

# 2022 Summary of Benefits

## EmblemHealth VIP Dual (HMO D-SNP) and EmblemHealth VIP Dual Select (HMO D-SNP)

January 1, 2022 – December 31, 2022

### WHO CAN JOIN?

To join **EmblemHealth VIP Dual (HMO D-SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and in New York State Medicaid, and live in our service area.

Our service area includes the following counties in **New York:** Bronx, Kings, Nassau, New York, Queens, Richmond, and Suffolk, **Capital Region:** Albany, Broome, Columbia, Delaware, Greene, Rensselaer, Saratoga, Schenectady, Warren, and Washington, and **Hudson Valley:** Dutchess, Orange, Rockland, Putnam, Sullivan, Ulster, and Westchester.

To join **EmblemHealth VIP Dual Select (HMO D-SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and in New York State Medicaid, and live in our service area.

Our service area includes the following counties in **New York:** Bronx, Kings, Nassau, New York, Queens, and Suffolk, and **Hudson Valley:** Dutchess, Orange, Rockland, Putnam, Sullivan, Ulster, and Westchester.

These plans do not require referrals.

To enroll in these Special Needs Plans, you must also be enrolled in one of these Medicaid programs:

- **Full Benefit Dual Eligible (FBDE):** Full Medicaid benefits.
- **Qualified Medicare Beneficiary – Plus (QMB+):** Helps pay Medicare Part A and Part B premiums, and other cost-sharing (like deductibles, coinsurance, and copayments), plus full Medicaid benefits.
- **Specified Low-Income Medicare Beneficiary – Plus (SLMB+):** Helps pay Part B premiums, plus full Medicaid benefits.

### WHICH DOCTORS, HOSPITALS, AND PHARMACIES CAN I USE?

**EmblemHealth VIP Dual (HMO D-SNP) and EmblemHealth VIP Dual Select (HMO D-SNP)** plans have 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 the **EmblemHealth VIP Dual (HMO D-SNP) and EmblemHealth VIP Dual Select (HMO D-SNP)** plans, you should choose a primary care doctor (PCP) in the VIP Bold 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](https://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.

You can see our plan's provider and pharmacy directory on our website at [emblemhealth.com/medicare](https://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](https://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](https://www.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 **1-877-486-2048**. If you want to compare our plan with other Medicare Advantage plans we offer, you can visit us at [emblemhealth.com/medicare](https://emblemhealth.com/medicare).

SUMMARY OF MEDICARE-COVERED BENEFITS		
BENEFIT	EMBLEMHEALTH VIP DUAL (HMO D-SNP)	EMBLEMHEALTH VIP DUAL SELECT (HMO D-SNP)
<p><b>MONTHLY PLAN PREMIUM</b></p> <p>(The amount you pay for your insurance every month.)</p>	<p>You pay \$0</p> <p>You must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medicaid or another third party.</p>	<p>You pay \$0</p> <p>You must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medicaid or another third party.</p>
<p><b>DEDUCTIBLE</b></p> <p>(The amount you pay before the plan starts to pay.)</p>	<p>You pay \$0</p>	<p>You pay \$0</p>
<p><b>MAXIMUM OUT-OF-POCKET RESPONSIBILITY</b></p> <p>(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. 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>\$7,550 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>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>\$7,550 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><b>INPATIENT HOSPITAL COVERAGE</b></p> <p>(may require approval)</p>	<p>You pay \$0</p>	<p>You pay \$0</p>
<p><b>OUTPATIENT HOSPITAL COVERAGE</b></p> <p>(may require approval)</p> <ul style="list-style-type: none"> <li>Ambulatory surgery center:</li> <li>Hospital observation:</li> <li>Outpatient hospital:</li> </ul>	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p>	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p>

