# GHI, HIP, and FEDVIP

#### 2021 Open Enrollment

Overview of Changes and Rates

Plan Effective: January 1, 2021 – December 31, 2021

#### During annual Open Enrollment, you can:

-Make any changes to your benefits for the 2021 plan year.

-Add or drop coverage for you and/or your eligible dependents.



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## **INFORMATION AVAILABLE FOR REVIEW**

- Digital Tools
- Neighborhood Care
- Health & Wellness Tools
- AdvantageCare Physicians
- Details About Benefits and Rate Changes
- Important Phone Numbers





#### WHY EMBLEMHEALTH?

- EmblemHealth's mission is to help our members stay healthy and live better.
- We've invested in technology to give you 24/7 digital access to make the most of your health and wellness benefits during these challenging times.





# **DIGITAL TOOLS TO MAKE YOUR LIFE EASIER**

#### myEmblemHealth

Our secure health services website keeps your personal health care information in one convenient and secure place.

Register at **emblemhealth.com/sign-in**. Once registered, you can check:

- The status of a claim, approval, or the amount you have paid toward your deductible (the amount you pay before your plan starts to pay).
- Your health benefits.
- A list of your covered drugs.
- And more.

You can also order member ID cards, download forms, and update your email.



## MANAGE YOUR HEALTH ONLINE

**myEmblemHealth** has lots of tools to help you take care of your health and meet your personal wellness goals.

- **Health Assessment:** Gives you an overall picture of your health and shows you steps you can take to make healthy lifestyle changes.
- **Health Action Plans:** These personalized programs help you make healthy choices and manage your health conditions.

With the **myEmblemHealth mobile app**, you have useful benefit and plan information at your fingertips. Download the app from the App Store or Google Play.





## **NEIGHBORHOOD CARE**

With locations across NYC, Neighborhood Care delivers inperson and virtual programs that fit the unique needs of our communities, all at no cost to you.

No matter what Neighborhood Care you visit, you'll always find:

- In-person customer service
- Free health & wellness classes
- Resources for managing your and your family's health
- Ability to connect with EmblemHealth sales representatives and learn more about your health plan

Visit **emblemhealth.com/neighborhood** for more information.



\*Classes temporarily limited due to COVID-19. Please visit our website or contact the Neighborhood Care location nearest to you for the most up-to-date information on in-person and virtual site programs.

## **HEALTHY DISCOUNTS**

EmblemHealth wants to help you get what you need at an affordable price.

Services include:

- Up to 25% off acupuncture, massage therapy, and nutrition counseling
- Jenny Craig food savings
- Vision discount program
- Hearing care discount programs
- Medical equipment and services discount program

The Healthy Discounts program gives you access to discounts on health-related services from weight loss to vitamins.



## **DIABETES PREVENTION PROGRAM**

- Diabetes is a growing issue, but early intervention can drastically reduce risk.
- EmblemHealth partners with the Centers for Disease Control and Prevention (CDC) and the National Diabetes Prevention Program to provide the program to hundreds of members annually.

#### WHAT IS IT?

- An annual program focused on teaching healthy eating, activity, and mindfulness to reduce body fat and create a healthy, sustainable lifestyle.
- Our trained lifestyle coaches teach ways to help prevent or delay the onset of the disease.

According to the CDC, the National Diabetes Prevention Program has been shown to reduce diabetes risk by 58% for those losing 10 pounds.



"It's the greatest feeling, to have someone come to you and say, 'Thank you. You changed my life.' Every participant seems thankful to have taken part in the National Diabetes Prevention Program. At the end of the program, there is a feeling that they could win this battle of having prediabetes."

