



2021 EmblemHealth VIP Medicare Plans

Bronx, Dutchess, Kings, Nassau,
New York, Orange, Putnam, Queens,
Richmond, Rockland, Suffolk,
Sullivan, Ulster, and Westchester



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 Reserve (HMO): You will pay **\$0** each month for the plan. With this plan, you will pay **\$0** to see your primary care doctor and **\$25** to see specialists in-network. You will also get benefits Medicare does not cover, like comprehensive dental, hearing aids, vision, a **SilverSneakers® membership**, and **\$15 a month for over-the-counter (OTC) items** through mail order. This plan is available in the Bronx, Kings, Queens, and New York counties.

EmblemHealth VIP Essential (HMO): Depending on where you live, you will pay either **\$0** each month or a set amount each month (a premium). You will pay **\$0** to see your primary care doctor and **\$45** to see specialists. You will also get benefits Medicare does not cover, like comprehensive dental, hearing aids, vision, and **SilverSneakers® membership**.

EmblemHealth VIP Value (HMO): You will pay nothing each month for the plan — a “**\$0** premium.” With EmblemHealth VIP Value, you will pay **\$15** to see your primary care doctor and **\$50** to see specialists. You will also get benefits Medicare does not cover, like **\$450** yearly for routine eyewear. This plan offers Optional Supplemental Benefits — where you have the option to add **SilverSneakers® fitness** and/or comprehensive dental benefits at a low cost. This plan is not available in the Bronx and Kings counties.

EmblemHealth VIP Part B Saver (HMO): You will pay **\$0** each month for the plan — a “**\$0** premium.” With EmblemHealth VIP Part B Saver, you will pay **\$25** to see your primary care doctor and **\$50** to see specialists. You can also get up to **\$500 annual savings toward your Part B premium**. This plan offers Optional Supplemental Riders — where you have the option to add **SilverSneakers® fitness** and/or comprehensive dental benefits at a low cost.

EmblemHealth VIP Passport NYC (HMO): You will pay **\$42.30** each month for the plan. With this plan, you will pay **\$10** to see your primary care doctor and **\$40** to see specialists in-network. You will also get benefits Medicare does not cover, like preventive dental, hearing aids, **\$500** yearly eyewear, and a **SilverSneakers®**

membership. This plan is available in the Bronx, Kings, New York, Queens, and Richmond counties.

EmblemHealth VIP Passport (HMO): You will pay **\$42.30** each month for the plan. With this plan, you will pay **\$5** to see your primary care doctor and **\$35** to see specialists in-network. You will also get benefits Medicare does not cover, like preventive dental, hearing aids, **\$500** yearly eyewear, and **SilverSneakers® membership**. This plan is available in Nassau, Suffolk, Dutchess, Orange, Rockland, Putnam, Sullivan, Ulster, and Westchester counties.

EmblemHealth VIP Rx Saver (HMO): You will pay **\$5** to see your primary care doctor and **\$35** to see specialists. This plan does not have an annual deductible on tier 1, tier 2, and tier 3 prescription drugs. In addition, you will get benefits Medicare does not cover, like comprehensive dental, hearing aids, vision, and a **SilverSneakers® membership**. This plan is available in the Bronx, Dutchess, Orange, Rockland, Putnam, Sullivan, Ulster, and Westchester counties.

EmblemHealth VIP Go (HMO-POS): This plan provides **in-network and out-of-network** coverage for most services. You will pay **\$10** to see your primary care doctor and **\$45** 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 (HMO): You will pay **\$0** to see your primary care doctor and **\$25** to see specialists. 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 doctor 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 Dual Medicare Plans

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, **\$500** for eyewear, a **SilverSneakers® membership**, a Medicare debit card for up to **\$125** for over-the-counter (OTC) items depending on where you live, and **10 acupuncture visits** in addition to what Medicare covers.

EmblemHealth VIP Dual Select (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 an allowance toward comprehensive dental, hearing aids, vision, a Medicare debit card for up to **\$65 monthly** for over-the-counter items, and **10 acupuncture visits** in addition to what Medicare covers.

