

Summary of Benefits

EmblemHealth VIP Part B Saver (HMO)

January 1, 2020 – December 31, 2020

Who can join?

To join **EmblemHealth VIP Part B Saver (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes the following counties in New York: Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk and, **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 requires referrals.

This plan offers Optional Supplemental Riders - where you have the option to add SilverSneakers® fitness and/or Comprehensive Dental benefits at a low cost.

Which doctors, hospitals and pharmacies can I use?

EmblemHealth VIP Part B Saver 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 **EmblemHealth VIP Part B Saver** plan, you must choose a Primary Care Provider (PCP) in the VIP Medicare 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.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plan's provider and pharmacy directory 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 October 1 to March 31, you can call us seven days a week from 8 am to 8 pm. From April 1 to September 30, you can call us Monday through Friday from 8 am to 8 pm.

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 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 **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.

EMBLEMHEALTH VIP PART B SAVER (HMO)				
MONTHLY PLAN PREMIUM (THE AMOUNT YOU PAY FOR YOUR INSURANCE EVERY MONTH)				
	EmblemHealth VIP Part B Saver (HMO)	EmblemHealth VIP Part B Saver (HMO) with Dental	EmblemHealth VIP Part B Saver(HMO) with SilverSneakers®	EmblemHealth VIP Part B Saver (HMO) with Dental and SilverSneakers®
All counties	\$0	\$12.50	\$15.00	\$27.50
In addition, you must continue to pay your Medicare Part B premium.				

BENEFIT	EMBLEMHEALTH VIP PART B SAVER (HMO)
Part B Premium Buydown	<p>\$41.67 per month</p> <p>EmblemHealth Part B Saver (HMO) offers a Part B buy down. We will reduce your monthly premium by \$41.67 per month. This reduction is set up by Medicare and administered through the Social Security Administration (SSA). Depending on how you pay your Medicare Part B premium, your reduction may be credited to your Social Security check or credited on your Medicare Part B premium statement. Reductions may take several months to be issued, however, you will receive a full credit.</p>
<p>Deductible</p> <p>(The amount you pay before the plan starts to pay.)</p>	<p>This plan has a \$1,000 deductible on select covered medical services.*</p> <p>Services Include:</p> <ul style="list-style-type: none"> • Worldwide Emergency Care • Worldwide Urgent Coverage • Partial Hospitalization • Occupational Therapy • Physical and Speech Therapy • Diagnostic Procedures & Tests • Diagnostic and Therapeutic Radiology • Outpatient Hospital Services • Outpatient Observation Services • Ambulatory Surgery Centers • Outpatient Blood Services • Ambulance Ground and Air • Dialysis Services

***Medical Deductible Applies**

BENEFIT	EMBLEMHEALTH VIP PART B SAVER (HMO)
<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.</p> <p>This does not include your premium or prescription drug costs.</p>	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>\$6,700 yearly for services you receive from in-network health care professionals and facilities.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Our plan has a coverage limit every year for certain in-network benefits. Please call us for the services that apply.</p>
<p>Inpatient Hospital Coverage (may require approval)</p>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>You pay \$495 per day for days 1 through 3</p> <p>You pay \$0 per day for days 4 through 90</p> <p>You pay \$0 per day for days 91 and beyond</p>
<p>Outpatient Hospital Coverage (may require approval)</p> <ul style="list-style-type: none"> • Ambulatory surgery center: • Hospital observation: • Outpatient hospital: 	<p>You pay \$300*</p> <p>You pay \$475*</p> <p>You pay \$495*</p>
<p>Doctor Visits</p> <ul style="list-style-type: none"> • Primary Care Doctor: • Specialists: <p>(may require permission from your primary care doctor)</p>	<p>You pay \$25</p> <p>You pay \$50</p>

***Medical Deductible Applies**

BENEFIT	EMBLEMHEALTH VIP PART B SAVER (HMO)
<p>Preventive Care (services that keep you healthy)</p> <ul style="list-style-type: none"> • Our plan covers many preventive services, including: 	<p>You pay \$0</p> <ul style="list-style-type: none"> – Bone mass measurement – Breast cancer screening (mammogram) – Cardiovascular screenings – Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) – Depression screening – Diabetes screenings – Prostate cancer screenings (PSA) – Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots – “Welcome to Medicare” preventive visit (one-time) – Yearly “Wellness” visit <p>And all additional preventive services approved by Medicare during the contract year will be covered.</p>
<p>Emergency Care</p>	<p>You pay \$90</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 Care” section of this booklet for other costs.</p>
<p>Urgently Needed Services</p>	<p>You pay \$50</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 20% of the cost*</p> <p>You pay \$0 or \$20</p> <p>You pay \$0 or \$50*</p> <p>You pay \$40</p> <p>You pay 20% of the cost*</p>