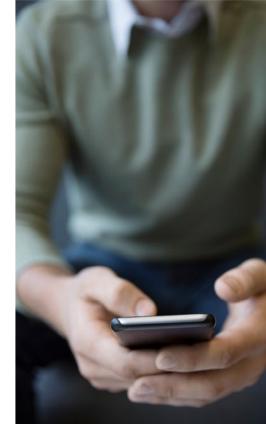
- Edward Pierrot National Diabetes Prevention Program Lifestyle Coach, EmblemHealth

## **TOBACCO-FREE QUIT-SMOKING PROGRAM**

The Tobacco-Free Quit-Smoking Program is a telephone-based, behavior-modification program that provides members with a comprehensive educational kit and support calls from a smokingcessation specialist.

#### THE PROGRAM OFFERS:

- Unlimited one-on-one support and help developing a quit plan from trained quit-coach experts.
- Educational materials by mail.
- Access to resources, information, and downloadable material
- Full coverage of the nicotine patch, gum, lozenges, nasal spray or inhaler, bupropion (generic for Zyban<sup>®</sup>), and Chantix<sup>®</sup> within one year of program enrollment for members with EmblemHealth pharmacy benefit coverage.



Smoking Cessation Program: 866-611-QUIT (7848)

#### **ADVANTAGECARE PHYSICIANS**

**We Care for the Whole You.** Complete health starts with a complete picture of you: your health history, your daily habits, your ups and downs.

- We're in your neighborhood: With locations in all five boroughs (BronxDocs is an affiliate of ACPNY) and Long Island.
- **Our care is comprehensive:** Across our practice, you'll find access to diagnostic, lab, and other services that give you access to convenient, complete care. In addition to in-office visits, you can confidently continue your routine care with a virtual visit.
- We get to know you: Your Primary Care Provider leads a Care Team that shares all information about your care.
- With us, you're connected: Through your myACPNY patient portal account, you can manage and access your care.

Visit **acpny.com** for more information.



## **CLICK BELOW FOR PLAN DETAILS**

GHI Plan (EPO)	HIP Plan (HMO)	HIP Plan (HMO)	FEDVIP (Dental)
Standard Option (80)	High Option (51)	Standard Option (YL)	New plan available
<ul> <li>In-network benefits only.</li> <li>Does not require you to choose a primary care doctor.</li> <li>You don't need a referral to see a specialist.</li> </ul>	<ul> <li>Go to doctors, hospita that are part of your H</li> <li>Choose an in-network</li> <li>Your doctor will refer y may need in-network.</li> </ul>	IMO network. c primary care doctor. /ou to any specialist you	<ul> <li>Choose from preferred or new premier plan.</li> <li>Access a network of over 12,000 preferred dentists and specialists in NY and NJ.</li> <li>Access to a national network of 160,000 providers.</li> </ul>

# GHI (EPO) PLAN CHANGES EFFECTIVE JANUARY 1, 2021

In-network Benefits*			
HDHP option (81) eliminated	Plan option is no longer available		
Catastrophic out-of-pocket maximum	\$8,150 for Self only \$16,300 for Self Plus One and Self and Family		
Generic prescription copay	\$20 (was \$15)		
Hearing aids	Covered for children to age 26, no adult coverage		
Acupuncture coverage eliminated	No longer covered		

	Prescription Coverage Copays			
	RetailMail Order30-Day Supply90-Day Supply			
Tier 1	\$20	\$40		
Tier 2	\$50	\$125		
Tier 3	\$100	\$170		

\*Benefits apply to in-network services only.



## GHI (EPO) PLAN IN-NETWORK BENEFIT HIGHLIGHTS

PCP & specialist office visit (including MH and SA)	\$50 per visit, \$10 per visit for dependent children (under age 26)
Telehealth services	\$10 per consultation visit
Diagnostic lab & radiology	\$50 copayment, \$10 copayment for dependent children (under age 26)
Preventive services	\$0
Emergency room	\$200 per emergency room visit
Inpatient hospital	\$500 per day up to max of \$1,000 per admission
Outpatient or ambulatory facility	\$150 copayment
In-network deductible	\$100 for durable medical equipment (DME) only
In-network maximum out-of- pocket	\$8,150 for Self Only \$16,300 for Self Plus One or Self and Family

You are responsible for 100% of charges for out-of-network services except for emergency services. Benefits apply to in-network services only. See benefit booklet for details.

