MAKING THE MOST OF YOUR
2016 HIP AND GHI
HEALTH BENEFITS

City of New York Employees, Non-Medicare Eligible Retirees
and Medicare Eligible Retirees
Dear City of New York Employee or Retiree:

Thank you for considering EmblemHealth. For more than 75 years, through our companies GHI and HIP, we have made it our purpose to serve hard-working New Yorkers with health coverage that is affordable and responsive to the needs of all our members. We’re proud of this legacy, and even more proud to be serving you now and in the future.

For 2016, we offer a variety of quality plan options, each meant to help you and your family stay healthy, get well and live better. This brochure gives you an overview of our plan offerings for City of New York employees and retirees, along with information on our innovative wellness programs and services.

Our plans offer robust networks that serve your health care needs where you live and work. An important feature of all our provider networks is the AdvantageCare Physicians multispecialty physician-led practice. It provides convenient and coordinated medical care that exceeds some of the nation’s strictest health care standards. With locations across New York City and Long Island, chances are there is an AdvantageCare Physicians office near you.

It’s all part of our commitment to serving our members’ health care needs at the local level — providing City of New York employees and retirees with the great benefits they deserve.

Sincerely,

George Babitsch
Senior Vice President
Underwriting and Account Management
The 2016 plans we’ve prepared for City of New York employees and retirees are listed below and summarized inside this brochure.

<table>
<thead>
<tr>
<th>Plans underwritten by HIP Health Plan of New York (HIP):</th>
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<td>HIP Prime® HMO</td>
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<td>HIP Prime® POS</td>
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<td>GHI HMO</td>
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<td>Vytra</td>
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<td>VIP® Premier (HMO) Medicare</td>
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<tr>
<td>GHI CBP*</td>
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<td>GHI Senior Care*</td>
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<tr>
<td>GHI Medicare Part D Prescription Drug Plans**</td>
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<tr>
<td>DC37 Med-Team (DC37 members only)</td>
</tr>
</tbody>
</table>

**Need help choosing a plan?**  
Let us help you. If you have any questions about these plans, please call Customer Service at the number listed inside for the particular plan. Or visit our website at emblemhealth.com/city.

**Ready to enroll?**  
Once you’ve picked the plan that’s right for you, please complete the NYC Health Benefits Application. Contact your Payroll or Personnel office for information on how to obtain an application. Or visit nyc.gov/olr and click on the Health Ben tab at the top of the page; then click either Employee or Retiree; then click Forms and Downloads in the left navigation bar and select Health Benefits Application.

**Want to keep your plan?**  
If you already have the plan that is right for you, you don’t need to do anything. Your coverage will continue automatically.

For more information about your plan options, please see your NYC Summary Plan Description available at nyc.gov/olr. To access this information, click on the Health Ben tab at the top of the page; then click the Summary of Plans tab; then click View the Full Summary Plan Description (SPD) in the left navigation bar.

*Hospitalization coverage for GHI CBP and GHI Senior Care is underwritten and administered by Empire BlueCross BlueShield, not GHI.

**GHI Medicare Part D Prescription Drug Plans are only available as optional riders with enrollment in GHI Senior Care or GHI HMO Medicare Senior Supplement.
Get Your Customized Preventive Care Plan
What preventive care and health screenings does your physician recommend for you and your family? Find out in seconds with AdvantageCare Physicians’ new Preventive Care Plan tool. After you get your customized Preventive Care Plan at acpny.com/prevention, schedule an appointment to discuss the plan with your doctor.
ADVANTAGECARE PHYSICIANS

Health to a Higher Standard
All of our networks feature AdvantageCare Physicians (ACP), one of the largest multispecialty physician-led practices in the New York metropolitan region. You can consider AdvantageCare Physicians to be your partner in wellness, holding your health to a higher standard. And as a City of New York employee or retiree, you have access to a dedicated Gold Service Line at 1-646-680-3000, for all your questions about ACP.

Convenient
Making it as easy as possible to get the quality care you deserve. ACP offices are in the neighborhoods where you live and work, with convenient hours to fit your schedule. And they provide most of the healthcare services you’ll need, including primary care and 26 areas of specialty care, along with lab services, radiology (X-ray), cardiology screenings, pharmacies and many other support services.

Connected
Keeping all of your health records secure, up-to-date and accessible. Your health information is secure, centralized and follows you throughout ACP’s entire practice so that any doctor or specialist you see has the full story of you and your medical history. There’s no need to transfer records or fill out more forms, and you can access your records anytime once you’ve registered online with MyACP.

Compassionate
You’re never alone in your pursuit of better health. You will have the support of a dedicated “Care Team” that coordinates the different aspects of your care. They’ll make sure you’re up-to-date with your health screenings, checking test results and following up on any other services you received — all of which helps you avoid unnecessary visits to specialists and the emergency room.

Let AdvantageCare Physicians make your well-being their number one priority.

Visit acpny.com/city for more information and a listing of locations.
Find an AdvantageCare Physicians Office Near You

**Brooklyn**
Bay Ridge Medical Office 740 64th St., Brooklyn, NY 11220  
Bedford Medical Office 233 Nostrand Ave., Brooklyn, NY 11205  
Brooklyn Heights Medical Office 195 Montague St., Brooklyn, NY 11201  
Downtown Medical Office 447 Atlantic Ave., Brooklyn, NY 11217  
Elite at 18th Street Medical Office 601 East 18th St., Brooklyn, NY 11226  
Empire Medical Office 546 Eastern Pkwy., Brooklyn, NY 11225  
Flatbush Medical Office 1000 Church Ave., Brooklyn, NY 11218  
Kings Highway Medical Office 3245 Nostrand Ave., Brooklyn, NY 11229  
Lindenwood Medical Office 2832 Linden Blvd., Brooklyn, NY 11208

**Long Island**
Babylon Medical Office 300 Bay Shore Rd., North Babylon, NY 11703  
Hempstead Medical Office 226 Clinton St., Hempstead, NY 11550  
Hicksville Medical Office 350 S. Broadway, Hicksville, NY 11801  
Lake Success Medical Office 1991 Marcus Ave., New Hyde Park, NY 11042  
Ronkonkoma Medical Office 640 Hawkins Ave., Lake Ronkonkoma, NY 11779  
Valley Stream Medical Office 260 W. Sunrise Hwy., Valley Stream, NY 11581  
Woodbury Medical Office 225 Froehlich Farm Blvd., Woodbury, NY 11797

**Manhattan**
Flatiron District Medical Office 21 E. 22nd St., New York, NY 10010  
Harlem Medical Office 215 W. 125th St., New York, NY 10027  
Lincoln Square Medical Office 154 W. 71st St. New York, NY 10023  
Lower East Side Medical Office 570 Grand St., New York, NY 10002  
Midtown Medical Office 590 5th Ave., New York, NY 10036  
Upper East Side Medical Office 215 E. 95th St., New York, NY 10128  
Washington Heights Medical Office 4337 Broadway, New York, NY 10033

**Queens**
Astoria Medical Office 31-75 23rd St., Astoria, NY 11106  
Cambria Heights Medical Office 206-20 Linden Blvd., Cambria Heights, NY 11411  
Elmhurst Medical Office 86-15 Queens Blvd., Elmhurst, NY 11373  
Elmhurst Pediatric & Multi-Specialty Office 88-06 55th Ave., Elmhurst, NY 11373  
Flushing North Medical Office 140-15 Sanford Ave., Flushing, NY 11355  
Forest Hills Medical Office 96-10 Metropolitan Ave., Forest Hills, NY 11375  
Jamaica Estates Medical Office 180-05 Hillside Ave., Jamaica, NY 11432  
Richmond Hill Medical Office 125-06 101st Ave., South Richmond Hill, NY 11419  
Rochdale Village Medical Office 169-59 137th Ave., Rochdale, NY 11434  
Rochdale Village Specialty Medical Office 169-27 137th Ave., Rochdale, NY 11434  
Rockaway Medical Office 29-15 Far Rockaway Blvd., Far Rockaway, NY 11691

**Staten Island**
Annadale Medical Office 4771 Hylan Blvd., Staten Island, NY 10312  
Clove Road Medical Office 1050 Clove Rd., Staten Island, NY 10301
With HIP Prime® HMO, there is no payroll deduction and most services have a $0 copay. With this plan, you choose a primary care physician (PCP) who will manage and oversee your care, including administering referrals to network specialists. This plan is offered to City active employees and non-Medicare eligible retirees.