BENEFIT	EMBLEMHEALTH VIP DUAL (HMO D-SNP)	EMBLEMHEALTH VIP DUAL SELECT (HMO D-SNP)
<p><b>DOCTOR VISITS</b> (In-office/Virtual)</p> <ul style="list-style-type: none"> <li>• Primary care doctor:</li> <li>• Specialists:</li> </ul>	<p>You pay \$0 You pay \$0 for annual physical You pay \$0</p>	<p>You pay \$0 You pay \$0 for annual physical You pay \$0</p>
<p><b>PREVENTIVE CARE</b> (Services that keep you healthy)</p> <ul style="list-style-type: none"> <li>• Our plan covers many preventive services, including:</li> </ul>	<p>You pay \$0</p> <ul style="list-style-type: none"> <li>- Bone mass measurement</li> <li>- Breast cancer screenings (mammogram)</li> <li>- Cardiovascular screenings</li> <li>- Cervical and vaginal cancer screening</li> <li>- Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)</li> <li>- Depression screenings</li> <li>- Diabetes screenings</li> <li>- Prostate cancer screenings (PSA)</li> <li>- Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots</li> <li>- "Welcome to Medicare" preventive visit (one-time)</li> <li>- Yearly "Wellness" visit</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<p>You pay \$0</p> <ul style="list-style-type: none"> <li>- Bone mass measurement</li> <li>- Breast cancer screenings (mammogram)</li> <li>- Cardiovascular screenings</li> <li>- Cervical and vaginal cancer screening</li> <li>- Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)</li> <li>- Depression screenings</li> <li>- Diabetes screenings</li> <li>- Prostate cancer screenings (PSA)</li> <li>- Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots</li> <li>- "Welcome to Medicare" preventive visit (one-time)</li> <li>- Yearly "Wellness" visit</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
<p><b>EMERGENCY CARE</b></p>	<p>You pay \$0</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 Coverage" section of this booklet for other costs.</p>	<p>You pay \$0</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 Coverage" section of this booklet for other costs.</p>

BENEFIT	EMBLEMHEALTH VIP DUAL (HMO D-SNP)	EMBLEMHEALTH VIP DUAL SELECT (HMO D-SNP)
<b>URGENTLY NEEDED SERVICES</b>	You pay \$0	You pay \$0
<p><b>DIAGNOSTIC SERVICES/ LABS/IMAGING</b>                      (Lower costs when provided in a doctor’s office or free-standing facility. May require approval)</p> <ul style="list-style-type: none"> <li>• Diagnostic radiology services (such as MRIs, CT scans):</li> <li>• Lab services:</li> <li>• Diagnostic tests and procedures:</li> <li>• Outpatient x-rays:</li> <li>• Therapeutic radiology services (such as radiation treatment for cancer):</li> </ul>	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p>	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p>
<p><b>HEARING SERVICES</b></p> <ul style="list-style-type: none"> <li>• Exam to diagnose and treat hearing and balance issues:</li> <li>• Routine hearing exam (for up to one every year):</li> <li>• Hearing aid fitting/evaluation (for up to one every year):</li> <li>• Hearing aid:</li> </ul>	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>Our plan pays up to \$300 every three years if you live in Bronx, Brooklyn, Queens, New York</p> <p>\$150 every three years if you live in Suffolk</p> <p>\$300 every three years if you live in Albany, Broome, Columbia, Delaware, Dutchess, Greene, Nassau, Orange, Putnam, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Sullivan, Ulster, Warren, Washington, and Westchester.</p>	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>Our plan pays up to \$750 every year for hearing aids.</p>

2022 SUMMARY OF BENEFITS — EMBLEMHEALTH VIP DUAL (HMO D-SNP) AND EMBLEMHEALTH VIP DUAL SELECT (HMO D-SNP)

BENEFIT	EMBLEMHEALTH VIP DUAL (HMO D-SNP)	EMBLEMHEALTH VIP DUAL SELECT (HMO D-SNP)
<p><b>DENTAL SERVICES</b></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"> <li>• Cleaning (for up to one every six months):</li> <li>• Dental x-ray(s) (for up to one every six months):</li> <li>• Fluoride treatment (for up to one every six months):</li> <li>• Oral exam (for up to one every six months):</li> </ul>	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p>	<p>Not covered</p> <p>Not covered</p> <p>Not covered</p> <p>Not covered</p> <p>Not covered</p>
<p><b>COMPREHENSIVE DENTAL SERVICES:</b> (may require approval)</p> <ul style="list-style-type: none"> <li>• Restorative services:</li> <li>• Endodontics, periodontics, extractions:</li> <li>• Prosthodontics, other oral/ maxillofacial surgery, other services:</li> </ul>	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p>	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p>
<p><b>VISION SERVICES</b></p> <ul style="list-style-type: none"> <li>• Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening):</li> <li>• Routine eye exam (for up to one every year):</li> </ul>	<p>You pay \$0</p> <p>You pay \$0</p>	<p>You pay \$0</p> <p>You pay \$0</p>

