

EMBLEMHEALTH HIGH DEDUCTIBLE (HD) EPO PLANS FOR SMALL GROUPS

Quick Start Guide to Your Benefits

Welcome to your EmblemHealth HD EPO plan, with services provided by our EPO National Network. Here are the most important things you need to know:

YOUR NETWORK AND PROVIDER

You have in-network coverage only. Your benefits will be covered only if you see one of the many health care providers in EmblemHealth's **EPO National Network**. If you see a provider 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.

When setting up office visits, make sure to ask whether the provider participates with the EPO National 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.

FIND A PROVIDER IN THE EPO NATIONAL NETWORK

1. Go to "Find a Doctor" at <http://emblemhealth.com/find-a-doctor.aspx>
2. 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.
3. Click on the "Search" button.
4. You will see a list of providers. Review the profiles until you find one who best meets your needs.
5. You can also request a paper directory by calling Customer Service (1-877-842-3625; TTY/TDD: 711).

REFERRALS

You do not need a referral to see a provider. You are free to schedule an appointment with any network provider—including specialists—without a referral from a primary care physician.

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 Certificate of Coverage for a full list of services that require prior approval.



Register at [emblemhealth.com](https://portals.emblemhealth.com/members/registration.aspx)

1. Have your member ID card handy and go to: <https://portals.emblemhealth.com/members/registration.aspx>.
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.

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PREVENTIVE CARE

In-network preventive care services described in your Certificate are covered in full and are not subject to the deductible or coinsurance. These services include routine physicals, immunizations, mammograms, gynecologic exams, well-baby care, prostate screening and prescription contraceptives for women.

DEDUCTIBLE

A deductible 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. Once a family member meets the individual deductible, no further deductible is required for that person for the plan year. Once members of the family collectively meet the family deductible, no further deductible is required for any person in the family covered under the plan for the plan year.

COINSURANCE

The coinsurance is a percentage of the provider's charge, which you are required to pay after the deductible is met. Coinsurance is paid directly to the provider.

USE QUEST DIAGNOSTICS FOR LAB WORK

Remind your provider to use Quest Diagnostics when lab testing is prescribed. Quest is our exclusive national clinical reference laboratory with extensive coverage in our service area. For added convenience, Quest now offers lab testing by appointment, which you can schedule online at questdiagnostics.com/appointment. Or, call **1-888-277-8772** and use the automated phone system to schedule your lab testing. No appointment? Walk-ins are always welcome.

PHARMACY

Your plan covers a wide range of prescription drugs. Visit <http://emblemhealth.com/pharmacy/see-covered-drugs.aspx> to see a list of drugs covered under your plan's formulary.

When you visit an EmblemHealth participating pharmacy, simply give your ID card to the pharmacist along with the provider's prescription. The pharmacist will fill your prescription and apply any plan deductibles or coinsurance to the cost. These plans have a three-tier plan design. Your out-of-pocket cost may vary depending on whether you receive a prescription drug in Tier 1, Tier 2 or Tier 3.

NEW FOR 2017: VISION VENDOR

Starting in 2017, based on your plan's start or renewal date, pediatric vision services will be administered by EyeMed. To reach a dedicated EyeMed Customer Service representative, call **1-877-324-6211** Monday to Saturday 7:30 am to 11 pm, or Sunday 11 am to 8 pm. You can find additional information on EyeMed's website at eyemed.com.

NEW FOR 2017: EMBEDDED PEDIATRIC DENTAL BENEFITS

The effective date is based on your plan's start or renewal date. Check with your benefits administrator for further information. Pediatric dental services are administered by DentaQuest. To reach a DentaQuest Customer Service representative, call **1-844-776-8743** Monday to Friday from 8 am to 5 pm. You can find additional information on DentaQuest's website at dentaquest.com.



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 **1-877-842-3625 (TTY/TDD: 711)**, Monday to Friday 8 am to 6 pm (excluding major holidays).