Key plan features:

- Coverage for in-network services
- $0 copays and no additional charges for most services
- Choice of doctors in private practice or from our AdvantageCare Physicians multispecialty physician practice
- No payroll deduction for the base plan
- Value-added wellness and disease management programs
- Virtually no claims forms or other paperwork to fill out

Your PCP: a partner for good health

When you enroll in the HIP Prime HMO plan, you choose a primary care physician (PCP) who will work with you to manage your health care. You can change your PCP at any time, either online or by phone.

Your PCP will:

- Provide most of your primary and preventive care
- Refer you to specialists as needed, and help coordinate their care
- Arrange hospital admissions, when necessary (please note that specialists can also arrange for hospital admissions)
- Obtain prior approval, when required

Have you considered an AdvantageCare Physicians PCP? Call your ACP Gold Service Line at 1-646-680-3000 for more information.

Provider coverage: in network

To take advantage of all the benefits this plan offers, you need to see providers in the HIP Prime HMO network. You can get covered services from any provider within this network. Receiving care from out-of-network doctors or providers is not covered under HIP Prime HMO. You may have to pay for the medical services if you go out of network.

In cases of emergency, your care is covered regardless of the provider's network status; you will be completely covered at any doctor's office or hospital nationwide. Emergencies should be reported within 48 hours, or as soon as reasonably possible.
HIP PRIME HMO

With HIP Prime® HMO, there is no payroll deduction and most services have a $0 copay. With this plan, you choose a primary care physician (PCP) who will manage and oversee your care, including administering referrals to network specialists. This plan is offered to City active employees and non-Medicare eligible retirees.

Key Plan Features
HIP Prime HMO gives you real value — great health coverage with low out-of-pocket costs. You get:
• Coverage for in-network services
• $0 copays and no additional charges for most services
• Choice of doctors in private practice or from our AdvantageCare Physicians multispecialty physician practice
• No payroll deduction for the base plan
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In cases of emergency, your care is covered regardless of the provider’s network status; you will be completely covered at any doctor’s office or hospital nationwide. Emergencies should be reported within 48 hours, or as soon as reasonably possible.
EXPANDED NETWORK OF MEDICAL PROVIDERS

As always, with your HIP plan you have access to network doctors and hospitals throughout all five boroughs of New York City, Long Island, Westchester, Rockland and Orange counties.

Plus you have access to thousands of medical professionals and dozens of hospitals and facilities throughout the following counties: Albany, Broome, Columbia, Delaware, Dutchess, Fulton, Greene, Montgomery, Otsego, Putnam, Rensselaer, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren and Washington.

New for HIP Prime HMO, effective January 1, 2016:
You will have access to network providers in New Jersey!

And rest assured, you will continue to have access to the area’s top hospitals, like:

- Memorial Sloan-Kettering Cancer Center
- The Hospital for Special Surgery
- Lenox Hill Hospital
- Mount Sinai Hospital
- Staten Island University Hospital
- And many more

### Benefits Summary: HIP Prime HMO

<table>
<thead>
<tr>
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<tbody>
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<tr>
<td>Diagnostic lab/X-ray</td>
<td>$0</td>
</tr>
<tr>
<td>Routine physical exam</td>
<td>$0</td>
</tr>
<tr>
<td>Well child care</td>
<td>$0</td>
</tr>
<tr>
<td>Outpatient mental health</td>
<td>$0</td>
</tr>
<tr>
<td>Urgent care</td>
<td>$0</td>
</tr>
<tr>
<td>Ambulatory surgery</td>
<td>$50 copay</td>
</tr>
<tr>
<td>Ambulance</td>
<td>$0</td>
</tr>
<tr>
<td>Inpatient hospital care</td>
<td>$100 copay</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>Included in hospital copay</td>
</tr>
<tr>
<td>Emergency room</td>
<td>$50 copay (waived if admitted)</td>
</tr>
</tbody>
</table>

### Optional Rider

City employees can add the following optional rider benefits to their HIP Prime HMO plan through a payroll deduction if the benefits are not already provided by their welfare fund:

- Durable medical equipment and private duty nursing
- Prescription drugs — for $5 generic drugs and $15 brand drugs from network retail drug stores. Formulary copays are reduced by 50 percent when utilizing the Mail Order Pharmacy Service for home delivery.
Customer Service — HIP Prime HMO

emblemhealth.com/city

Information line for prospective members:
1-800-447-6929, Monday through Friday, 8:30 am to 5 pm. If you have a hearing or speech impairment and use a TDD, call 711.

Customer Service for existing members:
1-800-447-8255, seven days a week (excluding major holidays), 8 am to 8 pm. If you have a hearing or speech impairment and use a TDD, call 711.

Choosing HIP Prime HMO

Customer Service representatives are available to answer any questions about HIP Prime HMO in your language. Call the appropriate number above to find out more about HIP Prime HMO.

Are you happy with your current doctors, but want to switch your plan? Your doctors may be in our network. Ask a representative or use Find a Doctor on emblemhealth.com.

Once you’re ready to join HIP Prime HMO, you’ll need to complete a NYC Health Benefits Application. Contact your Payroll or Personnel office for information on how to obtain an application.

If you already have the HIP coverage that’s right for you, you don’t need to do anything. Your coverage will continue automatically.

The information above is intended to provide general information and highlights regarding the HIP Prime HMO plan. It does not provide a complete benefit description. HIP Prime HMO plan coverage is subject to all terms, conditions and limitations contained in the certificate of insurance. Refer to HIP policy form 155-23-GRPHMO (3/99).
With HIP Prime® POS, you get most of the same in-network features as the HIP Prime HMO plan. For example, with this plan you choose a primary care physician (PCP) who will manage and oversee your care, including administering referrals to network specialists and arranging for hospital stays. This plan is offered to City active employees and non-Medicare retirees.

With HIP Prime POS you also have the choice of getting covered care from doctors and health care providers who are out of the network.

**Key Plan Features**
- Coverage for out-of-network and in-network services
- Low out-of-pocket costs, including low copays for in-network services
- Value-added wellness and disease management programs
- Virtually no claims forms or other paperwork to fill out

**Your PCP: A Partner for Good Health**
As soon as you join HIP Prime POS, you choose a primary care physician (PCP). This person will be your regular doctor who works with you to manage your health. You can change your PCP, either online or by phone, at any time.

Your PCP will:
- Provide most of your primary and preventive care
- Refer you to specialists as needed, if you are staying in network
- Coordinate the care you get from specialists
- Arrange hospital admissions, when necessary (please note that specialists can also arrange for hospital admissions)

Have you considered an advantageCare Physicians PCP?
Call your ACP Gold Service Line at 1-646-680-3000 for more information.

**Provider Coverage: In and Out of Network**
If you want out-of-network coverage while keeping in-network copays low, choose the HIP Prime POS plan. Covered services from out-of-network doctors do, however, have deductibles, coinsurance and payroll deductions. Also note that some services may require prior approval. The best way to make use of HIP Prime POS and to save on your out-of-pocket costs is to see a doctor within the network.
HIP PRIME POS

With HIP Prime® POS, you get most of the same in-network features as the HIP Prime HMO plan. For example, with this plan you choose a primary care physician (PCP) who will manage and oversee your care, including administering referrals to network specialists and arranging for hospital stays. This plan is offered to City active employees and non-Medicare retirees.

With HIP Prime POS you also have the choice of getting covered care from doctors and health care providers who are out of the network.

Key Plan Features

HIP Prime POS gives you low out-of-pocket costs along with the freedom to choose out-of-network providers. You get:

- Coverage for out-of-network and in-network services
- Low out-of-pocket costs, including low copays for in-network services
- Value-added wellness and disease management programs
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EXPANDED NETWORK OF MEDICAL PROVIDERS

As always, with your HIP plan you have access to network doctors and hospitals throughout all five boroughs of New York City, Long Island, Westchester, Rockland and Orange counties.

Plus you have access to thousands of medical professionals and dozens of hospitals and facilities throughout the following counties: Albany, Broome, Columbia, Delaware, Dutchess, Fulton, Greene, Montgomery, Otsego, Putnam, Rensselaer, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren and Washington.

And rest assured, you will continue to have access to the area’s top hospitals, like:

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- The Hospital for Special Surgery
- Lenox Hill Hospital
- Mount Sinai Hospital
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- And many more

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<td>Anesthesia</td>
</tr>
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<td>Emergency room</td>
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<th><strong>Additional Cost Sharing</strong></th>
<th><strong>In Network</strong></th>
<th><strong>Out of Network</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual deductible</td>
<td>$0</td>
<td>$750 individual/$2,250 family</td>
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<tr>
<td>Annual coinsurance</td>
<td>$0</td>
<td>HIP will cover 70% of the Fee Schedule (member pays 30%)</td>
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<tr>
<td>Coinsurance maximum</td>
<td>$0</td>
<td>$3,000 individual/$9,000 family</td>
</tr>
<tr>
<td>Out-of-network annual max</td>
<td>Not applicable</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Out-of-network lifetime max</td>
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<td>Unlimited</td>
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Optional Rider

City employees can add the following optional rider benefit to their HIP Prime POS plan through a payroll deduction.