BENEFIT	EMBLEMHEALTH VIP DUAL (HMO D-SNP)	EMBLEMHEALTH VIP DUAL SELECT (HMO D-SNP)
<ul style="list-style-type: none"> <li>• Eyeglasses (frames and lenses) or contact lenses:</li> <li>• Eyeglasses (frames and lenses) or contact lenses after cataract surgery:</li> </ul>	<p>One pair up to \$550 every three years if you live in Bronx, Brooklyn, Queens, New York</p> <p>\$50 every two years if you live in Suffolk</p> <p>\$200 every two years if you live in Albany, Broome, Columbia, Delaware, Dutchess, Greene, Nassau, Orange, Putnam, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Sullivan, Ulster, Warren, Washington, and Westchester.</p> <p>You pay \$0</p>	<p>One pair up to \$100 plan limit every year</p> <p>You pay \$0</p>
<p><b>MENTAL HEALTH SERVICES</b> (may require approval)</p> <ul style="list-style-type: none"> <li>• Inpatient visit:</li> <li>• Outpatient group therapy visit:</li> <li>• Outpatient individual therapy visit: (In-office/Virtual)</li> </ul>	<p>You pay \$0 per day for days one through 90</p> <p>Our plan covers up to 90 days per inpatient mental health stay.</p> <p>Our plan also covers 60 “lifetime reserve days” as long as the stay is covered under the plan.</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health services in a psychiatric hospital. The 190-day limit does not apply to mental health services provided in a psychiatric unit of a general hospital.</p> <p>You pay \$0</p> <p>You pay \$0</p>	<p>You pay \$0 per day for days one through 90</p> <p>Our plan covers up to 90 days per inpatient mental health stay.</p> <p>Our plan also covers 60 “lifetime reserve days” as long as the stay is covered under the plan.</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health services in a psychiatric hospital. The 190-day limit does not apply to mental health services provided in a psychiatric unit of a general hospital.</p> <p>You pay \$0</p> <p>You pay \$0</p>

2022 SUMMARY OF BENEFITS — EMBLEMHEALTH VIP DUAL (HMO D-SNP) AND  
 EMBLEMHEALTH VIP DUAL SELECT (HMO D-SNP)

BENEFIT	EMBLEMHEALTH VIP DUAL (HMO D-SNP)	EMBLEMHEALTH VIP DUAL SELECT (HMO D-SNP)
<b>SKILLED NURSING FACILITY (SNF)</b> (may require approval)	You pay \$0 per day for days one through 100  Our plan covers up to 100 days in a SNF per benefit period.	You pay \$0 per day for days one through 100  Our plan covers up to 100 days in a SNF per benefit period.
<b>PHYSICAL THERAPY</b> (may require approval) <ul style="list-style-type: none"> <li>• Physical therapy, and speech and language therapy visit:</li> </ul>	You pay \$0	You pay \$0
<b>AMBULANCE</b> (may require approval; not waived if admitted) <ul style="list-style-type: none"> <li>• Ground:</li> <li>• Air:</li> </ul>	You pay \$0  You pay \$0	You pay \$0  You pay \$0
<b>TRANSPORTATION</b>	Not covered	Not covered



# Prescription Drugs for EmblemHealth VIP Dual (HMO D-SNP) and EmblemHealth VIP Dual Select (HMO D-SNP)

## MEDICARE PART B DRUGS

### Chemotherapy drugs and other Part B drugs: (may require approval)

You pay \$0. These drugs may require step therapy and/or prior approval.