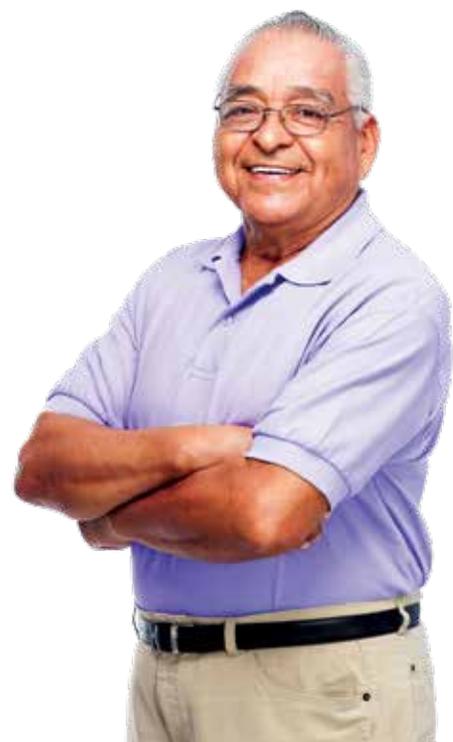
EmblemHealth VIP Dual Reserve (HMO D-SNP): This is a special needs plan for people enrolled in both Medicare and full Medicaid. You pay nothing each month for this plan based on your level of Extra Help. You pay **\$0** for covered services in this plan. You will also get benefits Medicare does not cover, like a Medicare debit card for up to **\$155 monthly** for over-the-counter (OTC) items. This plan is available in the Bronx, Kings, New York, and Queens counties.

EmblemHealth VIP Solutions (HMO D-SNP): This plan is a special needs plan for people enrolled in both Medicare and who have partial and/or full Medicaid. You may pay **\$0-\$42.30** each month for this plan based on your level of Extra Help. You may pay **\$0** or low copays (the fixed amount you pay for health services) depending on your level of Medicaid for covered services in this plan. You will also get benefits Medicare does not cover, like preventive dental, hearing aids, vision, 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, VIP Dual Select & VIP Dual Reserve	VIP Solutions
Full New York State Medicaid benefits	✓	✓
QMB		✓
QMB-Plus	✓	✓
SLMB		✓
SLMB-Plus	✓	✓
QI-1		✓



EmblemHealth VIP Medicare Plans

	EmblemHealth VIP Reserve (HMO)	EmblemHealth VIP Essential (HMO)
Monthly Premium - The amount you pay for your insurance every month		
Bronx/Kings/New York/Queens	\$0	\$0
Richmond/Nassau	N/A	\$55
Suffolk		\$128
Westchester/Orange/Rockland/Dutchess/Putnam/Sullivan/Ulster		\$68
What Our Plan Covers		
	VIP Reserve Network	VIP Bold Network
Primary Care Doctor Visit	\$0	\$0
Specialist Doctor Visit	\$25	\$45
Preventive Care (Services that keep you healthy)	\$0	\$0
Urgent Care	\$50	\$50
Emergency Room	\$90	\$90
Inpatient Hospital Coverage	\$492 per day 1-4	\$492 per day 1-4
Lab Services ¹	\$0 or \$15	\$0 or \$15
Foot Care	\$40	\$40
X-Rays	\$40	\$40
Dental Services (No annual dollar limit)	Comprehensive and Preventive	Comprehensive and Preventive
Hearing Aid	\$1,800 every 3 years	\$1,800 every 3 years
Routine Eyewear ² (Maximum limit)	\$240 every year	\$240 every year
Plan Medical Deductible	N/A	N/A
Prescription Drugs	Yes	Yes
Extra Benefits		
24-Hour Nurse Hotline	Yes	Yes
SilverSneakers [®]	Yes	Yes
Acupuncture ⁴	Yes	Yes
Teladoc [®]	\$45	\$45
Telehealth ⁷	Yes	Yes
Over-the-Counter Drugs	\$15 per month mail order only	Not Covered

¹ Lower cost when provided in a doctor's office or free-standing facility.

² Copay (the fixed amount you pay for health services) may apply for eye exam.

³ This plan is not available in the Bronx and Kings.

⁴ You get up to 20 visits per year for chronic low back pain.