- Prescription drugs — for $10 generic drugs and for $35 brand drugs from network retail drug stores. Formulary copays are reduced by 50 percent when utilizing the Mail Order Pharmacy Service for home delivery. Note: Durable medical equipment and private duty nursing are part of the base POS plan.

Customer Service — HIP Prime POS

g emblemhealth.com/city

Information line for prospective members:
1-800-447-6929, Monday through Friday, 8:30 am to 5 pm. If you have a hearing or speech impairment and use a TDD, call 711.

Customer Service for existing members:
1-800-447-8255, seven days a week excluding major holidays), 8 am to 8 pm. If you have a hearing or speech impairment and use a TDD, call 711.

Choosing HIP Prime POS

Customer Service representatives are available to answer any questions about HIP Prime POS in your language. Call the appropriate number above to find out more about HIP Prime POS.

Are you happy with your current doctors, but want to switch your plan? Your doctors may be in our network. Ask a representative or use Find a Doctor on emblemhealth.com.

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The information above is intended to provide general information and highlights regarding the HIP Prime POS plan. It does not provide a complete benefit description. HIP Prime POS Plan coverage is subject to all terms, conditions and limitations contained in the certificate of insurance. Refer to HIP policy form 155-23-GRPHMO (3/99) and 200-23-GRPPOL (9/99).
With the GHI HMO plan, you get a wide range of covered services from network doctors and hospitals for a small copay. You choose a primary care physician (PCP) who will manage and oversee your care, including administering referrals to network specialists and arranging for hospital stays.

The GHI HMO plan is available to City active employees and non-Medicare eligible retirees living in the five boroughs of New York City and the following New York State counties: Albany, Broome, Columbia, Delaware, Dutchess, Fulton, Greene, Montgomery, Nassau, Orange, Otsego, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Suffolk, Sullivan, Ulster, Warren, Washington and Westchester.

Key plan features

GHI HMO offers you:

• Coverage for a comprehensive range of in-network services
• Choice of doctors in private practice or from our AdvantageCare Physicians multispecialty physician practice
• Virtually no claims forms or other paperwork to fill out

Your PCP: a partner for good health

When you enroll in the GHI HMO plan, you choose a PCP who works with you to manage your health care. You can change your PCP at any time, either online or by phone.

Your PCP will:

• Provide most of your primary and preventive care
• Refer you to specialists as needed
• Coordinate the care you get from specialists
• Arrange hospital admissions, when necessary (please note that specialists can also arrange for hospital admissions)
• Obtain prior approval, when required

Have you considered an AdvantageCare Physicians PCP?

Call your ACP Gold Service Line at 1-646-680-3000 for more information.
GHI HMO
(Underwritten by HIP Health Plan of New York)

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<td></td>
</tr>
<tr>
<td>Emergency room</td>
<td>$35 copay (waived if admitted)</td>
<td></td>
</tr>
</tbody>
</table>

Optional Rider

You can add the following optional rider benefit to your GHI HMO plan through a payroll deduction:

- Prescription drugs — for $8 generic drugs, $16 preferred brand drugs and $30 non-preferred brand drugs from network retail drug stores. Home delivery service (up to 90-day supply) includes $16 generic drugs, $32 preferred brand drugs and $50 non-preferred brand drugs.
GHI HMO Medicare Senior Supplement

GHI HMO Medicare Senior Supplement includes coverage for deductibles, coinsurance and services not covered by Medicare Parts A and B. As a supplement, it covers the same services for Medicare-eligible retirees that the GHI HMO plan covers for active employees and non-Medicare retirees.

You are encouraged to use in-network doctors. If out-of-network doctors are used, only Medicare coverage is applicable and treatment is subject to Medicare deductibles and coinsurance.

Optional Rider

You can enhance your GHI HMO Medicare Senior Supplement plan with the following optional rider benefit:

- Medicare Part D benefits for prescriptions received at network pharmacies and home delivery service.
Customer Service — The GHI HMO Plan and Medicare Senior Supplement

emblemhealth.com/city

Information line for prospective members:
1-800-447-6929, Monday through Friday, 8:30 am to 5 pm. If you have a hearing or speech impairment and use a TDD, call 711.

Customer Service for existing members:
1-877-244-4466, seven days a week (excluding major holidays), 8 am to 8 pm. If you have a hearing or speech impairment and use a TDD, call 711.

Choosing GHI HMO Plans

Customer Service representatives are available to answer any questions about the GHI HMO plan and the GHI HMO Medicare Senior Supplement in your language. Call us to find out if either plan is the right health plan for you.

Are you happy with your current doctors, but want to switch your plan? Your doctors may be in our network. Ask a Customer Service representative or use Find a Doctor on emblemhealth.com.

Once you’re ready to join the GHI HMO plan or GHI HMO Medicare Senior Supplement, you’ll need to complete a NYC Health Benefits Application. Contact your Payroll or Personnel office for information on how to obtain an application.

If you already have the coverage that’s right for you, you don’t need to do anything. Your coverage will continue automatically.

The information above is intended to provide general information and highlights regarding the GHI HMO plan, underwritten by HIP Health Plan of New York. It does not provide a complete benefit description. GHI HMO plan coverage is subject to all terms, conditions and limitations contained in the certificate of insurance. Refer to GHI policy form PGHMO1387.
Vytra is offered to City employees and retirees under age 65 who reside in Queens, Nassau and Suffolk. With this plan, you choose a primary care physician (PCP) who will manage and oversee your care, including administering referrals to network specialists and arranging for hospital stays.

**Key Plan Features**

Vytra gives you low out-of-pocket costs. You get:

- Coverage for in-network services
- A primary care physician (PCP) to partner in your health
- $5 copay for PCP and specialists
- Virtually no claims forms or other paperwork to fill out

**Your PCP: A Partner for Good Health**

When you enroll in Vytra, you choose a PCP who works with you to manage your health care. You can change your PCP at any time, either online or by phone.

Your PCP will:

- Provide most of your primary and preventive care
- Refer you to specialists as needed, and help coordinate their care
- Arrange hospital admissions, when necessary (please note that specialists can also arrange for hospital admissions)
- Obtain prior approval, when required

**Have you considered an AdvantageCare Physicians PCP?**

Call your ACP Gold Service Line at 1-646-680-3000 for more information.

**Provider Coverage: In Network**

To take advantage of all the benefits this plan offers, you need to see practitioners and health care providers in the Vytra Premier network. You can get covered services from any provider within this network. If you see a doctor or provider who is not in the network, you may have to pay for the medical services yourself.

In cases of emergency care, your care is covered regardless of the provider’s network status; you will be completely covered at any doctor’s office or hospital nationwide. Emergencies should be reported within 48 hours, or as soon as reasonably possible.
<table>
<thead>
<tr>
<th>Medical Care</th>
<th>Your In-Network Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCP office visit</td>
<td>$5 copay</td>
</tr>
<tr>
<td>Specialist office visit</td>
<td>$5 copay</td>
</tr>
<tr>
<td>Diagnostic lab/X-ray</td>
<td>$0</td>
</tr>
<tr>
<td>Routine physical exam</td>
<td>$5 copay</td>
</tr>
<tr>
<td>Well child care</td>
<td>$0</td>
</tr>
<tr>
<td>Outpatient mental health</td>
<td>$5 copay</td>
</tr>
<tr>
<td>Urgent care</td>
<td>$5 copay</td>
</tr>
<tr>
<td>Ambulatory surgery</td>
<td>$0</td>
</tr>
<tr>
<td>Ambulance</td>
<td>$0</td>
</tr>
<tr>
<td>Inpatient hospital care</td>
<td>$0</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>$0</td>
</tr>
<tr>
<td>Emergency room</td>
<td>$25 copay (waived if admitted)</td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td>$0</td>
</tr>
</tbody>
</table>
Optional Rider

You can add the following optional rider benefit to your Vytra plan through a payroll deduction:

- Prescription drugs — includes a $7 copay for generic and brand drugs from network retail drug stores and a $14 copay for generic and brand drugs (up to a 90-day supply) from home delivery service, after an annual $50 per person deductible is met.

Customer Service — Vytra

emblemhealth.com/city

Information line for prospective members:
1-800-447-6929, Monday through Friday, 8:30 am to 5 pm. If you have a hearing or speech impairment and use a TDD, call 711.

Customer Service for existing members:
1-866-409-0999, seven days a week (excluding major holidays), 8 am to 8 pm. If you have a hearing or speech impairment and use a TDD, call 711.