## MEDICARE PART D DRUGS

As a member of **EmblemHealth VIP Dual (HMO D-SNP) and EmblemHealth VIP Dual Select (HMO D-SNP)**, you are automatically enrolled in Medicare Part D. You must have Medicare and full Medicaid to enroll in this plan. Because you have full Medicaid, you automatically qualify for Extra Help.

This means that you will receive help in paying for your Medicare Part D premium (the amount you pay for insurance every month), yearly deductible (the amount you pay before your plan starts to pay), and prescription drug copays (the amount you pay for a drug), as applicable.

### Part D prescription drug cost-sharing for a 30-day supply of covered drugs

How much you pay depends on what stage of the benefit you are in.

TIER NAME	INITIAL COVERAGE STAGE	COVERAGE GAP STAGE	CATASTROPHIC COVERAGE STAGE
All Formulary Drugs	Generic Drugs: \$0 to \$3.95 Brand Drugs: \$0 to \$9.85 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.		\$0

See your Evidence of Coverage (EOC) for more information about your prescription drug coverage.

### 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 Extra Help, 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 DUAL (HMO D-SNP)	EMBLEMHEALTH VIP DUAL SELECT (HMO D-SNP)
<p><b>ACUPUNCTURE</b> (may require approval)</p>	<p>You pay \$0 for up to 20 visits for chronic lower back pain every year (maximum of 12 visits in 90 days). You pay \$0 for up to 10 visits for other conditions than chronic lower back pain.</p>	<p>You pay \$0 for up to 20 visits for chronic lower back pain every year (maximum of 12 visits in 90 days). You pay \$0 for up to 10 visits for other conditions than chronic lower back pain.</p>
<p><b>CHIROPRACTIC CARE</b> (may require approval)</p> <p>Manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position):</p>	<p>You pay \$0</p>	<p>You pay \$0</p>
<p><b>FOOT CARE</b></p> <ul style="list-style-type: none"> <li>• Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions:</li> <li>• Routine foot care:</li> </ul> <p>(up to 4 visits every year):</p>	<p>You pay \$0</p> <p>Foot care includes removal of calluses and corns, and trimming of nails.</p> <p>You pay \$0</p>	<p>You pay \$0</p> <p>Foot care includes removal of calluses and corns, and trimming of nails.</p> <p>You pay \$0</p>
<p><b>HOME HEALTH CARE</b> (may require approval)</p>	<p>You pay \$0</p>	<p>You pay \$0</p>
<p><b>HOSPICE</b></p>	<p>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 call us for more details.</p>	<p>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 call us for more details.</p>

## Additional Benefits (Continued)

BENEFIT	EMBLEMHEALTH VIP DUAL (HMO D-SNP)	EMBLEMHEALTH VIP DUAL SELECT (HMO D-SNP)
<p><b>MEDICAL EQUIPMENT/SUPPLIES</b></p> <p>Durable Medical Equipment (wheelchairs, oxygen, etc.) (may require approval):</p> <p>Prosthetic Devices (braces, artificial limbs, etc.) (may require approval):</p> <ul style="list-style-type: none"> <li>• Prosthetic devices:</li> <li>• Related medical supplies:</li> </ul> <p>Diabetes Supplies and Services:</p> <ul style="list-style-type: none"> <li>• Diabetes monitoring supplies:</li> <li>• Diabetes self-management training:</li> <li>• Therapeutic shoes or inserts:</li> </ul>	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p>	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p>
<p><b>RENAL DIALYSIS</b></p>	<p>You pay \$0</p>	<p>You pay \$0</p>
<p><b>WELLNESS PROGRAMS</b></p> <ul style="list-style-type: none"> <li>• Fitness:</li> <li>• Hotline:</li> </ul>	<p>SilverSneakers®</p> <p>24-Hour Nurse Hotline</p>	<p>Not covered</p> <p>24-Hour Nurse Hotline</p>
<p><b>OUTPATIENT SUBSTANCE ABUSE</b> (may require approval)</p> <ul style="list-style-type: none"> <li>• Group therapy visit:</li> <li>• Individual therapy visit: (In-office/Virtual)</li> </ul>	<p>You pay \$0</p> <p>You pay \$0</p>	<p>You pay \$0</p> <p>You pay \$0</p>
<p><b>OVER-THE-COUNTER ITEMS</b> (The amount does not roll over from month to month.)</p>	<p>Now Includes food</p> <p>\$120/month if you live in Bronx, Brooklyn, Queens, New York</p> <p>\$50/month if you live in Suffolk</p> <p>\$100/month if you live in Albany, Broome, Columbia, Delaware, Dutchess, Greene, Nassau, Orange, Putnam, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Sullivan, Ulster, Warren, Washington, and Westchester</p>	<p>\$60 per month</p>
<p><b>WORLDWIDE EMERGENCY AND URGENT COVERAGE</b></p>	<p>You pay \$0</p>	<p>You pay \$0</p>

