

2026 Summary of Benefits

EmblemHealth VIP Value (HMO-POS)

January 1 - December 31, 2026

Who Can Join?

To join **EmblemHealth VIP Value (HMO-POS)**, 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: Albany, Broome, Columbia, Delaware, Dutchess, Greene, Orange, Rensselaer, Saratoga, Schenectady, Warren, and Washington.

This plan does not require referrals.

Which Doctors, Hospitals, and Pharmacies Can I Use?

EmblemHealth VIP Value (HMO-POS) plan has a network of doctors, hospitals, pharmacies, and other providers. Generally, if you use providers or services that are not in our network, the plan will not pay for these services, unless it is an emergency, urgent care, or out-of-area dialysis.

When joining **EmblemHealth VIP Value (HMO-POS)** plan, you must choose a primary care provider (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.

This plan covers preventive and comprehensive dental benefits in and out-of-network. You may pay more for dental services when using out-of-network dentists.

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 at emblemhealth.com/medicare. Or, call us and we'll send you a copy.

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

You can see our plan's provider and pharmacy directories 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 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. Or visit us at emblemhealth.com/medicare.

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 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](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.

Benefit	EmblemHealth VIP Value (HMO-POS)
Monthly Premium (The amount you pay for your insurance every month.)	You pay \$0 You must continue to pay your Medicare Part B premium.
Deductible (The amount you pay before the plan starts to pay.)	This plan does not have a deductible for covered medical services.
Maximum Out-of-Pocket Responsibility (The most you have to pay for covered services in a plan year. After you spend this amount on your share of the costs (copays, coinsurance), your health plan pays 100% of the costs of covered benefits. This does not include your prescription drug costs.)	\$7,500 yearly for Medicare Part A and B services you receive from in-network health care professionals and facilities. After you reach the maximum out-of-pocket limit, we will pay the full cost of covered Part A and Part B services for the rest of the year.
Inpatient Hospital Coverage (May require approval.)	Our plan covers an unlimited number of days for an inpatient hospital admission. You pay \$450 per day for days 1 through 5. You pay \$0 per additional day.
Outpatient Hospital Coverage (May require approval.) <ul style="list-style-type: none"> Hospital observation: Outpatient hospital: Ambulatory surgery center: 	You pay \$350 You pay \$350 You pay \$0 for diagnostic colonoscopy. You pay \$200 You pay \$0 for diagnostic colonoscopy.
Doctor Visits (In-office/virtual) <ul style="list-style-type: none"> Primary care provider: Specialists: 	You pay \$0 You pay \$0 for annual physical exam. You pay \$35

Benefit	EmblemHealth VIP Value (HMO-POS)
<p>Preventive Care (Services that keep you healthy.)</p> <p>Our plan covers many preventive services, including:</p>	<p>You pay \$0</p> <ul style="list-style-type: none"> – Bone mass measurement. – Breast cancer screening (mammogram). – Cardiovascular screening. – Cervical and vaginal cancer screening. – Colorectal cancer screening (colonoscopy, fecal occult blood test, flexible sigmoidoscopy). – Depression screening. – Diabetes screening. – Prostate cancer screening (PSA). – Vaccines, including flu shots, hepatitis B shots, pneumococcal shots, and COVID-19 vaccines. – Welcome to Medicare preventive visit (one-time). – Yearly Wellness visit. <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
<p>Emergency Care</p>	<p>You pay \$115</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.</p>
<p>Urgently Needed Services</p>	<p>You pay \$40</p>
<p>Diagnostic Services/Labs/Imaging (Lower costs when provided in a doctor's office or freestanding 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 \$300</p> <p>You pay \$0 for diagnostic mammograms.</p> <p>You pay \$0 or \$15</p> <p>You pay \$0 or \$45</p> <p>You pay \$25 or 20% of the cost.</p> <p>You pay 20% of the cost.</p>