Choosing Vytra

Customer Service representatives are available to answer any questions about Vytra in your language. Call the appropriate number above to find out more about Vytra.

Once you’re ready to join Vytra, you’ll need to complete a NYC Health Benefits Application. Contact your Payroll or Personnel office for information on how to obtain an application.

If you already have the Vytra coverage that’s right for you, you don’t need to do anything. Your coverage will continue automatically.

The information above is intended to provide general information and highlights regarding Vytra. It does not provide a complete benefit description. Vytra coverage is subject to all terms, conditions and limitations contained in the certificate of insurance. Refer to policy form VHLI-LGRP-01.
The VIP® Premier (HMO) Medicare plan is a great fit for Medicare-eligible retirees. It offers quality coverage with low out-of-pocket costs, with $0 copays for most services and $0 pension deductions. With this plan, you choose a regular doctor who will manage and oversee your care, including administering referrals to network specialists and arranging for hospital stays.

**Key Plan Features**
- Coverage for in-network services
- A primary care physician (PCP) to partner in your health
- $0 copays for most services
- Value-added wellness and disease management programs
- A Part D prescription drug benefit that meets the needs of Medicare-eligible retirees
- Virtually no claims forms or other paperwork to fill out

**Eligibility Requirements**
In order to sign up for the VIP Premier (HMO) Medicare plan, you must:
- Have Medicare Parts A and B
- Continue to pay your Medicare Part B premium and remain enrolled in Part A
- Live in the plan's Medicare-approved service area, which includes the five boroughs of New York City, and Nassau, Suffolk and Westchester counties

**Your PCP: a Partner for Good Health**
When you join VIP Premier (HMO) Medicare, you should choose a PCP, who will help manage your health. You can change your PCP, either online or by phone, at any time.

- Provide most of your primary and preventive care
- Refer you to specialists as needed, and help coordinate their care
- Arrange hospital admissions, when necessary (please note that specialists can also arrange for hospital admissions)
- Obtain prior approval, when required

If you have any questions or need more information, call your ACP Gold Service Line at 1-646-680-3000.
VIP PREMIER (HMO) MEDICARE

The VIP® Premier (HMO) Medicare plan is a great fit for Medicare-eligible retirees. It offers quality coverage with low out-of-pocket costs, with $0 copays for most services and $0 pension deductions. With this plan, you choose a regular doctor who will manage and oversee your care, including administering referrals to network specialists and arranging for hospital stays.

Key Plan Features

VIP Premier (HMO) Medicare plan helps Medicare-eligible retirees meet their medical needs. You get:

• Coverage for in-network services
• A primary care physician (PCP) to partner in your health
• $0 copays for most services
• Value-added wellness and disease management programs
• A Part D prescription drug benefit that meets the needs of Medicare-eligible retirees
• Virtually no claims forms or other paper work to fill out

Eligibility Requirements

In order to sign up for the VIP Premier (HMO) Medicare plan, you must:

• Have Medicare Parts A and B
• Continue to pay your Medicare Part B premium and remain enrolled in Part A
• Live in the plan’s Medicare-approved service area, which includes the five boroughs of New York City, and Nassau, Suffolk and Westchester counties

Your PCP: A Partner for Good Health

When you join VIP Premier (HMO) Medicare you should choose a PCP, who will help manage your health. You can change your PCP, either online or by phone, at any time.

Your PCP will:

• Provide most of your primary and preventive care
• Refer you to specialists as needed, and help coordinate their care
• Arrange hospital admissions, when necessary (please note that specialists can also arrange for hospital admissions)
• Obtain prior approval, when required

Have you considered an AdvantageCare Physicians PCP?
Call your ACP Gold Service Line at 1-646-680-3000 for more information.
**Provider Coverage: In Network**

To take advantage of all the benefits this plan offers, you need to see practitioners and health care providers in the VIP Premier (HMO) Medicare network. You can get covered services from any provider within this network. If you see a doctor or provider who is not in the network, you may have to pay for the medical services yourself.

In cases of emergency, your care is covered regardless of the provider’s network status; you will be completely covered at any doctor’s office or hospital nationwide. Emergencies should be reported within 48 hours, or as soon as reasonably possible.

For urgently needed care when you need to go to the emergency room, please note that your plan may require a copay. The copay will be waived if you are admitted to the hospital.

<table>
<thead>
<tr>
<th>Benefits Summary: VIP Premier (HMO) Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Care</strong></td>
</tr>
<tr>
<td>PCP office visit</td>
</tr>
<tr>
<td>Specialist office visit</td>
</tr>
<tr>
<td>Diagnostic lab/X-ray</td>
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<td>Routine physical exam</td>
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<tr>
<td>Ambulatory surgery</td>
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<tr>
<td>Ambulance</td>
</tr>
<tr>
<td>Inpatient hospital care</td>
</tr>
<tr>
<td>Anesthesia</td>
</tr>
<tr>
<td>Emergency room</td>
</tr>
<tr>
<td>Routine hearing exam</td>
</tr>
<tr>
<td>Routine vision exam</td>
</tr>
<tr>
<td>Preventive dental care</td>
</tr>
<tr>
<td>Prescription drugs</td>
</tr>
<tr>
<td>Skilled nursing facility, non-custodial</td>
</tr>
<tr>
<td>Home health care, non-custodial</td>
</tr>
<tr>
<td>Private duty nursing</td>
</tr>
<tr>
<td>Durable medical equipment</td>
</tr>
</tbody>
</table>
**Prescription Drug Benefits**

The VIP Premier (HMO) Medicare plan includes an in-network prescription drug benefit which covers drugs that are prescribed by network doctors and filled by our nationwide-network of pharmacies or the network home delivery service.

The standard prescription plan offers a base Medicare Part D plan. City of New York retirees who do not receive prescription drug coverage through their Union Welfare Fund must purchase a prescription drug rider, which provides additional prescription drug benefits with no annual limit.

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>Drug Benefit: Standard</th>
<th>Drug Benefit: With Rider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 (Preferred generic drugs)</td>
<td>$10 copay per 30-day supply</td>
<td>$10 copay per 30-day supply</td>
</tr>
<tr>
<td>Tier 2 (Preferred brand drugs)</td>
<td>$20 copay per 30-day supply</td>
<td>$15 copay per 30-day supply</td>
</tr>
<tr>
<td>Tier 3 (Non preferred generic and brand drugs)</td>
<td>50% coinsurance per 30-day supply</td>
<td>50% coinsurance per 30-day supply</td>
</tr>
<tr>
<td>Tier 4 (Specialty drugs)</td>
<td>25% coinsurance per 30-day supply</td>
<td>25% coinsurance per 30-day supply</td>
</tr>
<tr>
<td>Home delivery (preferred drugs)</td>
<td>Tier 1: $5 copay per 30-day supply</td>
<td>Tier 1: $5 copay per 30-day supply</td>
</tr>
<tr>
<td></td>
<td>Tier 2: $10 copay per 30-day supply</td>
<td>Tier 2: $7.50 copay per 30-day supply</td>
</tr>
<tr>
<td></td>
<td>Tier 3: $10 copay per 30-day supply</td>
<td>Tier 3: 50% coinsurance per 30-day supply</td>
</tr>
<tr>
<td></td>
<td>Tier 4: Not applicable</td>
<td>Tier 4: Not applicable</td>
</tr>
<tr>
<td>Benefit limits</td>
<td>The member pays copays and coinsurance as listed above for drug costs between $0 and $3,310. After reaching $3,310, the member is covered only for generic drugs, until the member qualifies for catastrophic coverage. The member also receives a discount on brand drugs.</td>
<td>The member pays copays and coinsurance as listed above for drug costs between $0 and $3,310. After reaching $3,310, the member is covered for generic and brand drugs, until the member qualifies for catastrophic coverage.</td>
</tr>
<tr>
<td>Catastrophic</td>
<td>When the member reaches $4,850 in out-of-pocket costs for Tiers 1-4 during the calendar year, the member will pay a $2.65 copay per prescription for Tier 1 drugs; and a $7.40 copay or 5% coinsurance (whichever is greater) per prescription for Tier 2-4 drugs.</td>
<td></td>
</tr>
</tbody>
</table>

See the Drug Formulary for the listing of preferred, non-preferred and specialty covered drugs.
Customer Service — VIP Premier (HMO) Medicare
emblemhealth.com/city

Information line for prospective members:
1-800-447-6929, Monday through Friday, 8:30 am to 5 pm. If you have a hearing or speech impairment and use a TDD, call 711.

