



VIP Premier (HMO) Group Medicare

The VIP[®] Premier (HMO) Group Medicare plan is a great fit for Medicare-eligible retirees. It offers quality coverage with a \$0 deductible, low out-of-pocket costs, and \$0 pension deductions.

Key Plan Features

This plan helps Medicare-eligible retirees meet their medical needs.

- You will not pay a premium for the Medicare plan without prescription drug coverage.**
- You will get most services from our in-network providers. This plan does not cover services outside our network unless it is an emergency, urgent care, or out-of-area dialysis.

Choosing a Primary Care Provider

You **must** choose a primary care provider (PCP) from our network when you enroll in this plan. They will refer you to a specialist if you need more care. You can change your PCP at any time.

Are You Eligible?

To sign up, you must:

- Have Medicare Parts A and B. Continue to pay your Medicare Part B premium and stay enrolled in Medicare Part A.
- Live in the five boroughs of New York City, or Nassau, Suffolk, Rockland, Orange, or Westchester counties.

(Continued)

SilverSneakers[®]

You will have membership to SilverSneakers[®], a fitness program that allows you to exercise at participating gyms at no additional cost.

Member Rewards Program

Enroll at emblemhealth.com/city or by calling **877-344-7364** (TTY: **711**). You can get a reward, valued from \$10 to \$50, for each of the eligible services you complete.*

Concierge Service

When you call the Gold Connect Concierge line at **877-344-7364** (TTY: **711**), you'll be connected to a live agent. They'll help you find a doctor, make appointments, and answer your benefits questions. They can also connect you to a health coach.

*You can earn up to \$165 per calendar year. Only one reward can be earned for each health service. Your reward card cannot be exchanged for cash.

**This does not remove your Part B premium.



EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC and Health Insurance Plan of Greater New York (HIP) are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

Benefit Summary: Medical Costs	
Annual Deductible	\$0
Medical Care	Your In-Network Cost
Primary care provider (PCP) visit	\$0
Specialist	\$30 copay
Diagnostic lab/x-ray	\$0
Routine physical exam	\$0
Outpatient mental health	\$5 copay
Ambulatory surgery	\$0
Ambulance	\$50 copay
Inpatient hospital care	\$250 for days 1-3 and \$0 for days 4 and beyond
Anesthesia	\$0
Emergency room	\$100 copay (You do not have to pay this if you are admitted).
Routine hearing exam	\$15 copay
Routine vision exam	\$15 copay
Dental discount	\$5 copay for exam, \$10 copay for cleaning, discounts for additional services
Skilled nursing facility, non-custodial	\$0 for days 1-20, \$164 for days 21-100. Up to 100 days per benefit period
Home health care, non-custodial	\$0
Private duty nursing (PDN)	\$0
Durable medical equipment (DME)	20% coinsurance (must be medically necessary)
Part B prescription drugs*	20% coinsurance

*Part B prescription drugs are usually those you wouldn't give yourself, like those you get at a doctor's office. You must continue to pay for your Part B premium.

Drug Coverage

If you do not get coverage through your union welfare fund, you must buy drug coverage through a rider. This rider gives you drug coverage benefits without an annual limit.

Please note: If you enroll in a standalone prescription drug plan (PDP), you will automatically be disenrolled from the VIP Premier plan.

Benefit Summary: Part D Prescription Drug Costs		
Tier	Retail Pharmacy	Home Delivery Mail Order Pharmacy
Tier 1 (Preferred Generic)	\$10 copay per 30-day supply	\$5 copay per 30-day supply
Tier 2 (Preferred Brand)	\$15 copay per 30-day supply (\$0 most vaccines)	\$7.50 copay per 30-day supply (\$0 most vaccines)
Tier 3 (Non-Preferred Drug)	\$100 copay per 30-day supply	\$50 copay per 30-day supply
Tier 4 (Specialty)	25% coinsurance per 30-day supply	25% coinsurance per 30-day supply
Tier 5 (Select Care Drugs)	\$0 copay per 30-day supply	\$0 copay per 30-day supply

For questions about benefit limits or maximum out-of-pocket costs, call the number on your member ID card or visit emblemhealth.com/city.

VIP Premier (HMO) Medicare plan:

877-344-7364 (TTY: 711) or emblemhealth.com/city.

Hours are 8 a.m. to 8 p.m., seven days a week.

Out-of-network/non-contracted 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.