View Another Plan

Prescription Coverage Copays			
	Retail 30-Day Supply	Mail Order 90-Day Supply	
Tier 1	\$20	\$40	
Tier 2	\$50	\$125	
Tier 3	\$100	\$170	

#### Choose your way to receive a 90-day supply.

Home Delivery Mail Order through:



express-scripts.com or call: 866-340-1348

Get a 90-day supply at:

reens

## GHI (EPO) PLAN ENROLLEE BI-WEEKLY PREMIUM

	Non-Postal <sup>*</sup>		Postal	
	2020	2021	2020	2021
Self Only	\$227.92	\$238.35	\$224.64	\$224.93
Self Plus One	\$574.46	\$598.88	\$567.46	\$570.13
Self and Family	\$578.49	\$602.08	\$570.90	\$570.85

\*Your share of the non-postal premium increased.



View Another Plan



# HIP (HMO) – HIGH OPTION (51) CHANGES EFFECTIVE JANUARY 1, 2021

#### View Another Plan

In-network Benefits*			
Pre-exposure prophylaxis (PrEP) preventive care medication	\$0 cost (was not covered)		
Durable medical equipment (DME)	\$50 deductible (was \$0)		
Orthopedic and prosthetic devices	\$50 deductible (was \$0)		
Emergency care	\$250 copayment (was \$200)		
Inpatient	\$100 copayment (was \$0)		
Skilled nursing facility	90-day limit (was unlimited)		

	Prescription Coverage Copays		
	Retail 30-Day Supply	Mail Order 90-Day Supply	
Generic	\$25 (was \$20)	\$37.50 (was \$30)	
Brand	\$50 (was \$40)	\$75 (was \$30)	

\*Benefits apply to in-network services only.



# HIP (HMO) – STANDARD OPTION (YL) CHANGES EFFECTIVE JANUARY 1, 2021

In-network Benefits*			
HMO Select Network	Was HMO Prime Network (HMO Select is a subset of HMO Prime)		
Calendar year deductible	\$3,000 per person (was \$2,500) \$6,000 for Self Plus One and Self and Family (was \$5,000)		
Catastrophic out-of-pocket maximum	\$8,550 for Self Only (was \$7,150) \$17,100 for Self Plus One and Self and Family (was \$14,300)		
Pre-exposure prophylaxis (PrEP) preventive care medication	\$0 cost (was covered \$50 brand, \$100 non- formulary)		
Durable medical equipment (DME)	\$100 deductible (was \$0)		

\*Benefits apply to in-network services only.



## HIP (HMO) – STANDARD OPTION (YL) IN-NETWORK BENEFIT HIGHLIGHTS

PCP (including MH and SA providers)	\$30 copay
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Specialists	\$75 copay
Diagnostic lab & radiology	\$30 per PCP office visit \$75 per outpatient hospital/free-standing facility (after deductible)
Telemedicine services	\$10 copay
Preventive services	\$0
Emergency room	\$250 copay
Inpatient hospital	\$100 copay
Outpatient or ambulatory facility	\$150 copay
In-network deductible	\$300 for brand-name prescription drugs only
In-network maximum out- of-pocket	\$8,550 for Self Only \$17,100 for Self Plus One or Self and Family

You are responsible for 100% of charges for out-of-network services except for emergency services. Benefits apply to in-network services only. See benefit booklet for details.

#### View Another Plan

Prescription Coverage Copays				
Retail Mail Order 30-Day Supply 90-Day Supply				
Tier 1	\$25	\$40		
Tier 2	\$50	\$125		
Tier 3	\$100	\$170		

#### Choose your way to receive a 90-day supply.

Home Delivery Mail Order through:



express-scripts.com or call: 866-340-1348

Get a 90-day supply at:

Walgreens

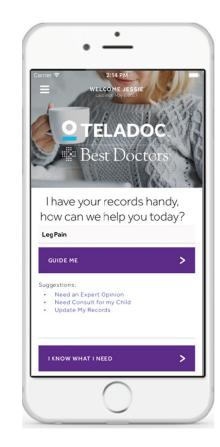
# **TELADOC®: YOUR VIRTUAL OFFICE VISIT**

Use telemedicine to get non-urgent medical care – 24 hours a day, 365 days a year.