Customer Service for existing members:
1-877-344-7364, seven days a week (excluding major holidays), 8 am to 8 pm. If you have a hearing or speech impairment and use a TDD, call 711.
Choosing VIP Premier (HMO) Medicare

Customer Service representatives are available to answer any questions about our VIP Premier (HMO) Medicare plan — in your language. Call the appropriate number above to find out more about VIP Premier (HMO) Medicare.

Are you happy with your current doctors, but want to switch your plan? Your doctors may be in our network. Ask a representative or use Find a Doctor on emblemhealth.com.

When you're ready to join VIP Premier (HMO) Medicare, we will send you an application and useful information about your plan. You will also need to complete a City of New York Application. Contact the Health Benefits Program Retiree Benefits Office at 1-212-513-0470 for more information.

If you already have VIP Premier (HMO) Medicare coverage, you don't need to do anything. Your coverage will continue automatically.

HIP Health Plan of New York (HIP) is an HMO plan with a Medicare contract. Enrollment in HIP depends on contract renewal. HIP is an EmblemHealth company. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

The information above is intended to provide general information and highlights regarding the VIP Prime (HMO) Medicare plan. It does not provide a complete benefit description. VIP Prime (HMO) Medicare plan coverage is subject to all terms, conditions and limitations contained in the certificate of insurance. Refer to HIP policy form H3330-122519.
GHI CBP

The GHI Comprehensive Benefits Plan (CBP) gives you the freedom to choose in-network or out-of-network doctors. You can see any network doctor without a referral. In most cases, when you see a network doctor, your cost will just be a copay. When you use out-of-network doctors you may have a substantial out-of-pocket expense. This plan is offered to employees and non-Medicare eligible retirees and covers medical and surgical services. Hospitalization benefits are provided to you by Empire BlueCross BlueShield, when you select GHI CBP.

Key Plan Features

GHI CBP offers great coverage everyone can afford. You get:

- Coverage for in-network services
- No required primary care physician (PCP)
- Coverage of out-of-network services
- Low copays for in-network services
- No payroll deduction for base coverage
- No referrals for in-network doctors

Have you considered an AdvantageCare Physicians doctor?
Call your ACP Gold Service Line at 1-646-680-3000 for more information.

Provider Coverage: In and Out of Network

With our robust network of quality doctors, you can get care from many of the region’s leading doctors, clinicians and facilities, including hospitals and urgent care centers. Besides our network, you can get covered care from any doctor you choose, offering you the widest possible choice.

Covered services from out-of-network doctors do, however, have deductibles. Payment for services provided by out-of-network providers is made directly to you under the NYC Non-Participating Provider Schedule of Allowable Charges (Schedule). The reimbursement rates in the Schedule are not related to usual and customary rates or to what the provider may charge but are set at a fixed amount based on GHI’s 1983 reimbursement rates. Most of the reimbursement rates have not increased since that time, and will likely be less (and in many instances substantially less) than the fee charged by the out-of-network provider. You will be responsible for any difference between the provider’s fee and the amount of the reimbursement; therefore, you may have a substantial out-of-pocket expense.

If you intend to use an out-of-network provider, you can obtain an estimate of the out-of-network, reimbursement rate for the anticipated medical procedure by utilizing GHI’s CBP Allowance Calculator, which is available online in the GHI-CBP members’ section at emblemhealth.com, or by calling GHI Member Services at 1-800-624-2414. Prior to utilizing the CBP Allowance Calculator or calling Member Services, you must obtain from the out-of-network provider the medical procedure codes (CPT Codes) of the services you anticipate receiving. Also note that some services may require prior approval.
The best way to make use of GHI CBP and save on your out-of-pocket costs is to see a doctor within the network. Your out-of-pocket costs are lowest — in most cases, just a copay — when you see network doctors.

Below are some examples of what you would typically pay out of pocket if you were to receive care or services from an out-of-network provider.

<table>
<thead>
<tr>
<th>TYPICAL OUT-OF-POCKET COSTS FOR RECEIVING CARE FROM OUT-OF-NETWORK PROVIDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Established Patient Office Visit (typically 15 minutes) — CPT Code 99213</strong></td>
</tr>
<tr>
<td>Estimated Charge for a Doctor in Manhattan</td>
</tr>
<tr>
<td>Reimbursement Under the Schedule</td>
</tr>
<tr>
<td>Member Out-of-Pocket Responsibility</td>
</tr>
<tr>
<td><strong>Routine Maternity Care and Delivery — CPT Code 59400</strong></td>
</tr>
<tr>
<td>Estimated Charge for a Doctor in Manhattan</td>
</tr>
<tr>
<td>Reimbursement Under the Schedule</td>
</tr>
<tr>
<td>Member Out-of-Pocket Responsibility</td>
</tr>
<tr>
<td><strong>Total Hip Replacement Surgery — CPT Code 27130</strong></td>
</tr>
<tr>
<td>Estimated Charge for a Doctor in Manhattan</td>
</tr>
<tr>
<td>Reimbursement Under the Schedule</td>
</tr>
<tr>
<td>Member Out-of-Pocket Responsibility</td>
</tr>
</tbody>
</table>

Estimated Charge is set at FAIR Health’s 80th percentile and is based on Manhattan zip codes with a 100 prefix. Please note that deductibles may apply and that you could be eligible for additional reimbursement if your catastrophic coverage kicks in or you have purchased the Enhanced Non-Participating Provider Schedule, an Optional Rider benefit that provides lower out-of-pocket costs for some surgical and in-hospital services from out-of-network doctors.

See the Appendix at the back of this brochure for more out-of-network (OON) reimbursement examples.

The level of reimbursement provided under the Basic NYC Non-Participating Provider Schedule for covered OON services equates, in the aggregate, to approximately 14.5% of the usual, reasonable and customary (UCR) charge (i.e. Fair Health 80th percentile fee schedule). For procedures covered under the High Option rider in combination with the basic NYC Non-Participating Provider Schedule for covered OON services the basic reimbursement noted above will be increased on a weighted average basis of 65% based on paid claims. For procedures covered under the Catastrophic option rider in combination with the basic NYC Non-Participating Provider Schedule for covered OON services the basic reimbursement noted above will be increased on a weighted average basis of 112%.
Optional Rider

You can add the following optional rider benefits to your GHI CBP plan through a payroll deduction if the benefits are not provided by the welfare fund:

- **Enhanced Non-Participating Provider Schedule** — For lower out-of-pocket costs. It increases the reimbursement of the basic program’s non-participating provider fee schedule for some in-hospital services, on average, by 75 percent.

- **Prescription Drugs** — For generic and brand drugs from network retail drug stores and home delivery service.

For details, see the plan’s Certificate of Insurance at www.emblemhealth.com/Members/City-of-New-York-Employees/GHI-CBP.

Benefits Summary: GHI CBP

<table>
<thead>
<tr>
<th>Medical Care</th>
<th>Your In-Network Cost</th>
<th>Your Out-of-Network Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCP office visit</td>
<td>$15 copay</td>
<td>You pay the difference between the provider’s fee and GHI’s reimbursement (which may be substantial)</td>
</tr>
<tr>
<td>Specialist office visit</td>
<td>$20 copay</td>
<td></td>
</tr>
<tr>
<td>Diagnostic lab/X-ray</td>
<td>$15 copay</td>
<td></td>
</tr>
<tr>
<td>Routine physical exam (age 45 or older)</td>
<td>$0 copay</td>
<td></td>
</tr>
<tr>
<td>Well child care</td>
<td>$0 copay</td>
<td></td>
</tr>
<tr>
<td>Outpatient mental health</td>
<td>$15 copay</td>
<td></td>
</tr>
<tr>
<td>Urgent care</td>
<td>$15 copay</td>
<td></td>
</tr>
<tr>
<td>Ambulatory surgery*</td>
<td>20% coinsurance/maximum of $200 per person per year</td>
<td>$500 per person per admission to a maximum of $1,250 per year plus 20% coinsurance</td>
</tr>
<tr>
<td>Ambulance</td>
<td>Not applicable</td>
<td>Reimbursement at 80% of the allowed charge</td>
</tr>
<tr>
<td>Inpatient hospital care*</td>
<td>$300 per person/$750 max per year</td>
<td>$500 per person per admission per visit to a maximum of $1,250 per year plus 20% coinsurance</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>Included in hospital copay</td>
<td>Reimbursement at 80% of the allowed charge</td>
</tr>
<tr>
<td>Emergency room*</td>
<td>$50 copay (waived if admitted)</td>
<td>$50 copay (waived if admitted)</td>
</tr>
</tbody>
</table>

**Cost Sharing**

<table>
<thead>
<tr>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual deductible</td>
<td>$0</td>
</tr>
<tr>
<td>Annual coinsurance</td>
<td>None</td>
</tr>
<tr>
<td>Coinsurance maximum</td>
<td>None</td>
</tr>
<tr>
<td>Out-of-network annual max</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Out-of-network lifetime max</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

*Hospital benefits are underwritten by and provided through Empire BlueCross BlueShield.*
There are circumstances when you may unknowingly be treated by out-of-network doctors. Typically this occurs during a hospital admission (inpatient or outpatient, emergency or nonemergency) when services are provided by out-of-network doctors — even if the hospital is an in-network hospital and/or some of the other doctors are in GHI’s provider network.

