0/\$4.90/\$12.65
All Formulary Drugs	The amount you pay depends on your level of Extra Help. Please refer to your Low-Income Subsidy (LIS) Rider for more information on what you pay.
Catastrophic Coverage (over \$2,100)	\$0

\$0 for most adult Part D vaccines, including shingles, and some travel vaccines.

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. For more information about LIS, please call Social Security at **800-772-1213** (TTY: **800-325-0778**) from 8 a.m. to 7 p.m., Monday through Friday.

EmblemHealth VIP Gold (HMO) —Kings	
Without Extra Help	\$49.00
With Extra Help	\$48.40

EmblemHealth VIP Gold (HMO) — Nassau	
Without Extra Help	\$114.00
With Extra Help	\$113.40

EmblemHealth VIP Gold (HMO) — Suffolk/Westchester	
Without Extra Help	\$175.00
With Extra Help	\$174.40

EmblemHealth VIP Gold Plus (HMO) — All Counties	
Without Extra Help	\$252.00
With Extra Help	\$193.20

Services That Put You First — EmblemHealth Medicare Connect Concierge

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

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.
- Sign up for Member Rewards.
- 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.

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**.

The EmblemHealth Member Rewards Program

It pays to take care of yourself.

You deserve to be rewarded for making smart choices about your health. Once you join the program, you'll see all the services that can earn you rewards.

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

Health Service	Reward Amount
Annual Wellness Visit: Completion of an Annual Wellness Visit.	\$15
Sign-Up for Paperless in the EmblemHealth Member Portal*: Sign in to your member portal at my.emblemhealth.com . Click on your name in the top right corner. Under "My Profile," change your communications preferences. If you're using a mobile device, tap the Menu option.	\$100
Initial Health Assessment: Complete a health assessment within 90 days of enrollment at my.emblemhealth.com . Click on "Health and Wellness." Then, next to "Wellness Program," click "Get Started." This will launch a new web page with options including "Take Your Health Assessment."	\$50
Welcome to Medicare Exam: Completion of the Welcome to Medicare Exam within 90 days of enrolling in Medicare.	\$100
Diabetes A1C Test**: Complete an HbA1C blood test in 2026 to know if your blood sugar level is higher than normal.	\$25
Diabetes Eye Exam**: Complete a retinal or dilated eye exam by an eye care professional in 2026 to check for harm to your eyes.	\$50
Colorectal Health Screening**: Complete your colorectal health screening in 2026 to check for early signs of colon cancer. Talk to your doctor about your screening options.	\$50
Breast Health Screening (Mammogram)**: Complete a mammogram in 2026 to look for early signs of breast cancer. Ask your doctor about getting a mammogram prescription.	\$50
Diabetes Kidney Health Evaluation**: Complete an estimated glomerular filtration rate (eGFR) test and a urine albumin-creatinine ratio in 2026 to measure your kidney health and function.	\$25
Diabetes Care Completion Bonus**: Complete a diabetes A1C test, diabetes eye exam, and diabetes kidney health evaluation within the calendar year.	\$100
Bone Mineral Density (BMD) Test**: Complete a BMD test to check for osteoporosis for women age 67 – 85 within six months after a fracture.	\$250

*Sign-up for paperless activity must be completed in 2026 and is available once in a lifetime.

**Rewards are available to eligible members. EmblemHealth reserves the right to modify rewardable activities, retailers, or retail categories at any time and without notice.

Dental Coverage

All our Medicare Advanage plans include preventive and comprehensive dental benefits.

EMBLEMHEALTH VIP GOLD (HMO) OR EMBLEMHEALTH VIP GOLD PLUS (HMO)

You will pay \$0 – \$150 based on the procedure for Preventive and Comprehensive dental services. There is **no annual dollar limit**.

Preventive Dental Services	Member In-Network Cost Sharing
One every six months: oral exams, cleanings, fluoride, standard x-rays (bitewing) One every 36 months: complete series x-rays (Panorex)	You pay \$0
Comprehensive Dental Services*	Member In-Network Cost Sharing
Restorative services (fillings)	You pay \$0 – \$125 based on procedure
Endodontics	You pay \$0 – \$20 based on procedure
Periodontics	You pay \$0 – \$150 based on procedure
Extractions	You pay \$0 – \$50 based on procedure
Prosthodontics, other Oral/Maxillofacial surgery, other services	You pay \$0 – \$150 based on procedure

EMBLEMHEALTH VIP VALUE (HMO-POS)

You have a \$2,000 annual benefit limit for preventive and comprehensive dental benefits. This plan allows you to get dental services **in- and out-of-network**.

Preventive Dental Services	Member Cost Sharing
One every six months: oral exams, cleanings, fluoride, standard x-rays (bitewing) One every 36 months: complete series x-rays (Panorex)	You pay \$0
Comprehensive Dental Services*	Member Cost Sharing
Restorative services (fillings)	You pay 50%
Endodontics, Periodontics, Extractions, Prosthodontics, other Oral/Maxillofacial surgery, other services	You pay 50%

If you see an out-of-network dentist, your costs may be higher.

*Prior authorization may be required.



EMBLEMHEALTH VIP DUAL RESERVE (HMO D-SNP) OR EMBLEMHEALTH VIP DUAL (HMO D-SNP)

You will pay \$0 for Preventive and Comprehensive dental services, including Medicaid-covered dental services. There is **no annual dollar limit**.

Preventive Dental Services	Member In-Network Cost Sharing
One every six months: oral exams, cleanings, fluoride, standard x-rays (bitewing)	You pay \$0
One every 36 months: complete series x-rays (Panorex)	
Comprehensive Dental Services*	Member In-Network Cost Sharing
Restorative services (fillings)	You pay \$0
Endodontics, Periodontics, Extractions, Prosthodontics, other Oral/Maxillofacial surgery, other services	You pay \$0

*Prior authorization may be required.



Take the next step to better manage your health care.

Simply call **800-447-9169** (TTY: **711**). From Oct. 1 through March 31, you can call us seven days a week from 8 a.m. to 8 p.m. From April 1 through 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/HMO-POS plan with a Medicare contract and 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. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. 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**).

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