- Perfect for when:
  - You feel sick and don't want to leave home.
  - You just moved and don't know local doctors.
  - Your doctor isn't available.
  - You're out of town and need a doctor's advice.
  - You have a busy schedule.

Provided at low or no copay – check your Summary of Benefits for more information.

Applies to HIP HMO only.





#### View Another Plan

## HIP (HMO) – STANDARD OPTION (YL) ENROLLEE BI-WEEKLY PREMIUM

	Non-Postal*		Postal	
	2020	2021	2020	2021
Self Only	\$139.86	\$174.12	\$136.58	\$160.70
Self Plus One	\$179.07	\$241.58	\$172.07	\$212.83
Self and Family	\$533.52	\$646.17	\$525.93	\$614.94

\*Your share of the non-postal premium increased.



View Another Plan



## HIP (HMO) – HIGH OPTION (51) IN-NETWORK BENEFIT HIGHLIGHTS

PCP (including MH and SA providers)	\$30 copay
Specialists	\$50 copay
Diagnostic lab & radiology	\$0
Telemedicine services	\$50
Preventive services	\$0
Emergency room	\$250 copay
Inpatient hospital	\$100 copay
Outpatient or ambulatory facility	\$150 copay
In-network deductible	\$100 for brand-name prescription drugs only
In-network maximum out- of-pocket	\$6,850 for Self Only \$13,700 for Self Plus One or Self and Family

You are responsible for 100% of charges for out-of-network services except for emergency services. See benefit booklet for details.

#### View Another Plan

Prescription Coverage Copays			
	Retail 30-Day Supply	Mail Order 90-Day Supply	
Generic	\$25	\$37.50	
Brand	\$50	\$75	

#### Choose your way to receive a 90-day supply.

Home Delivery Mail Order through:



express-scripts.com or call: 866-340-1348

Get a 90-day supply at:

Walgreens

#### HIP (HMO) – HIGH OPTION (51) ENROLLEE BI-WEEKLY PREMIUM

	Non-Postal		Postal	
	2020	2021	2020	2021
Self Only	\$258.56	\$243.38	\$255.28	\$229.96
Self Plus One	\$395.21	\$368.06	\$388.21	\$339.31
Self and Family	\$875.98	\$847.47	\$868.39	\$816.24



View Another Plan



## **2021 FEDVIP DENTAL PLAN HIGHLIGHTS**

	Preferred Plan	net Premier Plan			
In-network services	100% coverage				
Preventive, basic & major services	Unlimited benefits				
Copay / Coinsurance	None				
In-network deductible	None				
Out-of-network deductible	\$50 Individual, \$150 Family Member is responsible for the difference between what the plan pays and the providers charge				
Orthodontia for dependents and adults	\$3,000 lifetime max No waiting period	\$4,000 lifetime max No waiting period			
Implants	\$3,000 annual allowance	\$4,500 annual allowance			
Dependents coverage	Ends on their 22 <sup>nd</sup> birthday				

#### FEDVIP DENTAL PLANS ENROLLEE BI-WEEKLY PREMIUM

	Preferred Plan		Premier Plan	
	2020	2021	2020	2021
Self Only	\$19.20	\$19.20	n/a	\$22.49
Self Plus One	\$38.38	\$38.38	n/a	\$44.95
Self and Family	\$57.58	\$57.58	n/a	\$67.44



## **IMPORTANT PHONE NUMBERS**

GHI (EPO) Customer Service 877-842-3625

HIP (HMO) Customer Service 800-447-8255 FEDVIP Dental Customer Service 877-842-3625

Pharmacy Services 877-793-6253 Injectable Drugs 877-243-4812 Smoking Cessation Program 866-611-QUIT (7848)