For example, during an emergency room hospital admission, you may be treated by a plastic surgeon who works at an in-network hospital, but is not in GHI’s provider network; you will be responsible for the surgeon’s bill after GHI reimburses from its Schedule. Or, during a scheduled out-patient procedure, even when the hospital is an in-network hospital and the doctor performing the procedure is an in-network doctor, you may also receive services from an out-of-network doctor who works at the hospital, such as an anesthesiologist, radiologist, or pathologist, but is not part of GHI’s provider network. Even though that doctor works at an in-network hospital, if the doctor is an out-of-network doctor, you will be responsible for your out-of-network cost sharing and the balance of that doctor’s bill after GHI reimburses at the rate from its Schedule.

However, for services rendered on or after April 1, 2015, you will be protected from out-of-pocket costs, other than applicable in-network cost-sharing, for services that qualify as “surprise bills” or emergency services as described in the Out-of-Network Cost Notice at the front of your Certificate of Insurance. In the event that the protections set forth in that document do not apply, your out-of-pocket expenses may be substantial, since the out-of-network doctors will be covered under your provider benefits the same as any other out-of-network doctor, in many instances.
Customer Service — GHI CBP

emblemhealth.com/city

Information line for prospective members:
1-800-447-6929, Monday through Friday, 8:30 am to 5 pm. If you have a hearing or speech impairment and use a TDD, call 711.

Customer Service for existing members:
1-800-624-2414, seven days a week (excluding major holidays), 8 am to 8 pm. If you have a hearing or speech impairment and use a TDD, call 711.

Choosing GHI CBP

Customer Service representatives are available to answer any questions about GHI CBP in your language. If you are considering using an out-of-network doctor, you can call a Customer Service representative with the medical procedure code/s (CPT Code) to find out the reimbursement amount GHI will pay. Call us to find out more about GHI CBP.

Are you happy with your current doctors, but want to switch your plan? Your doctors may be in our network. Ask a Customer Service representative or use Find a Doctor on emblemhealth.com.

Once you’re ready to join GHI CBP, you’ll need to complete a NYC Health Benefits Application. Contact your Payroll or Personnel office for information on how to obtain an application.

If you already have the GHI coverage that’s right for you, you don’t need to do anything. Your coverage will continue automatically.

The information above is intended to provide general information and highlights regarding the GHI CBP plan. It does not provide a complete benefit description. GHI CBP coverage is subject to all terms, conditions and limitations contained in the certificate of insurance. Refer to GHI policy form PLC-1032E.
If you are a Medicare-eligible retiree, you have the option of enrolling in the GHI Senior Care program, a Medicare Supplement program. Under this plan, GHI supplements Medicare for the following benefits, subject to a deductible:

- Office visits
- In-hospital physician services
- Outpatient hospital services
- Specialist consultations
- Surgery and anesthesia
- In-home nursing services
- Laboratory tests
- Radiation therapy
- Speech therapy
- X-ray examinations

Optional Rider

You can enhance your Senior Care program with the following optional rider benefits:

- Enhanced Medicare Part D benefits for prescriptions received at network pharmacies and home delivery service
- Increased inpatient hospital benefit to 365 days (underwritten by and provided through Empire BlueCross BlueShield)

Provider Coverage: In and Out of Network

If you want out-of-network coverage while keeping in-network copays low, choose the GHI Senior Care plan.

With our robust network of quality doctors, you can get care from many of the region’s leading doctors, clinicians and facilities, including hospitals and urgent care centers. With the GHI Senior Care plan, you never need a referral to see network doctors. Besides our network, you can get covered care from any doctor you choose, offering you the widest possible choice.

Covered services from out-of-network doctors do, however, have deductibles and coinsurance. Also note that some services may require prior approval. The best way to make use of GHI Senior Care and save on your out-of-pocket costs is to see a doctor within the network. Your out-of-pocket costs are lowest — in most cases, just a copay — when you see network doctors.

Have you considered an AdvantageCare Physicians doctor? Call your ACP Gold Service Line at 1-646-680-3000 for more information.
<table>
<thead>
<tr>
<th>Medical Care</th>
<th>Your In-Network Cost</th>
<th>Your Out-of-Network Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office visits (PCPs and specialists)</td>
<td>GHI will pay 20% of the reasonable charge as determined by Medicare, after Medicare has paid 80% of the reasonable charge.</td>
<td>GHI will pay 20% of the reasonable charge as determined by Medicare, after Medicare has paid 80% of the reasonable charge.</td>
</tr>
<tr>
<td>Diagnostic lab/X-ray</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist consultations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-home nursing services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient hospital services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-hospital physician services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery and anesthesia</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual deductible</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Annual coinsurance</td>
<td>20% (after Medicare pays 80%)</td>
<td>20% (after Medicare pays 80%)</td>
</tr>
<tr>
<td>Coinsurance maximum</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Out-of-network annual maximum</td>
<td>Not applicable</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Out-of-network lifetime maximum</td>
<td>Not applicable</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

*Hospital benefits are underwritten by and provided through Empire BlueCross BlueShield. Certain services billed by physicians and providers who are not hospital employees during an emergency room visit or inpatient stay may not be considered to be a part of your emergency room and/or hospitalization benefit. These services are covered according to the terms and conditions that otherwise apply to the type of service under the GHI Senior Care program plan.
Customer Service — GHI Senior Care

dermhealth.com/city

Information line for prospective members:
1-800-447-6929, Monday through Friday, 8:30 am to 5 pm. If you have a hearing or speech impairment and use a TDD, call 711.

Customer Service for existing members:
1-800-624-2414, seven days a week (excluding major holidays), 8 am to 8 pm. If you have a hearing or speech impairment and use a TDD, call 711.
The GHI Enhanced Medicare Part D Prescription Drug Plan and GHI Standard Medicare Part D Prescription Drug Plan are group plans that provide a level of benefits that equals the Enhanced and Standard Medicare Part D benefit designs as required by law. These plans are only offered to Medicare-eligible retirees and dependents who worked for the City of New York. Both plans provide coverage that is equal to the standard coverage established by Medicare for Part D plans.

ghi enhanced Medicare Part D Prescription Drug Plan
This option is available to City Medicare-eligible retirees who also enroll in the GHI Senior Care plan. GHI Enhanced Medicare Part D is a Medicare drug plan and is in addition to coverage you have under Medicare; therefore, you will need to keep your Medicare coverage.

ghi standard Medicare Part D Prescription Drug Plan
This option is available to City Medicare-eligible retirees who also enroll in the GHI HMO Medicare Senior Supplement plan. GHI Standard Medicare Part D is a Medicare drug plan and is in addition to coverage you have under Medicare; therefore, you will need to keep your Medicare coverage.

Customer service — ghi enhanced Medicare Part D Prescription Drug Plan and ghi standard Medicare Part D Prescription Drug Plan
emblemhealth.com/city information line for prospective members: 1-800-447-6929, Monday through Friday, 8:30 am to 5 pm. If you have a hearing or speech impairment and use a TDD, call 711.

Customer service for existing members: 1-800-624-2414, seven days a week (excluding major holidays), 8 am to 8 pm. If you have a hearing or speech impairment and use a TDD, call 711.

Group Health Incorporated (GHI) is a standalone PDP with a Medicare contract. Enrollment in GHI depends on contract renewal. GHI is an EmblemHealth company.
GHI MEDICARE PART D PRESCRIPTION DRUG PLANS

The GHI Enhanced Medicare Part D Prescription Drug Plan and GHI Standard Medicare Part D Prescription Drug Plan are group plans that provide a level of benefits that equals the Enhanced and Standard Medicare Part D benefit designs as required by law.

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This option is available to City Medicare-eligible retirees who also enroll in the GHI Senior Care plan. GHI Enhanced Medicare Part D is a Medicare drug plan and is in addition to coverage you have under Medicare; therefore, you will need to keep your Medicare coverage.