Benefit	EmblemHealth VIP Value (HMO-POS)
<p>Hearing Services</p> <ul style="list-style-type: none"> • Exam to diagnose and treat hearing and balance issues: • Routine hearing exam (one every year): • Hearing aid fitting/evaluation (one every year): • Hearing aids (limited to two, both ears combined): 	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>Our plan pays up to \$3,000 every three years for hearing aids.</p>
<p>Dental Services</p> <p>Medicare-Covered Dental Services:</p> <p>Preventive Dental Services</p> <ul style="list-style-type: none"> • Cleaning (one every six months): • Standard dental x-ray(s) (one every six months): • Fluoride treatment (one every six months): • Oral exam (one every six months): <p>Comprehensive Dental Services (May require approval.)</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>In-network or Out-of-network:</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>\$2,000 annual benefit maximum</p> <p>In-network or Out-of-network:</p> <p>You pay 50%</p> <p>You pay 50%</p> <p>You pay 50%</p> <p>You pay 50%</p> <p>You pay 50%</p> <p>If you see an out-of-network dentist, your costs may be higher.</p>

Benefit	EmblemHealth VIP Value (HMO-POS)
<p>Vision Services</p> <ul style="list-style-type: none"> • Exam to diagnose and treat diseases and conditions of the eye: • Routine eye exam (one every year): <p>Routine eyewear</p> <ul style="list-style-type: none"> • Eyeglasses (frames and lenses) or contact lenses: <ul style="list-style-type: none"> • Eyeglasses (frames and lenses) or contact lenses after cataract surgery: 	<p>You pay \$0</p> <p>You pay \$0</p> <p>Up to \$300 plan limit every year. Unlimited up to allowance.</p> <p>Routine eyewear must be dispensed by EyeMed participating providers. For participating providers, please visit emblemhealth.com/medicare and click "Find a Doctor." Or, call toll-free at 844-790-3878 (TTY: 711).</p> <p>You pay \$0</p>
<p>Mental Health Services</p> <ul style="list-style-type: none"> • Inpatient visit: (May require approval.) • Outpatient group therapy visit: • Outpatient individual therapy visit (in-office/virtual): 	<p>You pay \$2,080 per admission.</p> <p>Our plan covers up to 90 days per inpatient mental health admission.</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 \$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 a SNF.</p> <p>You pay \$0 per day for days 1 through 20 per benefit period.</p> <p>You pay \$218 per day for days 21 through 100 per benefit period.</p>
<p>Physical and Speech Therapy</p>	<p>You pay \$25</p>

Benefit	EmblemHealth VIP Value (HMO-POS)
Ambulance (May require approval; not waived if admitted) <ul style="list-style-type: none">• Ground:• Air:	You pay \$270 You pay 20% of the cost.
Transportation	Not covered.

MEDICARE PART B DRUGS	
Chemotherapy Drugs and Other Part B Drugs: These drugs may require step therapy and/or prior approval.	You pay 0% to 10% based on Part B rebatable adjustment for Part B drugs in the home. You pay 0% to 20% based on Part B rebatable adjustment for Part B drugs dispensed at a retail pharmacy, mail order pharmacy, physician office, and outpatient facility. You pay the lesser of 20% of the cost or \$35 for a one-month supply of insulin.

Prescription Drugs for EmblemHealth VIP Value (HMO-POS)

Medicare Part D Drugs

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

How much you pay for your prescription drugs depends on what tier your drug is in and what stage of the benefit you are in. There are three stages in your Part D prescription drug coverage.

Three 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), Tier 2 (Generic), Tier 6 (Select Care Drugs), insulins, and most vaccines.

There is a **\$215** deductible for Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drugs) and Tier 5 (Specialty) drugs.

Initial Coverage

After you've reached the deductible, you'll enter the 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).

Initial Coverage Stage — \$0 – \$2,100				
Tier	Deductible	Retail Pharmacy	Preferred Mail Order	
		30-Day Supply	30-Day Supply	90-Day Supply
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$0	\$10	\$0	\$0
Tier 3: Preferred Brand	\$215	25%	22%	22%
Tier 4: Non-Preferred Drugs		28%	25%	25%
Tier 5: Specialty		29%	29%	Not available in a long-term supply
Tier 6: Select Care Drugs	\$0	\$0	\$0	\$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 Part D vaccines, including shingles, and some travel vaccines.