## Specialized Benefits for Your Needs

This section explains some of the extra products and services covered by EmblemHealth mentioned in the prior section of the Summary of Benefit charts.

**Now, let's get started.**

### Acupuncture

Help boost your immune system and start your body's natural protective and pain-fighting systems. As a member of these plans, you can get up to **10 acupuncture** visits in addition to **20 Medicare-covered acupuncture** visits every year for chronic back pain.

### Chiropractic Care

If you need to use chiropractic services, you do not need permission from your primary care doctor for an initial consultation with a chiropractor that contracts with us. EmblemHealth's chiropractic services are provided by **Palladian Muscular Skeletal Health**.

For a list of chiropractors that contract with us, use the Find a Doctor section on our website at **emblemhealth.com/medicare** or contact Connect Concierge for help.

### Dental Services

Our goal is to give you access to high-quality care to manage your dental needs. Having healthy teeth is part of staying healthy. As a member of the **EmblemHealth VIP Dual (HMO D-SNP)** plan, you will pay \$0 for both preventive and comprehensive dental services. There is no annual dollar limit. The **EmblemHealth VIP Dual Select (HMO D-SNP)** plan has comprehensive dental benefits with no annual limit.

### Hearing Services

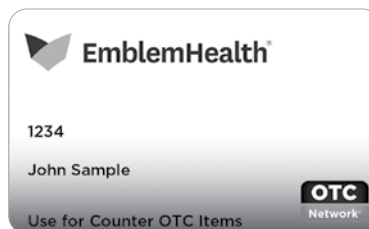
Take control of your hearing and improve your quality of life. As well as hearing services, our plans pay annual allowances for hearing aids.

### Vision Services

It's important to make sure that you take care of your eyes for the future. In addition to the vision coverage, you are also able to get routine eyewear benefits.

To get a list of optical health care professionals and facilities and find out more information, go to our website at **emblemhealth.com/medicare** or contact Connect Concierge for help.

### Over-the-Counter (OTC) Items



As a member of **EmblemHealth VIP Dual (HMO D-SNP) and EmblemHealth VIP Dual Select (HMO D-SNP)** plans, you will get an OTC card with a monthly benefit from **\$50** up to **\$120** depending on where you live when you enroll in the plan.

In 2022, as a member of the **EmblemHealth VIP Dual (HMO D-SNP) plan** you can purchase food with the OTC benefit.

**There are many ways to use your OTC card.**



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

### SilverSneakers®

**Get active, have fun, and live the life you want. EmblemHealth VIP Dual (HMO D-SNP)** includes **SilverSneakers®**, a wellness program designed for all fitness levels and skills. You will be able to use workout equipment, and go to classes and fun social events at thousands of places nationwide!

### Looking for a way to improve your health at home?

SilverSneakers also connects you to a support network and virtual resources through SilverSneakers Live, SilverSneakers On-Demand™ and the SilverSneakers mobile app, SilverSneakers GO™.

All you need to get started is your personal SilverSneakers ID number. Go to **[silversneakers.com](https://silversneakers.com)** to learn more about your benefit or call **888-423-4632 (TTY: 711)** Monday through Friday, 8 am to 8 pm.