GHI Standard Medicare Part D Prescription Drug Plan
This option is available to City Medicare-eligible retirees who also enroll in the GHI HMO Medicare Senior Supplement plan. GHI Standard Medicare Part D is a Medicare drug plan and is in addition to coverage you have under Medicare; therefore, you will need to keep your Medicare coverage.


emblemhealth.com/city

Information line for prospective members:
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Group Health Incorporated (GHI) is a standalone PDP with a Medicare contract. Enrollment in GHI depends on contract renewal. GHI is an EmblemHealth company.
This program is offered to DC37 Med-Team active members living in New York and New Jersey. The DC37 Med-Team plan gives you the freedom to choose in-network or out-of-network doctors. You can see any network doctor without a referral. In most cases, when you see a network doctor, your cost will just be a copay.

Key Plan Features:
- Coverage for in-network and out-of-network services
- No payroll deduction
- No required primary care physician (PCP)
- Low copays for in-network services
- No referrals for in-network doctors
- Broad vision benefits

Plus, your coverage includes EmblemHealth Preferred Dental, which features more than 8,000 participating dental practitioners in New York and New Jersey. You are covered in-network for preventive and basic services at a $2,500 annual maximum; and out-of-network benefits are available with a 20 percent coinsurance and a small deductible for preventive and basic services.

New dental benefits for 2015 include coverage for oral surgery, endodontics, anesthesia, major restorative services, and fixed and removable prosthodontics.

Provider Coverage: in and out of network
No matter where you live or work, it's a short trip to a DC37 Med-Team network doctor. You can get care from many of the region's leading doctors, clinicians and facilities, including hospitals and urgent care centers. With the DC37 Med-Team plan, you never need a referral to see network doctors. You can also use the QualCare network in New Jersey.

Besides our network, you can get covered care from any doctor you choose, offering you the widest possible choice. Covered services from out-of-network doctors do, however, have deductibles and coinsurance. Also note that some services may require prior approval. The best way to make use of DC37 Med-Team and save on your out-of-pocket costs is to see a doctor within the network. Your out-of-pocket costs are lowest — in most cases, just a copay — when you see network doctors.

Have you considered an advantageCare Physicians doctor?
Call your ACP Gold Service Line at 1-646-680-3000 for more information.
DC37 MED-TEAM

This program is offered to DC37 Med-Team active members living in New York and New Jersey. The DC37 Med-Team plan gives you the freedom to choose in-network or out-of-network doctors. You can see any network doctor without a referral. In most cases, when you see a network doctor, your cost will just be a copay.

Key Plan Features

DC37 Med-Team offers great coverage everyone can afford. You get:

- Coverage for in-network and out-of-network services
- No payroll deduction
- No required primary care physician (PCP)
- Low copays for in-network services
- No referrals for in-network doctors
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Have you considered an AdvantageCare Physicians doctor?

Call your ACP Gold Service Line at 1-646-680-3000 for more information.
Benefits Summary: DC37 Med-Team

<table>
<thead>
<tr>
<th>Medical Care</th>
<th>Your In-Network Cost</th>
<th>Your Out-of-Network Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCP office visit</td>
<td>$10 copay</td>
<td>Reimbursement subject to out-of-network deductible. Coinsurance maximum noted below.</td>
</tr>
<tr>
<td>Specialist office visit</td>
<td>$10 copay</td>
<td></td>
</tr>
<tr>
<td>Diagnostic lab/X-ray</td>
<td>$10 copay</td>
<td></td>
</tr>
<tr>
<td>Routine physical exam</td>
<td>$0 copay</td>
<td></td>
</tr>
<tr>
<td>Well child care</td>
<td>$0 copay</td>
<td></td>
</tr>
<tr>
<td>Outpatient mental health</td>
<td>$10 copay</td>
<td></td>
</tr>
<tr>
<td>Urgent care</td>
<td>$10 copay</td>
<td></td>
</tr>
<tr>
<td>Ambulatory surgery</td>
<td>$0 copay</td>
<td></td>
</tr>
<tr>
<td>Ambulance</td>
<td>Reimbursement at 100% of the allowed charge</td>
<td></td>
</tr>
<tr>
<td>Inpatient hospital care</td>
<td>$0 copay</td>
<td></td>
</tr>
<tr>
<td>Anesthesia</td>
<td>$10 copay</td>
<td></td>
</tr>
<tr>
<td>Emergency room</td>
<td>$50 copay (waived if admitted)</td>
<td>$50 copay (waived if admitted)</td>
</tr>
</tbody>
</table>

Cost Sharing

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual deductible</td>
<td>$0</td>
<td>$1,000 individual/$3,000 family</td>
</tr>
<tr>
<td>Annual coinsurance</td>
<td>$0</td>
<td>30% to $2,700 individual/6,750 family</td>
</tr>
<tr>
<td>Out-of-network annual maximum</td>
<td>Not applicable</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Out-of-network lifetime maximum</td>
<td>Not applicable</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

Medicare-Eligible Retirees

DC37 MED-TEAM

If you are a Medicare-eligible retiree, you have the option of enrolling in the DC37 Med-Team Senior Care program, a Medicare Supplement program. Under this plan, DC37 Med-Team supplements Medicare for the following services:

- Office visits
- In-hospital medical care
- Laboratory tests
- Radiation therapy
- Speech therapy
- X-ray examinations
- In-home nursing services
- Inpatient hospital stays
- Outpatient hospital services
- Specialist consultations
- Surgery and anesthesia
Customer Service — DC37 Med-Team

emblemhealth.com/city

Information line for prospective members:
1-800-447-6929, Monday through Friday, 8:30 am to 5 pm. If you have a hearing or speech impairment and use a TDD, call 711.

Customer Service for existing members:
1-800-624-2414, seven days a week (excluding major holidays), 8 am to 8 pm. If you have a hearing or speech impairment and use a TDD, call 711.

Choosing DC37 Med-Team

Customer Service representatives are available to answer any questions about DC37 Med-Team in your language. Call us to find out if DC37 Med-Team is the right health plan for you.

Are you happy with your current doctors, but want to switch your plan? Your doctors may be in our network. Ask a Customer Service representative or use Find a Doctor on emblemhealth.com.

Once you’re ready to join DC37 Med-Team, you’ll need to complete a NYC Health Benefits Application. Contact your Payroll or Personnel office for information on how to obtain an application.

If you’re already enrolled in the DC37 Med-Team program, you don’t need to do anything. Your coverage will continue automatically.

The information above is intended to provide general information and highlights regarding the DC37 Med-Team plan. It does not provide a complete benefit description. DC37 Med-Team plan coverage is subject to all terms, conditions and limitations contained in the certificate of insurance. Refer to GHI policy form PLH-5339A.
PrograMs to helP You staY healthY

At EmblemHealth, we believe that total care is key to good health. We provide many programs and discounts to wellness services that can help you improve your overall health status and stay healthy.

**health Management and Prevention Programs**

We know that quality health care means more than just providing coverage when you are sick or injured. We provide free programs designed to help you take charge of your illness and work with your doctors to improve your health and quality of life. These programs include:

- Heart disease support
- Preventive cancer screenings
- Domestic violence victim support and resources
- Pregnancy management and support for depression after giving birth
- Help to stop smoking
- Chronic obstructive pulmonary disorder (COPD) support
- Free checkups and immunizations for children

We also serve our members and their communities by promoting overall wellness — body, mind and spirit. Take advantage of programs like *Care for the Family Caregiver* and *Dignified Decisions — End of Life Care*.

For more details about all these programs visit [emblemhealth.com/stayhealthy](http://emblemhealth.com/stayhealthy).

**valuable Discounts on Popular services**

When you're healthy, you feel better. We want to make it easy for you to use health-related products and services. Here's a list of the discounted programs that we offer to our members:

- **Weight Loss Services** — Save on programs including Jenny Craig® and Nutrisystem®.
- **Health Club Memberships** — At some clubs, our members get the lowest publicly available rate.
- **Jazzercise** — Enroll in a Jazzercise class, receive one week free and save 15 percent off the monthly fee.
- **Massage Therapy** — Save up to 25 percent on therapeutic massage.
At EmblemHealth, we believe that total care is key to good health. We provide many programs and discounts to wellness services that can help you improve your overall health status and stay healthy.

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- **Jazzercise** — Enroll in a Jazzercise class, receive one week free and save 15 percent off the monthly fee.
- **Massage Therapy** — Save up to 25 percent on therapeutic massage.
• **Acupuncture Therapy** — Save up to 25 percent on acupuncture therapy.

• **Registered Dietitians** — Save 25 percent on nutrition counseling from credentialed dietitians.

• **Hearing Care** — Save on hearing aid purchases and get other discounts through HearX, HearUSA and Amplifon centers. At Amplifon centers, you also get a low-price guarantee on hearing aids, free batteries, follow-up care and screenings, and a 60-day trial period with a 100% money-back guarantee.

• **Vitamins and Natural Supplements** — Order online and save up to 45 percent.