If you live in a long-term care facility or use a non-preferred mail order pharmacy, you pay the same as at a retail pharmacy.

Catastrophic Coverage

After your year-to-date out-of-pocket costs (including certain payments made on your behalf, like through the Extra Help program) reach **\$2,100**, you will pay nothing for covered Part D drugs.

Get Help Paying for Your Prescription Drugs

Extra Help

Extra Help is a free Medicare program and is known as Low-Income Subsidy (LIS). It helps people with low or limited income and resources pay Medicare Part D drug plan costs.

What do you get with Extra Help?

- Payment of most of your drug costs. These include your monthly premium for prescription drugs **(the amount you pay each month)**.
- Payment of your annual deductible **(the amount you pay before your plan starts to pay)**.
- Payment of coinsurance costs **(the percentage you pay for your prescription drugs)**.

You automatically qualify for Extra Help if:

- You have full Medicaid coverage.
- You get help from your state Medicaid program to pay your Part B premiums in a Medicare Savings Program.
- You get Supplemental Security Income (SSI) benefits.

Many other people with low or limited income also qualify for Extra Help and don't know it!

There is no cost to apply. Contact your local Social Security office or call Social Security at **800-772-1213** (TTY: **800-325-0778**). You can also apply at **ssa.gov/benefits/medicare/prescriptionhelp/**.

The Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage, and can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January through December). This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.

Extra Help from Medicare and help from your State Pharmacy Assistance Programs (SPAPs) and AIDS Drug Assistance Program (ADAP), for those who qualify, may be more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. Contact us or visit **medicare.gov** to find out if this payment option is right for you.

Additional Benefits

Benefit	EmblemHealth VIP Value (HMO-POS)
Acupuncture (May require approval.)	You pay \$35 for up to 20 visits for chronic low back pain every year (maximum of 12 visits in 90 days).
Chiropractic Care Manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position):	You pay \$15
Foot Care <ul style="list-style-type: none"> Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: 	You pay \$25
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 \$0 for a continuous glucose monitor. You pay 20% of the cost. You pay 20% of the cost. You pay \$0. Our plan only covers FreeStyle®, Precision® and Contour® brands of glucose monitors and test strips. You pay \$0 You pay \$0
Renal Dialysis	You pay 20% of the cost.

Additional Benefits (continued)

Benefit	EmblemHealth VIP Value (HMO-POS)
Wellness Programs <ul style="list-style-type: none"> • Fitness: • Nurse Hotline: • Teladoc®: 	<p>SilverSneakers® — You pay \$0</p> <p>You pay \$0</p> <p>Includes Nurse Hotline 24 hours, seven days a week. Members can speak confidentially one-on-one with a registered nurse, at any time. Nurses are trained in telephone triage and will provide clinical support for everyday health issues and questions. Call 877-444-7988 (TTY: 711) for nonemergency health and medical questions.</p> <p>You pay \$0</p>
Outpatient Substance Abuse <ul style="list-style-type: none"> • Group therapy visit: • Individual therapy visit (in-office/virtual): 	<p>You pay \$40</p> <p>You pay \$40</p>
Over-the-Counter Items (The amount does not roll over from one calendar quarter to the next.)	<p>\$80 per quarter.</p>
Worldwide Emergency and Urgent Care Coverage There is a combined \$50,000 annual limit for emergency care, urgent care, and ground emergency ambulance services outside of the United States. You are not covered for air ambulance services outside the United States. See page II - 6 for additional cost-sharing information for ambulance services.	<p>You pay \$0</p>

Health Insurance Plan of Greater New York (HIP) is an HMO/HMO-POS plan with a Medicare contract. 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.

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2026 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**), from Oct. 1 through March 31, seven days a week from 8 a.m. to 8 p.m. From April 1 through Sept. 30, Monday through Saturday from 8 a.m. to 8 p.m.

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. 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.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ☐ 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, 2027.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for certain covered services, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.