EmblemHealth VIP Value (HMO) ³	EmblemHealth VIP Part B Saver (HMO)	EmblemHealth VIP Passport (HMO)	EmblemHealth VIP Passport NYC (HMO)
(Premiums may be reduced based on your level of Extra Help)			
\$0	\$0	N/A	\$42.30
		\$42.30 (Nassau only)	\$42.30 (Richmond only)
		\$42.30	N/A
		\$42.30	N/A
VIP Bold Network			
VIP Bold Network	VIP Bold Network	VIP Bold Network	VIP Bold Network
\$15	\$25	\$5	\$10
\$50	\$50	\$35	\$40
\$0	\$0	\$0	\$0
\$65	\$50	\$30	\$30
\$90	\$90	\$90	\$90
\$393 per day 1-5	\$495 per day 1-3	\$393 per day 1-5	\$393 per day 1-5
\$0 or \$15	\$0 or \$20	\$0 or \$15	\$0 or \$15
\$50	\$40	\$35	\$40
\$35	\$40	\$30	\$30
Preventive Covered; Comprehensive Optional Supplemental Benefits ⁵	Preventive Covered; Comprehensive Optional Supplemental Benefits ⁵	Comprehensive and Preventive	Comprehensive and Preventive
Not Covered	\$630 every 3 years	\$350 every year	\$350 every year
\$450 limit every year	\$240 every year	\$500 every year	\$500 every year
N/A	\$1,000 on select services	N/A	N/A
Yes	Yes	Yes	Yes
Optional Supplemental Benefits⁶			
Yes	Yes	Yes	Yes
\$45	\$45	\$45	\$45
Yes	Yes	Yes	Yes
Not Covered	Not Covered	Not Covered	Not Covered

⁵ Comprehensive Dental Optional Supplemental Benefit monthly premium is \$12.50.

⁶ SilverSneakers® Optional Supplemental Benefit monthly premium is \$15.00 in VIP Value and \$12.50 in Part B Saver.

⁷ Telehealth benefit is the same copay as PCP and Specialist visits.

EmblemHealth VIP Medicare Plans

	EmblemHealth VIP Rx Saver (HMO) ³
Monthly Premium - The amount you pay for your insurance every month	
Bronx/Kings/New York/Queens	\$49 (Bronx only)
Richmond/Nassau	N/A
Suffolk	N/A
Westchester/Orange/Rockland/Dutchess/ Putnam/Sullivan/Ulster	\$49
What Our Plan Covers	
	VIP Bold Network
Primary Care Doctor Visit	\$5
Specialist Doctor Visit	\$35
Preventive Care (Services that keep you healthy)	\$0
Urgent Care	\$50
Emergency Room	\$90
Inpatient Hospital Coverage	\$350 per day 1-5
Lab Services ¹	\$0 or \$15
Foot Care	\$40
X-Rays	\$40
Dental Services (No annual dollar limit)	Comprehensive and Preventive
Hearing Aid	\$1,800 every 3 years
Routine Eyewear ² (Maximum limit)	\$240 every year
Plan Medical Deductible	N/A
Prescription Drugs	Yes
Extra Benefits	
24-Hour Nurse Hotline	Yes
SilverSneakers	Yes
Acupuncture ⁴	Yes
Teladoc [®]	\$45
Telehealth ⁵	Yes
Over-the-Counter Drugs	Not Covered

¹ Lower cost when provided in a doctor's office or free-standing facility.

² Copay (the fixed amount you pay for health services) may apply for eye exam.

³ This plan is only available in the Bronx, Westchester, and Hudson Valley.

EmblemHealth VIP Go (HMO-POS) In-Network/Out-of-Network	EmblemHealth VIP Gold (HMO)	EmblemHealth VIP Gold Plus (HMO)
(Premiums may be reduced based on your level of Extra Help)		
\$72	\$96	\$302
\$72	\$123.50	
\$144	\$271	
\$72	\$243	
VIP Bold Network		
VIP Bold Network	VIP Bold Network	VIP Bold Network
\$10/\$30	\$0	\$0
\$45/\$65	\$25	\$0
\$0	\$0	\$0
\$50/\$50	\$35	\$0
\$90	\$90	\$90
\$360 per day 1-5/\$565 per day 1-5	\$290 per day 1-7	\$195 per day 1-10
\$0 or \$15/\$0 or \$15	\$0 or \$15	\$0 or \$15
\$40/\$40	\$25	\$0
\$40	\$25 or 20%	\$0 or 20%
Comprehensive and Preventive	Comprehensive and Preventive	Comprehensive and Preventive
\$1,800 every 3 years	\$2,400 every 3 years	\$3,000 every 3 years
\$240 every year	\$300 every year	\$150 every year
\$500 on select services	N/A	N/A
Yes	Yes	Yes
VIP Bold Network		
Yes	Yes	Yes
Yes	Yes	Yes
Yes	Yes	Yes
\$45	\$45	\$45
Yes	Yes	Yes
Not Covered	Not Covered	Not Covered