***Medical Deductible Applies**

BENEFIT	EMBLEMHEALTH VIP PART B SAVER (HMO)
<p>Hearing Services (may require permission from your doctor)</p> <ul style="list-style-type: none"> • Exam to diagnose and treat hearing and balance issues: • Routine hearing exam (for up to one every year): • Hearing aid fitting/evaluation (for up to one every year): • Hearing aid: 	<p>You pay \$40</p> <p>You pay \$10</p> <p>You pay \$10</p> <p>You pay \$0</p> <p>Our plan covers up to \$630 every three years for hearing aids.</p>
<p>Dental Services</p> <p>No Annual Dollar Limit</p> <p>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 (for up to one every six months): • Dental X-ray(s) (for up to one every six months): • Fluoride treatment (for up to one every six months): • Oral exam (for up to one every six months): <p>Comprehensive Dental Services:</p> <p>Optional Supplemental Benefit</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 \$12.50 monthly premium</p> <p>\$0 - \$125</p> <p>\$0 - \$20</p> <p>\$0 - \$150</p> <p>\$0 - \$50</p> <p>\$0 - \$150</p>
<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) (May require approval): 	<p>You pay \$40</p>

BENEFIT	EMBLEMHEALTH VIP PART B SAVER (HMO)
<p>Vision Services (Continued)</p> <ul style="list-style-type: none"> Routine eye exam (for up to one every year): <p>Routine eyewear:</p> <ul style="list-style-type: none"> Eyeglasses (frames and lenses) or contact lenses: Eyeglasses (frames and lenses) or contact lenses after cataract surgery: 	<p>You pay \$10</p> <p>You pay \$0</p> <p>One pair every year up to \$240 plan limit per year.</p> <p>You pay \$40</p>
<p>Mental Health Services (may require approval)</p> <ul style="list-style-type: none"> Inpatient visit: <p>Mental Health Services</p> <ul style="list-style-type: none"> Outpatient group therapy visit: Outpatient individual therapy visit: 	<p>You pay \$1,763 per admission/benefit period.</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental health services provided in a general hospital.</p> <p>Our plan covers up to 90 days per year (up to the 190 day lifetime limit) for an inpatient psychiatric hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days (per year up to the 190 day lifetime limit).</p> <p>You pay \$40</p> <p>You pay \$40</p>
<p>Skilled Nursing Facility (SNF) (may require approval)</p>	<p>Our plan covers up to 100 days in an SNF.</p> <p>You pay \$0 per day for days one through 20.</p> <p>You pay \$178 per day for days 21 through 100.</p>

***Medical Deductible Applies**

BENEFIT	EMBLEMHEALTH VIP PART B SAVER (HMO)
<p>Physical Therapy (may require approval and/or permission from your doctor)</p> <ul style="list-style-type: none"> • Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): • Occupational therapy visit: • Physical therapy, and speech and language therapy visit: 	<p>You pay \$30</p> <p>You pay \$40*</p> <p>You pay \$40*</p>
<p>Ambulance (may require approval; not waived if admitted)</p> <ul style="list-style-type: none"> • Ground: • Air: 	<p>You pay \$375*</p> <p>You pay 20% of the cost*</p>
<p>Transportation</p>	<p>Not covered</p>

***Medical Deductible Applies**

Prescription Drugs for EmblemHealth VIP Part B Saver (HMO)

MEDICARE PART B DRUGS

- Chemotherapy drugs: You pay 10% of the cost in home and 20% of the cost at a retail pharmacy, mail order pharmacy, physician office, and outpatient facility.
- Other Part B drugs: You pay 10% of the cost in home and 20% of the cost at a retail pharmacy, mail order pharmacy, physician office, and outpatient facility.

MEDICARE PART D DRUGS

Our plan groups each drug into one of five “tiers” (levels). You will need to use the formulary (list of covered drugs) to locate what tier a drug is on.

Four Stages of Drug Coverage

Deductible

The deductible is the amount you pay before your plan starts to pay. This deductible is for retail and home delivery. There is no deductible for Tier 1 (preferred generic) drugs.

There is a **\$435** deductible for Tier 2 (generic), Tier 3 (preferred brand), Tier 4 (non-preferred drug) and Tier 5 (specialty tier) drugs for.

Initial Coverage

After you’ve reached the deductible, you’ll enter the initial coverage phase.

In this phase, you and the plan share the costs of some of the covered drugs until your total drug costs, including deductible, reach **\$4,020**. The total drug costs paid by both you and our Part D plan will help you reach the coverage gap.

