Welcome to your EmblemHealth HMO Select Care Plan, with services provided by our Select Care Network. Here are some important things you need to know:

YOUR NETWORK AND YOUR DOCTOR

You have in-network coverage only.

As an HMO member, you must choose a primary care physician who participates with the Select Care Network. This doctor will coordinate your care. Your benefits will be covered only if you see health care professionals in this network. If you see someone outside the network, you may have to pay the costs yourself. Emergency services that you receive in a hospital (e.g., hospital emergency room) are covered in-and-out-of-network. A network is a group of health care professionals or facilities that contract with EmblemHealth. They provide covered products and services to members.

When setting up office visits, make sure to ask whether the doctor participates with the Select Care Network. If he or she has more than one office, also check that the office you’re visiting is part of the network. You can use EmblemHealth’s online directory to find a list of participating professionals. For more information about the network and your plan, see “How Your Coverage Works” in your Contract.

FIND A SELECT CARE NETWORK PROVIDER

1. Go to “Find a Doctor” at emblemhealth.com/findadoctor.
2. On the Provider Search web page, select the type of professional you are looking for. Enter a ZIP code to search by location or search by name.
3. Make sure you are searching for professionals in the Select Care Network by checking the network drop-down options.
4. Click on the “Search” button.
5. You will see a list of health care professionals. Review the profiles until you find one who best meets your needs.
6. You can also request a paper directory by calling Customer Service at 888-447-7703 (TTY: 711).

REFERRALS

You need written or electronic permission from your primary care physician before receiving specialist care. This is called a referral. Specialists are doctors such as allergists and dermatologists who provide services other than primary care. You do not need a referral for the following services:

- Primary and preventive care
- Preventive and primary obstetric and gynecologic care
- Chiropractic services
- Refractive eye exams from an optometrist. This is covered for dependents/children until the end of the month they turn 19.
- Outpatient mental health services
- Diabetic eye exams from an ophthalmologist
PRIOR APPROVAL
Some inpatient and outpatient services require prior approval by EmblemHealth before you receive them. Your network provider will contact EmblemHealth to take care of this for you. Examples of these services are: inpatient nonemergency procedures, outpatient surgery, home health care, hospice care, and outpatient physical, occupational and speech therapies. See your Contract for a full list of services that require prior approval.

PREVENTIVE CARE
In-network preventive care services described in your Contract are covered in full and not subject to any cost sharing when you use a Select Care Network professional. These services include routine checkups, immunizations, gynecologic exams, mammograms, well-baby care, and prescription birth control for women.

DEDUCTIBLE
Your coverage may have a plan deductible or a prescription drug deductible. This is the amount you pay for health services during a plan year before EmblemHealth begins paying for any covered services, except for preventive care. The deductible must be met before applicable services are covered. You may also have coinsurance or copays. Check the “Schedule of Benefits” in your Contract to see if this applies to your plan.

COPAY
This is the set dollar amount you pay for health services each time you use them.

COINSURANCE
Some services may be subject to coinsurance. This is the percentage you pay for health services, after your deductible, when your insurance plan begins to pay. If your plan includes a coinsurance for services, you will pay this directly to the doctor.

WHAT YOU PAY: MAXIMUM
Copays, coinsurance, and deductibles go toward the maximum you pay. Once you reach this limit, your plan pays for in-network services in full.

USE QUEST DIAGNOSTICS FOR LAB WORK
Remind your doctor to use Quest Diagnostics when lab testing is prescribed. For added convenience, Quest offers testing by appointment, which you can schedule online at questdiagnostics.com/appointment. Or, call 888-277-8772 and use the automated phone system to schedule your lab testing. Walk-ins are always welcome.

PHARMACY
Your plan covers a wide range of prescription drugs. Visit emblemhealth.com/pharmacy/see-covered-drugs to see a list of drugs covered under your plan’s formulary.

This plan has a three-tier design. This means your copays are usually lowest when you use generic drugs (Tier 1), higher when you use brand name drugs on the formulary (Tier 2), and highest when you use brand name drugs not on the formulary (Tier 3).
TELEMEDICINE: $0 COST-SHARING
Your plan covers online consultations between you and health care professionals who participate in our telemedicine program for nonemergency medical conditions. Beginning in 2017, based on your plan's start or renewal date, telemedicine copays for a physician or dietician/ nutritionist will be $0. To get started, simply create an account on the American Well website at emblemhealth.amwell.com or search “American Well” to download the iOS or Android app.

VISION
Pediatric vision services are administered by EyeMed with CPS. To reach an EyeMed Customer Service representative, call 877-324-6211 Monday to Saturday, 7:30 am to 11 pm or Sunday, 11 am to 8 pm. You can find more information on EyeMed’s website at eyemed.com.

EmblemHealth’s Silver Value, Bronze Value, and Gold Open Access plans also cover vision services for adults, provided through EyeMed with CPS.

PEDIATRIC DENTAL BENEFITS
Pediatric dental services are administered by DentaQuest. To reach a DentaQuest Customer Service representative, call 844-776-8743 Monday to Friday from 8 am to 5 pm. You can find more information on DentaQuest’s website at dentaquest.com.

EmblemHealth’s Silver Value, Bronze Value, and Gold Open Access plans also cover dental services for adults, provided through DentaQuest.

NEW FOR 2018: ACUPUNCTURE
We take a holistic approach to health and now offer a new acupuncture benefit. Acupuncture can help the body heal naturally. It can be added to treatment you are already following. Or, it can be used in place of treatment for pain-related to many types of conditions. Acupuncture is inserting needles, applying heat, or electrical stimulation to specific parts of the body to help the healing process. We’ve partnered with American Specialty Health Group, Inc. (ASH Group) to bring this new benefit to you. Acupuncture visits are available through ASH Group. You pay only a $20 copay per visit with a 12-visit limit per calendar year. You don't need to meet your deductible to use this benefit. To speak with an ASH Customer Service representative, call 800-678-9133 (TTY: 711). Their hours are Monday to Friday, 7 am to 9 pm. You can find more information at emblemhealth.com/acupuncture.