⁴ You get up to 20 visits for chronic low back pain each year.

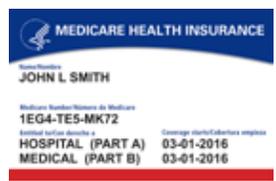
⁵ Telehealth benefit is the same copay as PCP and Specialist visits.

EmblemHealth VIP Medicare Special Needs (HMO D-SNP) Plans

EmblemHealth VIP Dual (HMO D-SNP)	
Monthly Premium - The amount you pay for your insurance every month	
Bronx/Kings/New York/Queens	\$0
Richmond/Nassau	
Suffolk	
Hudson Valley: Westchester/Orange/Rockland/Dutchess/Putnam/Sullivan/Ulster	
What Our Plan Covers	
	VIP Bold Network
Primary Care Doctor Visit	\$0
Specialist Doctor Visit	\$0
Preventive Care (Services that keep you healthy)	\$0
Urgent Care	\$0
Emergency Room	\$0
Inpatient Hospital Coverage	\$0
Lab Services ¹	\$0
X-Rays	\$0
Foot Care	\$0
Dental Services (No annual dollar limit)	Comprehensive and Preventive
Hearing Aid	\$1,500 every 3 years
Routine Eyewear ² (Maximum limit)	\$500 every 2 years
Plan Medical Deductible	N/A
Prescription Drugs	Yes
Extra Benefits	
24-Hour Nurse Hotline	Yes
SilverSneakers [®]	Yes
Acupuncture ³ (for pain relief other than low back pain)	Yes Plus 10 additional visits yearly at no cost
Teladoc [®]	Not covered
Telehealth ⁴	Yes
Over-the-Counter Drugs	<ul style="list-style-type: none"> • \$125 per month in the Bronx, Kings, New York, and Queens counties • \$100 per month in Nassau, Richmond, and Hudson Valley counties • \$50 per month in Suffolk county

¹ Lower cost when provided in a doctor's office or free-standing facility.

² Copay may apply for eye exam.



EmblemHealth VIP Dual Select (HMO D-SNP)	EmblemHealth VIP Dual Reserve (HMO D-SNP)	EmblemHealth VIP Solutions (HMO D-SNP)
(Premiums may be reduced based on your level of Extra Help)		
\$0	\$0	\$0-\$42.30
\$0	N/A	\$0-\$42.30
\$0	N/A	\$0-\$42.30
\$0	N/A	\$0-\$42.30
VIP Bold Network	VIP Reserve Network	VIP Bold Network
\$0	\$0	\$0
\$0	\$0	\$0 or \$25
\$0	\$0	\$0
\$0	\$0	\$0 or \$30
\$0	\$0	\$0 or \$90
\$0	\$0	\$0 or \$310 per day 1-6
\$0	\$0	\$0 or \$15
\$0	\$0	\$0 or 20%
\$0	\$0	\$0 or \$40
Comprehensive	Not Covered	Preventive
\$750 every year	Not Covered	\$350 every year
\$100 every year	Not Covered	\$200 every year
N/A	N/A	\$0 or \$ 295
Yes	Yes	Yes
Yes	Yes	Yes
Not Covered	Not Covered	Not Covered
Yes Plus 10 additional visits yearly at no cost	Yes	Yes Plus 10 additional visits yearly at no cost
Not Covered	Not Covered	Not Covered
Yes	Yes	Yes
\$65 per month	\$155 per month	Not Covered

³ You get up to 20 visits for chronic lower back pain each year.