## Summary of Medicaid-Covered Benefits

### EmblemHealth VIP Dual (HMO D-SNP) and EmblemHealth VIP Dual Select (HMO D-SNP)

have a contract with the New York State Department of Health. Because enrollment in these plans are limited to members with Medicaid and Medicare, New York State will continue to cover your Medicare cost-sharing and additional Medicaid benefits you have with full Medicaid.

The kind of Medicaid benefits you get depends on what kind of Medicaid you have and your income and resources. Your Medicaid coverage can change during the year based on your income or resources. It is important that you recertify your Medicaid coverage every year.

With the help of Medicaid, some dual eligibles do not have to pay for Medicare-covered services.

Please remember to always show both your **EmblemHealth VIP Dual (HMO D-SNP) and EmblemHealth VIP Dual Select (HMO D-SNP)** member ID card and your New York State-issued Medicaid card to get the Medicaid-covered services listed below. Your provider will need this information to cover your share of the costs when you qualify for assistance in paying Medicare cost-sharing. The services listed below are services covered by Medicaid.

BENEFIT	FEE-FOR-SERVICE MEDICAID BENEFITS	EMBLEMHEALTH VIP DUAL (HMO D-SNP) AND EMBLEMHEALTH VIP DUAL SELECT (HMO D-SNP) – MEDICARE BENEFITS WITH FULL MEDICAID
<p><b>AMBULANCE SERVICES</b> Medically necessary ambulance services</p>	Covered	You pay \$0
<p><b>DURABLE MEDICAL EQUIPMENT</b> Medicaid-covered durable medical equipment, including devices and equipment other than medical/surgical supplies, and Enteral formula.  Prosthetic or orthotic appliances having the following characteristics:</p> <ul style="list-style-type: none"> <li>• can withstand repeated use for a protracted period of time;</li> <li>• are primarily and customarily used for medical purposes;</li> <li>• are generally not useful to a person in the absence of illness or injury and are usually fitted, designed, or fashioned for a particular individual’s use.</li> </ul>	Covered	You pay \$0  Medicaid may cover services not covered by the plan.
<p><b>EMERGENCY CARE</b></p>	Covered	You pay \$0
<p><b>DIALYSIS (KIDNEY)</b></p>	Covered	You pay \$0
<p><b>DENTAL SERVICES</b></p>	Covered	Medicaid may cover services not covered by the plan.

BENEFIT	FEE-FOR-SERVICE MEDICAID BENEFITS	EMBLEMHEALTH VIP DUAL (HMO D-SNP) AND EMBLEMHEALTH VIP DUAL SELECT (HMO D-SNP) – MEDICARE BENEFITS WITH FULL MEDICAID
<p><b>HEARING SERVICES</b>            Services include:</p> <ul style="list-style-type: none"> <li>• hearing aid selecting, fitting, and dispensing;</li> <li>• hearing aid checks following dispensing, conformity evaluations, and hearing aid repairs;</li> <li>• audiology services including examinations and testing, hearing aid evaluations, and hearing aid prescriptions;</li> <li>• hearing aid products including hearing aids, ear molds, special fittings, and placement parts</li> </ul>	Covered	You pay \$0  (See page I-5 for additional plan benefits)  Medicaid may cover services not covered by the plan.
<p><b>HOME HEALTH AGENCY CARE</b>            Medicaid covers medically necessary home health services and includes additional, non-Medicare-covered home health services.</p> <p>For example:</p> <ul style="list-style-type: none"> <li>• physical therapist to supervise maintenance program for patients who have reached their maximum restorative potential</li> <li>• nurse to pre-fill syringes for disabled individuals with diabetes</li> </ul>	Covered	You pay \$0  Medicaid may cover services not covered by the plan.
<p><b>INPATIENT HOSPITAL CARE</b>            (Including Substance Abuse and Rehabilitation Services)</p>	Covered	You pay \$0
<p><b>INPATIENT MENTAL HEALTH CARE</b>            All inpatient mental health services, including voluntary or involuntary admissions for mental health services over the Medicare 190-day lifetime limit.</p>	Covered	You pay \$0
<p><b>OUTPATIENT DIAGNOSTIC TESTS AND THERAPEUTIC SERVICES AND SUPPLIES</b></p>	Covered	You pay \$0
<p><b>OUTPATIENT MENTAL HEALTH CARE</b>            Individual and group therapy visits</p>	Covered	You pay \$0

