

EMBLEMHEALTH HMO QUALIFIED HEALTH PLANS

Quick Start Guide to Your Benefits

Welcome to your EmblemHealth Qualified Health Plan, with services provided by our Prime 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 Prime 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 Prime 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.

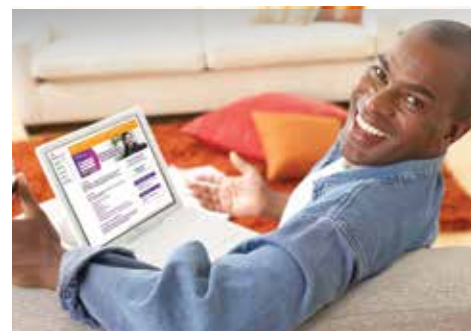
FIND A PRIME NETWORK PROVIDER

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 Prime 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



Register at emblemhealth.com

1. Have your member ID card handy and go to portals.emblemhealth.com/members/registration.
2. Fill out the requested information. Once you submit this form, you'll be able to access your account right away!
3. You'll receive a confirmation email to the address you provided.
4. Once registered, you can see your plan benefits, find hospitals and other providers, get an ID card, sign up to go paperless and more from your secure account.

(Continued)

EMBLEMHEALTH HMO QUALIFIED HEALTH PLANS

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 Prime 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).



We're Here to Help

- Register for a secure account at emblemhealth.com.
- On the go? Download our mobile app myEmblemHealth.



- Call Customer Service at **888-447-7703** (TTY/TDD: **711**), Monday to Friday 8 am to 6 pm (excluding major holidays).

Note: If you purchased a plan through the NY State of Health (NYSOH) Marketplace and your financial situation changes, this may affect your eligibility on the Marketplace. Contact NYSOH right away. Sign in to nystateofhealth.ny.gov.

EMBLEMHEALTH HMO QUALIFIED HEALTH PLANS

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. 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](https://www.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](https://www.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](https://www.dentaquest.com).

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