Standard Retail Cost-Sharing

Tier	EmblemHealth VIP Part B Saver (HMO)				
	Deductible	Initial Coverage \$0-\$4,020 – 30-day Supply		Coverage Gap Over \$4,020	Catastrophic Over \$6,350
	You pay	Preferred	Standard	You pay	You pay
Tier 1: Preferred Generic	\$0	\$0	\$4	25%	5%
Tier 2: Generic	\$435	\$18	\$20	25%	5%
Tier 3: Preferred Brand	\$435	\$45	\$47	25%	5%
Tier 4: Non-Preferred Drug	\$435	\$95	\$100	25%	5%
Tier 5: Specialty Tier	\$435	25%	25%	25%	5%

Prescription Drugs for EmblemHealth VIP Part B Saver (HMO)

Standard Mail Order Cost-Sharing

Tier	EmblemHealth VIP Part B Saver (HMO)	
	30-day supply	90-day supply
Monthly Supply		
Tier 1: Preferred Generic	\$0	\$0
Tier 2: Generic	\$18	\$45
Tier 3: Preferred Brand	\$45	\$135
Tier 4: Non-Preferred Drug	\$95	\$285
Tier 5: Specialty Tier	25%	N/A

If you live in a long-term care facility, you pay the same as at a retail pharmacy.

Coverage Gap

The coverage gap (also called the “donut hole”) starts after the total yearly drug cost (along with what our plan has paid and what you have paid) reaches **\$4,020**.

While in the coverage gap in 2020, you’ll pay 25% of the plan’s cost for brand-name drugs and/or generic drugs. You enter the catastrophic coverage phase once your yearly true out-of-pocket cost (TrOOP) reaches **\$6,350**. The costs paid by you, and the manufacturer discount payment for brand-name drugs count 70% toward your true out-of-pocket costs and help you get out of the coverage gap. **Not everyone will reach the coverage gap.**

Catastrophic Coverage

After your yearly out-of-pocket drug costs reach **\$6,350**, your cost sharing will be the larger amount of **\$3.60** or 5% for generic or preferred multi-source drugs, and **\$8.95** or 5% for all other drugs.

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 available Medicare Part D subsidies (the money granted by the government to help pay for Part D drugs) please call:

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

ADDITIONAL BENEFITS	
BENEFIT	EMBLEMHEALTH VIP PART B SAVER (HMO)
Acupuncture	Not covered
Chiropractic Care (may require approval) Manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position):	You pay \$10
Foot Care (podiatry services may require permission from your doctor) <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 (for up to four visit(s) every year): 	You pay \$40 You pay \$40 Foot care includes removal of calluses and corns, and trimming of nails.
Home Health Care (may require approval)	You pay \$0
Hospice	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 contact us for more details.
Medical Equipment/Supplies Durable Medical Equipment (wheelchairs, oxygen, etc. may require approval): Prosthetic Devices (braces, artificial limbs, etc. may require approval): <ul style="list-style-type: none"> • Prosthetic devices: • Related medical supplies: Diabetes Supplies and Services: <ul style="list-style-type: none"> • Diabetes monitoring supplies: • Diabetes self-management training: • Therapeutic shoes or inserts: 	You pay 20% of the cost You pay 20% of the cost You pay 20% of the cost You pay \$0 You pay \$0 You pay \$0

ADDITIONAL BENEFITS	
BENEFIT	EMBLEMHEALTH VIP PART B SAVER (HMO)
Renal Dialysis	You pay 20% of the cost*
Wellness Programs <ul style="list-style-type: none"> Hotline: Teladoc®: Optional Supplemental Benefit <ul style="list-style-type: none"> Fitness: 	24-Hour Nurse Hotline You pay \$45 SilverSneakers® — You pay \$15 monthly premium
Outpatient Substance Abuse (may require approval) <ul style="list-style-type: none"> Group therapy visit: Individual therapy visit: 	You pay \$40 You pay \$40
Worldwide Emergency Urgent Coverage	You pay \$90* You pay \$0 if admitted in one day

***Medical Deductible Applies**

Health Insurance Plan of Greater New York (HIP) is an HMO/HMO-POS/HMO D-SNP plan with a Medicare contract. HIP has a contract with the New York Medicaid Program for HMO D-SNP. Enrollment in HIP depends on contract renewal. HIP is an EmblemHealth company. For more information, contact the plan. This information is not a complete description of benefits. Call 877-344-7364 TTY: 711 for more information.

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ATTENTION: If you speak other languages, language assistance services, free of charge, are available to you. Call 877-411-3625 (TTY: 711).

2020 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 am to 8 pm, seven days a week.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. 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.

Understanding Important Rules

- 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/co-insurance may change on January 1, 2021.
- 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).

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