

# EMBLEMHEALTH HMO SELECT CARE PLANS

## Quick Start Guide To Your Benefits

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 PROVIDER

**You have in-network coverage only.** As an HMO member, you must choose a primary care physician (PCP) who participates with the **Select Care Network**. Your PCP will coordinate your care. Your benefits will be covered **only** if you see health care providers in this network. If you see a provider outside the network, you may have to pay the costs yourself. Emergency care is covered whether in- or out-of-network.

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

### FIND A SELECT CARE NETWORK PROVIDER

1. Sign in at **emblemhealth.com**.
2. Go to "Find a Doctor."
3. On the Provider Search web page, select the type of provider you are looking for. Enter a ZIP code to search by location or name to search by provider name.
4. Click on the "Search" button.
5. You will see a list of providers. Review the profiles until you find one who best meets your needs.

### REFERRALS

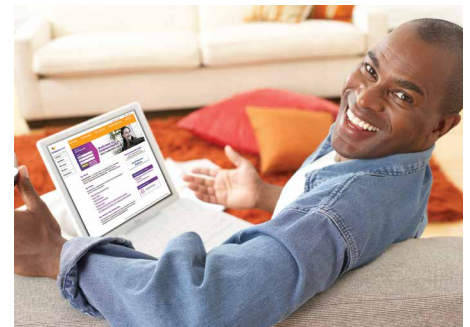
**For in-network coverage, you need a written or electronic referral from your PCP before receiving specialist care.** Specialists are providers such as allergists and dermatologists who provide services other than primary care. You **do not** need a referral for the following specialist services:

- Primary and preventive care
- Chiropractic services
- Outpatient mental health services
- Preventive and primary obstetric and gynecologic (OB/GYN) care
- Refractive eye exams from an optometrist (this is only covered up to age 19 years end of month)
- 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 or Certificate for a full list of services that require prior approval.

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### Register at emblemhealth.com

1. Have your member ID card handy, then type emblemhealth.com into your web browser.
2. Click the "Register Now" button on any page. 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. You can sign up to go paperless, and reduce the amount of mail you get from us.

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## PREVENTIVE CARE

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

## DEDUCTIBLE

Your coverage may have a plan deductible or a prescription drug deductible. This is the portion of eligible costs you must pay 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, subject to coinsurance or copays. Check the “Schedule of Benefits” in your Contract or Certificate to see if this applies to your plan.

## COINSURANCE

Some services may be subject to coinsurance. This is a percentage of the provider’s charge, which you are required to pay after meeting your deductible. If your plan includes a coinsurance for services, you will pay this directly to the provider.

## MAXIMUM OUT-OF-POCKET

Copays, coinsurance and deductibles are applied to the maximum out-of-pocket limit. Once the maximum out-of-pocket limit is reached, in-network services are covered in full.

## USE QUEST DIAGNOSTICS FOR LAB WORK

Remind your provider to use Quest Diagnostics when lab testing is prescribed. Quest is a national laboratory with extensive coverage in our service area. For added convenience, Quest offers testing by appointment, which you can schedule online at [questdiagnostics.com/appointment](http://questdiagnostics.com/appointment). Or, call **1-888-277-8772** and use the automated phone system to schedule your lab testing. Walk-ins are always welcome.

## PHARMACY

Your prescription drug coverage is based on the Select Care Formulary, a list of drugs covered by your plan. To view the formulary, visit our website and type “Select Care Formulary” in the search field.

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).

## TELEHEALTH

Your plan covers online consultations between you and providers who participate in our telehealth program for non-emergency medical conditions. Copays apply to services provided by a telehealth physician or dietician/nutritionist. To get started, simply create an account on the American Well website at [americanwell.com](http://americanwell.com) or search “American Well” to download the iOS or Android app.

## EMBLEMHEALTH.COM

You can manage your health care and health plan right from our website. Once you register at [emblemhealth.com](http://emblemhealth.com), you can use your secure account to:

- Find a list of participating hospitals, urgent care centers, pharmacies and labs.
- Print a temporary ID card, or email a copy of your ID card from your smartphone to your doctor’s office.
- See your plan benefits and the list of covered drugs.
- Check the status of referrals.
- Receive personal reminders for health screenings.
- Update information, such as your email address.
- Sign up to go paperless (to reduce the amount of mail you get from us).
- Email us with questions.



## We’re Here to Help

- Register at [emblemhealth.com](http://emblemhealth.com).
- On the go? Download our mobile app myEmblemHealth.



- Call Customer Service at **1-888-447-7703 (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](http://nystateofhealth.ny.gov).