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



EmblemHealth Prescription Drug Coverage

Prescription Drug Tiers (levels)

All EmblemHealth HMO and HMO-POS plans with prescription drug coverage have a formulary with five tiers:

Tier 1: Preferred Generic Drugs

Tier 2: Generic Drugs

Tier 3: Preferred Brand Drugs

Tier 4: Non-Preferred Drugs

Tier 5: Specialty Tier Drugs

Where to buy your prescription drugs

There are more than 25,000 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 Pharmacy—Express Scripts. Using mail order will save you time and money.

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 January 1st 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 drugs costs exceed the initial coverage limit set by that plan in 2021. 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 exceed **\$6,550** in 2021. True out-of-pocket costs include the costs you have paid plus the brand-name drug manufacturer discount.

Stage 4 – Catastrophic Coverage

After your true out-of-pocket costs exceed \$6,550 in 2021, you pay the greater of:

- 5% of the cost, or
- \$3.70 copay for generic drugs and a \$9.20 copay for all other drugs

EmblemHealth Prescription Drug Coverage

PART D DRUG COVERAGE	EmblemHealth VIP Essential (HMO)
	EmblemHealth VIP Value (HMO)
	EmblemHealth VIP Reserve (HMO)
	EmblemHealth VIP Passport (HMO) and EmblemHealth VIP Passport NYC (HMO)
	Preferred/Standard Pharmacy
Annual Deductible	\$295 (applies to Tier 3, Tier 4, and Tier 5 drugs only)
Initial Coverage	\$3,980
Mail Order	\$0 copay Tier 1 Preferred Generic
Tier 1: Preferred Generic Drugs	\$2/\$7
Tier 2: Generic Drugs	\$15/\$20
Tier 3: Preferred Brand Drugs	\$42/\$47
Tier 4: Non-Preferred Drugs	\$95/\$100
Tier 5: Specialty Tier	27% coinsurance
Coverage Gap	\$3,980-\$6,550
All Tiers	25%
Catastrophic Drug Coverage (After your out-of-pocket cost reaches \$6,550)	
Generic and Preferred Multisource Drugs are treated as generic	
Brand Drugs	

Prescription Drug Coverage Included in EmblemHealth HMO D-SNP Plans

	EmblemHealth VIP Dual (HMO D-SNP) EmblemHealth VIP Dual Reserve (HMO D-SNP) EmblemHealth VIP Dual Select (HMO D-SNP) EmblemHealth VIP Solutions (HMO D-SNP)
Annual Deductible	\$0-\$92
Initial Coverage (\$0-\$4,130) & Coverage Gap (\$4,130-\$6,550)	
All Formulary Drugs	Generics: \$0/\$1.30/\$3.70/15% Brands: \$0/\$4.00/\$9.20/15% Depending on your level of Extra Help
Catastrophic Coverage (Over \$6,550)	
All Formulary Drugs	\$0

Included in VIP Medicare Plans

			EmblemHealth VIP Gold (HMO)
EmblemHealth VIP Part B Saver (HMO)	EmblemHealth VIP Go (HMO-POS)	EmblemHealth VIP Rx Saver (HMO)	EmblemHealth VIP Gold Plus (HMO)
Preferred/Standard Pharmacy	Preferred/Standard Pharmacy	Preferred/Standard Pharmacy	Preferred/Standard Pharmacy
\$445 (applies to Tier 2, Tier 3, Tier 4, and Tier 5 drugs only)	\$250 (applies to Tier 3, Tier 4, and Tier 5 drugs only)	\$395 (applies to Tier 4 and Tier 5 drugs only)	\$200 (applies to Tier 3, Tier 4, and Tier 5 drugs only)
\$4,130	\$3,935	\$4,080	\$3,885
\$0 copay Tier 1 Preferred Generic	\$0 copay Tier 1 Preferred Generic	\$0 copay Tier 1 Preferred Generic	\$0 copay Tier 1 Preferred Generic
\$2/\$7	\$2/\$7	\$2/\$7	\$2/\$7
\$15/\$20	\$15/\$20	\$15/\$20	\$10/\$20
\$42/\$47	\$42/\$47	\$42/\$47	\$40/\$47
\$95/\$100	\$95/\$100	\$95/\$100	\$95/\$100
25% coinsurance	28% coinsurance	25% coinsurance	29% coinsurance
\$4,130-\$6,550	\$3,935-\$6,550	\$4,080-\$6,550	\$3,885-\$6,550
25%	25%	25%	25%
\$3.70 or 5% coinsurance for generic drugs.			
\$9.20 or 5% coinsurance.			