• **Vision Affinity Discount Program** — Get discounts of up to 20 percent at participating Davis Vision Centers.

• **Laser Vision Care** — Save as much as 25 percent on laser vision correction.

Services included in EmblemHealth’s Healthy Discounts program are available only through participating vendors. These discount programs are not health care benefits and we do not insure them. For more about these services, visit [emblemhealth.com/goodhealth](http://emblemhealth.com/goodhealth).
YOUR PERSONALIZED HEALTH INFORMATION IS JUST A CLICK AWAY

Your Secure Website: myEmblemHealth

It takes just a few minutes to register on our secure website myEmblemHealth at emblemhealth.com. As soon as you register, you’ll be able to:

- Review descriptions of your health benefits.
- View your personalized communications in your secure Message Center.
- Look up covered drugs.
- Find out the status of a claim or prior approval request and the amount paid toward your deductible.
- Order ID cards, download forms and update personal information, such as your email address.
- Use self-management tools that help you keep your health on track. (See “Health Manager Tools” on the next page.)

Locating Network Doctors
If you want to see a full listing of doctors in your plan, visit emblemhealth.com and use our Find a Doctor tool.

Go Paperless

Going paperless is the green way to get rid of clutter. Through myEmblemHealth, you can sign up for paperless communications. Your communications will be neatly stored in your secure Message Center for easy access.

You can choose to get the following items and more electronically:

- Explanations of benefits (EOBs)
- Notifications regarding when your claims are processed
- Personalized information about your health
- Your plan newsletter
- Timely communications about your coverage and benefits

When you register, be sure to go paperless! It’s a great way to help the environment and stay organized.
Health Manager Tools
When you register for myEmblemHealth you’ll have access to these online tools:

• Complete a health assessment (HA) and get a customized picture of your health. We also encourage your adult covered dependents to complete their own HA.
• Keep a personal health record (PHR), including your medical claims history, in one secure place.
• Use our Treatment Cost Calculator to estimate your share of costs for many common conditions and services, based on your particular benefits and coverage information.

EmblemHealth Mobile Apps
As an EmblemHealth member, you can download these two handy mobile apps for help to manage your health care and practice healthy habits.

MYEMBLEMHEALTH
The myEmblemHealth mobile app puts useful benefit and plan information right at your fingertips. Sign in to securely manage your health benefits whenever and wherever you want.

We want you to be at your healthiest and enjoy easy access to the benefits of your EmblemHealth plan, 24/7.

Note, our HMO members will see an additional link that allows them to specifically view a choice of primary care physicians.

SMALL STEPS TO A HEALTHIER YOU
Stay motivated to take “small steps” each day toward healthier living with the Small Steps to a Healthier You app. You can find local healthy resources that are often free of charge, get useful tips, set and track your water intake and walking goals, and earn fun badges along the way.

As an Official Sponsor of Small Steps, EmblemHealth provides access to fitness, health and nutrition classes and other free resources to help you take control and manage your health.

The myEmblemHealth and Small Steps to a Healthier You apps can be downloaded to any Apple or Android device.
NEIGHBORHOOD CARE


We’ve decided to move care a little closer to home — your home — with EmblemHealth Neighborhood Care: a warm and inviting space where you can get personal, face-to-face attention right in the neighborhood.

WE’RE OPEN TO EVERYBODY

At Neighborhood Care, we welcome everyone. We invite you to take a tour to see what we’re all about. While you’re there:

• Try our Xbox Kinect fitness station
• Join your neighbors in a yoga, Zumba or tai chi class
• Use our health and wellness library
• Discover if you have health risks

SERVICES FOR EMBLEMHEALTH MEMBERS

We can answer your questions, show you how to get things done and assist you as much as you need.

• Find a doctor who meets your needs
• Look for ways to lower out-of-pocket costs
• Solve claims, benefits, or billing issues
• Connect you with community resources
• Join health and wellness programs

We also have nurses, pharmacists and social workers who can provide educational information regarding your health, make sense of your medications, help you live better with a long-term illness and much more.

Whether you have a GHI or HIP plan, these services are part of your EmblemHealth benefits and are offered at no cost to you.

Find out more at **ehnc.com**. And please stop by for a free tour and a cup of coffee or tea.

The EmblemHealth Neighborhood Care team is ready to help you. Monday through Friday from 10 am to 6:30 pm, and Saturday from 10 am to 3:30 pm.

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Phone Numbers</th>
<th>Languages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambria Heights</td>
<td>206-20 Linden Boulevard, Cambria Heights, NY 11411</td>
<td>1-866-539-0999</td>
<td>English</td>
</tr>
<tr>
<td>Chinatown</td>
<td>87 Bowery, New York, NY 10002</td>
<td>1-855-283-2151</td>
<td>English, Cantonese, Mandarin</td>
</tr>
<tr>
<td>Harlem</td>
<td>215 W 125th Street, New York, NY 10027</td>
<td>1-866-469-0999</td>
<td>Languages: English, Spanish</td>
</tr>
</tbody>
</table>
ABOUT YOUR SUMMARY OF BENEFITS AND COVERAGE (SBC)

In the preceding pages we’ve highlighted some of the benefits that each plan offers. Your Summary of Benefits and Coverage (SBC) also summarizes what your plan covers and what (if any) cost-sharing responsibilities you have. Your SBC is designed to help you understand your health plan coverage and plan options so you can make informed benefit decisions for you and your dependents.

For your Summary of Benefits and Coverage, sign on to emblemhealth.com/city. If you prefer a printed copy, please call the appropriate Customer Service department listed below. The printed SBC is available to you free of charge.

Representatives are available seven days a week (excluding major holidays), 8 am to 8 pm. If you have a hearing or speech impairment and use a TDD, call 711.

- HIP Prime HMO and HIP Prime POS plans: 1-800-447-8255
- Vytra: 1-866-409-0999
- GHI CBP and DC37 Med-Team plans: 1-800-624-2414
- GHI HMO plan: 1-877-244-4466

- VIP Premier (HMO) Medicare and Senior Supplement plans: Summaries of Benefits Coverages are not available for these plans on emblemhealth.com/city. For printed details of your plan benefits please call:
  — VIP Premier (HMO) Medicare Plan: 1-877-344-7364
  — GHI Supplement Plans: 1-800-624-2414

For the policy form number(s) for each of the above-referenced plans, please refer to the end of the respective sections of the brochure.
## Appendix: Out-Of-Network Reimbursement Examples For GHI CBP

This summary gives examples of typical costs for out-of-network services under the GHI CBP plan in Richmond County for zip code 10314. If you want details about your coverage and costs, you can get the complete terms in the policy or plan document at [emblemhealth.com/city](https://emblemhealth.com/city) or by calling us at 1-800-624-2414.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>CPT Code</th>
<th>Anesthesia CPT Code</th>
<th>Pathology CPT Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>COLONOSCOPY (Biopsy of Large Bowel Using an Endoscope)</td>
<td>45380</td>
<td>00810</td>
<td>88305</td>
</tr>
<tr>
<td>LAMINOTOMY (Partial Removal of Bone with Release of Spinal Cord or Spinal Nerves of 1 Interspace in Lower Spine)</td>
<td>63030</td>
<td>00630</td>
<td></td>
</tr>
<tr>
<td>BREAST RECONSTRUCTION (Insertion of Tissue Expander in Breast)</td>
<td>19357</td>
<td>00402</td>
<td></td>
</tr>
</tbody>
</table>

### Sample care costs:

<table>
<thead>
<tr>
<th></th>
<th>Basic NYC Non-Participating Fee Schedule</th>
<th>Basic NYC Non-Participating Fee Schedule</th>
<th>Basic NYC Non-Participating Fee Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Services</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Physician Services</td>
<td>$1,200</td>
<td>$34,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>$3,200</td>
<td>$3,610</td>
<td>$3,154</td>
</tr>
<tr>
<td>Pathology</td>
<td>$410</td>
<td>$410</td>
<td>$410</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$4,810</strong></td>
<td><strong>$37,610</strong></td>
<td><strong>$13,154</strong></td>
</tr>
</tbody>
</table>

### Patient pays:

<table>
<thead>
<tr>
<th></th>
<th>Deductibles</th>
<th>$200</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copays Are Not Applicable</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Coinsurance 0%</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Difference between UCR and what the plan pays</td>
<td>$3,307</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$3,507</strong></td>
<td></td>
</tr>
</tbody>
</table>

**UCR (usual and customary cost)** is the amount providers typically charge for a service. This chart uses UCR based on FAIR Health at the 80th percentile for zip code 10314. Your provider may bill more than UCR.

The **Patient pays** section represents sample cost-sharing. Your cost-sharing may vary.

*Based on 4 units of anesthesia

** Based on 10 units of anesthesia