BENEFIT	FEE-FOR-SERVICE MEDICAID BENEFITS	EMBLEMHEALTH VIP DUAL (HMO D-SNP) AND EMBLEMHEALTH VIP DUAL SELECT (HMO D-SNP) – MEDICARE BENEFITS WITH FULL MEDICAID
<p><b>OUTPATIENT REHABILITATION SERVICES</b>                      Medically necessary occupational therapy, physical therapy, and speech therapy except when under age 21 or determined to be developmentally disabled by the Office for People with Developmental Disabilities or if you have a traumatic brain injury.</p>	Covered	You pay \$0
<p><b>OUTPATIENT SUBSTANCE ABUSE CARE</b>                      Individual and group therapy visits</p>	Covered	You pay \$0
<p><b>OUTPATIENT SURGERY</b>                      Including Services Provided at Hospital Facilities and Ambulatory Surgical Centers</p>	Covered	You pay \$0
<p><b>PROSTHETIC DEVICES, MEDICAL AND SURGICAL SUPPLIES, ENTERAL AND PARENTERAL FORMULA</b>                      As a dual eligible member, you may be entitled to additional Medicaid-coverage prosthetics, orthotics, and orthopedic footwear.                       Enteral formula limited to nasogastric, jejunostomy, or gastrostomy tube feeding; or treatment of an inborn error of metabolism.</p>	Covered	You pay \$0
<p><b>SKILLED NURSING FACILITY (SNF) CARE</b>                      Days beyond Medicare 100-day limit</p>	Covered	You pay \$0
<p><b>ROUTINE TRANSPORTATION</b>                      Transportation essential for an enrollee to obtain necessary medical care and services under the plan’s benefits or Medicaid Fee-for-Service.                       Includes ambulette, invalid coach, taxicab, livery, public transportation, or other means appropriate to the enrollee’s medical conditional and a transportation attendant to accompany the enrollee, if necessary.</p>	Covered	Covered by Medicaid Fee-for-Service
<p><b>URGENTLY NEEDED CARE</b></p>	Covered	You pay \$0



BENEFIT	FEE-FOR-SERVICE MEDICAID BENEFITS	EMBLEMHEALTH VIP DUAL (HMO D-SNP) AND EMBLEMHEALTH VIP DUAL SELECT (HMO D-SNP) – MEDICARE BENEFITS WITH FULL MEDICAID
<p><b>DENTAL</b>                      Medicaid-covered dental services, including necessary preventive, prophylactic, and other routine dental care, as well as services, supplies, and dental prosthetics, to alleviate a serious health condition. Ambulatory or inpatient surgical dental services subject to prior authorization.</p>	<p>Covered</p>	<p>You pay \$0 (see page I-6 for additional plan benefits)                      Medicaid may cover services not provided by the plan.</p>
<p><b>VISION</b>                      Services of optometrists, ophthalmologists, and ophthalmic dispensers including eyeglasses, medically necessary contact lenses and polycarbonate lenses, artificial eyes (stock or custom-made), low vision aids, and low vision services. Coverage also includes the repair or replacement of parts. Coverage also includes examinations for diagnosis and treatment for visual defects and/or eye disease. Examinations for refraction are limited to every two years unless otherwise justified as medically necessary. Eyeglasses do not require changing more frequently than every two years unless medically necessary or unless the glasses are lost, damaged, or destroyed.</p>	<p>Covered</p>	<p>You pay \$0 (see page I-6 for additional plan benefits)                      Medicaid may cover services not provided by the plan.</p>

Health Insurance Plan of Greater New York (HIP) is an HMO/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.

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# 2022 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](https://www.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/coinsurance may change on January 1, 2023.
- 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).
- This plan is a dual eligible Special Needs Plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

