EmblemHealth

VIP Premier (HMO) Group (NYSHIP) 2021 Cost Sharing Guide for Medicare Members residing in Richmond, Nassau, the Bronx, Kings, New York, Queens, Suffolk, Westchester, Albany, Columbia, Delaware, Dutchess, Greene, Orange, Putnam, Rensselaer, Saratoga, Schenectady, Sullivan, Ulster, Warren, and Washington counties.

Benefits	Your Cost-Sharing
Deductible – The amount you pay before your plan starts to pay.	$0
Maximum out-of-pocket – The most you will have to pay for services. This does not include prescription drugs.	$3,400 per year. This includes copays (the set dollar amount you pay for health services each time you use them) and deductibles.

Inpatient Hospital Coverage	
Inpatient hospital coverage* – You pay this amount if you are admitted to a hospital.	$0

Outpatient Hospital Coverage	
Ambulatory surgery*	$0
Outpatient surgery*	$0
Renal (Kidney) dialysis	$0

Doctor Visits	
Primary care provider	$0 per visit
Specialist	$5 per visit
Routine foot care	$5 per visit
Chiropractic care*	$5 per visit

Preventive Care (e.g., annual physical exam, flu, and pneumonia vaccines)	Covered in full

Emergency Care	$25 per visit $0 if admitted within 1 day Worldwide coverage

Urgently Needed Services	$5 per visit

Diagnostic Services/Labs/Imaging*	
Diagnostic services including MRIs, MRAs, PET, and CAT scans	$0
Lab tests	$0
X-ray	$0
Radiation therapy	$0

Hearing Services	
Medicare-covered hearing exam	$5
Routine hearing exam	$5 per yearly visit
Hearing aid	Plan pays up to $500 toward the purchase of a hearing aid every 36 months

Dental Services	
Preventive dental care	Not covered
Comprehensive dental care	Not covered
Dental discount	$5 for one examination (comprehensive or periodic) every 6 months $10 per visit for one prophylaxis (cleaning) every 6 months Additional services, including but not limited to x-rays, fillings, crowns or dentures, will be provided at a discounted rate subject to a fee schedule

Vision Services	
Routine eye exam	$5 per yearly visit
Medicare-covered eyewear	$0 if you get a new prescription as a result of cataract surgery
Routine eyewear	$0 for one pair of eyeglasses or contact lenses

Mental Health Services*	
Inpatient: no limit in a general hospital; 190-day lifetime limit in a psychiatric facility	$0
Outpatient mental health therapy	$5 per visit

Skilled Nursing Facility*	
Nursing home following hospital stay Up to 100 days per benefit period	$0 Prior hospital stay not required

Substance Abuse Services*	
Outpatient alcohol and substance abuse therapy	$0 per visit

Rehabilitation Therapies*	
Physical therapy	$5 per visit
Speech therapy	$5 per visit
Occupational therapy	$5 per visit
Cardiac/pulmonary rehabilitation	$0 per visit
Supervised exercise therapy (SET)	$0 per visit

Transportation	
Ground ambulance	$0 per trip
Routine transportation	Not covered

Part B Drugs*	$0

Prescription Drug Coverage				
Tier Level	**Initial Coverage and Coverage Gap $0 – $6,550**			**Catastrophic Over $6,550**
	At Preferred Pharmacies 30-day supply	**At Standard Pharmacies 30-day supply**	**Mail Order 90-day supply**	**You Pay**
Tier 1: Generic	$0	$5	$0	$3.70 or 5% of the cost
Tier 2: Preferred Brand	$0	$5	$0	$9.20 or 5% of the cost
Tier 3: Non-Preferred Drug	$45	$45	$67.50	$3.70, $9.20, or 5% of the cost

Other Benefits	
Durable medical equipment (DME)*	$0
Diabetic supplies and services (non-Part D)	$5
Home health care (non-custodial)*	$0
Acupuncture	$5 per visit Up to 20 visits per year for chronic low back pain
Fitness benefit - SilverSneakers®	Not covered
Hospice care	Not covered
Private duty nursing	Not covered
Over-the-counter medication (OTC)	Not covered
Telehealth	PCP: $0 per visit Specialist: $5 per visit

	Individual Session - Mental Health: $5 Individual Session - Psychiatry: $5 Individual Session - Substance Abuse: $0 Unlimited visits

** Prior authorization rules may apply.*

IMPORTANT INFORMATION

You can find a full list of the preventive services in your Evidence of Coverage (EOC) at ***emblemhealth.com/medicare****.*

All services covered in this Cost Sharing Guide are subject to medical necessity review.

For an actual description of your benefits, including exclusions, limitations or specific conditions, see your 2021 Medicare Plan EOC. In the event of a discrepancy between the information contained in the guide and the provisions of your 2021 Medicare EOC, the specific provisions of the EOC shall prevail over the Cost Sharing Guide.

This information is not a complete description of benefits. Call ***877-344-7364*** *(****TTY: 711****) for more information.*

If you have questions, or want to request a copy of the EOC, call Customer Service at ***877-344-7364 (TTY: 711****). Our hours are 8 a.m. to 8 p.m., seven days a week. Or, visit us at* ***emblemhealth.com/medicare****.*