EmblemHealth VIP Dual (HMO D-SNP), EmblemHealth VIP Dual Select (HMO D-SNP), and EmblemHealth VIP Reserve (HMO) plans, have an over-the-counter (OTC) benefit that can save you money and help you stay well. This benefit allows you to purchase medications, health and wellness-related items, first-aid supplies, and other qualifying items. You can use your OTC benefit card at participating retail locations or you can order your covered OTC items online, by phone or through mail order.

For more information, visit emblemhealth.com/otc.



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**, Monday through Friday, 7 am to 7 pm. If you use a TTY, please call **800-325-0778**.

Your level of Extra Help	EmblemHealth VIP Essential (HMO) - Richmond/Nassau	EmblemHealth VIP Essential (HMO) - Suffolk	EmblemHealth VIP Essential (HMO) - Orange/Rockland/Dutchess/Putnam/Sullivan/Ulster/Westchester
0% (Full Premium)	\$55.00	\$128.00	\$68.00
25%	\$44.40	\$117.40	\$57.40
50%	\$33.90	\$106.90	\$46.90
75%	\$23.30	\$96.30	\$36.30
100%	\$12.70	\$85.70	\$25.70

Your level of Extra Help	EmblemHealth VIP Rx Saver (HMO) - Bronx, Westchester	EmblemHealth VIP Go (HMO-POS) - Bronx/Dutchess/Kings/Nassau/New York/Orange/Putnam/Queens/Richmond/Rockland/Sullivan/Ulster/Westchester	EmblemHealth VIP Go (HMO-POS) - Suffolk
0% (Full Premium)	\$49.00	\$72.00	\$144.00
25%	\$38.40	\$61.40	\$133.40
50%	\$27.90	\$50.90	\$122.90
75%	\$17.30	\$40.30	\$112.30
100%	\$6.70	\$29.70	\$101.70

Your level of Extra Help	EmblemHealth VIP Gold (HMO) - Bronx/Kings/New York/Queens	EmblemHealth VIP Gold (HMO) - Richmond/Nassau	EmblemHealth VIP Gold (HMO) - Suffolk	EmblemHealth VIP Gold (HMO) - Westchester/Orange/Rockland/Dutchess/Putnam/Sullivan/Ulster
0% (Full Premium)	\$96.00	\$123.50	\$271.00	\$243.00
25%	\$85.40	\$112.90	\$260.40	\$232.40
50%	\$74.90	\$102.40	\$249.90	\$221.90
75%	\$64.30	\$91.80	\$239.30	\$211.30
100%	\$53.70	\$81.20	\$228.70	\$200.70

Your level of Extra Help	EmblemHealth VIP Passport (HMO) All Counties	EmblemHealth VIP Passport NYC (HMO) All Counties	EmblemHealth VIP Gold Plus (HMO) All Counties	EmblemHealth VIP Solutions (HMO D-SNP) All Counties
0% (Full Premium)	\$42.30	\$42.30	\$302.00	\$42.30
25%	\$31.80	\$32.10	\$291.40	\$31.70
50%	\$21.30	\$21.90	\$280.90	\$21.20
75%	\$10.90	\$11.70	\$270.30	\$10.60
100%	\$0.40	\$1.50	\$259.70	\$0.00

New Services that Put You First — Introducing EmblemHealth’s 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) drug card 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 up to \$75 for getting health services. Once you join the program, you’ll see what services can earn you rewards.

Preventive Rewards Program

Preventive Measures	Reward
Breast Cancer Screen	\$25
Annual Well-Visit	\$25
Colorectal Cancer Screening	\$25
Annual Flu Vaccine	\$25



Take the next step to better manage your health care.

Simply call **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.

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

Out-of-network/noncontracted providers are under no obligation to treat EmblemHealth 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.

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Health Insurance Plan of Greater New York (HIP) is an HMO/HMO-POS/HMO D-SNP plan with a Medicare contract and a Coordination of Benefits Agreement with the New York State Department of Health. Enrollment in HIP depends on contract renewal. HIP is an EmblemHealth company. For more information, contact the plan.