MAKING THE MOST OF YOUR 2017-2018 EMBLEMHEALTH HEALTH BENEFITS
City of New York Employees, Non-Medicare Eligible Retirees and Medicare Eligible Retirees
Dear City of New York Employee or Retiree:

Are you thinking about choosing EmblemHealth? Already an EmblemHealth member?

This brochure gives you a summary of each of our plans and wellness programs to help you and your family stay healthy, get well, and live better.

Our plans come with a network of health care professionals that serve you where you work and live. A partnership with AdvantageCare Physicians connects you with primary care doctors and specialists to help you manage your care.

EmblemHealth has covered hard-working New Yorkers with quality health coverage for over 80 years. We are proud to serve the health needs of New York employees and retirees.

Sincerely,

George Babitsch
Senior Vice President, Account Management
### Plans underwritten by HIP Health Plan of New York (HIP):
- HIP HMO Preferred
- HIP Prime® POS
- GHI HMO
- Vytra
- VIP® Premier (HMO) Medicare

### Plans underwritten by Group Health Incorporated (GHI):
- GHI CBP*
- GHI Senior Care*
- GHI Medicare Part D Prescription Drug Plans**
- DC37 Med-Team (DC37 members only)

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**Grandfathered Plans**

Some health plans in this booklet may be grandfathered plans. This means that members in these plans can keep some of their basic health coverage the way it was before the Affordable Care Act was passed.

EmblemHealth’s HIP Prime POS plan, GHI HMO plan, and Vytra plan are “grandfathered health plans” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted.

Being a grandfathered health plan means that the plan may not include certain consumer protections of the Affordable Care Act that apply to other plans. For example, providing preventive health services without cost sharing may not be included in a grandfathered plan. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act. For example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator. You may also contact the U.S. Department of Health and Human Services at [healthreform.gov](http://healthreform.gov).

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*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.
Common Terms
We know that health insurance can be difficult to understand. Here are some key words you’ll see throughout this brochure. Return to this page whenever you need to find a definition:

**Coinsurance** – A percent of the bill you pay after your plan starts to pay for health services. You will usually have to pay a deductible first, then a percent of the cost after that.

**Copay** – An amount you pay for health services.

**Coverage** – The benefits and services available to you from your health insurance plan.

**Deductible** – The amount you pay each year before your plan starts to pay for health services.

**Network** – A group of health care professionals or facilities that contract with EmblemHealth. They provide covered products and services to members. You’ll usually pay less when you use this network.

**Non-preferred doctor** – A doctor who is in our network, but is not a preferred doctor.

**Preferred doctor** – Some plans give you the option to visit some of the doctors in our network for a lower copay than other doctors in our network. A preferred doctor is a doctor you can see for the lower copay.

**Premium** – the amount you pay for insurance every month.

**Preventive services** – Certain routine health care services, like annual visits, shots, screenings, and tests. These services can prevent illnesses or find conditions before they become serious.

**Primary Care Physician (PCP)** – The doctor who provides your everyday care. They are usually not a specialist.

**Referral** – permission from your primary doctor to see a specialist.

**Specialist** – a doctor that specializes in caring for and treating certain illnesses.
How To Enroll
Thank you for choosing us. To sign up for your plan, complete the NYC Health Benefits Application:

1. Go to nyc.gov/olr
2. Click on the Health Ben tab at the top of the page
3. Click either Employee or Retiree
4. Click Forms and Downloads in the left navigation bar
5. Select Health Benefits Application.

Follow the instructions carefully. We will send you a welcome packet and member ID card once you are enrolled.

How To Keep Your EmblemHealth Plan
If you already have the plan that is right for you, you don't need to do anything. We will renew your plan. If you have questions, see your NYC Summary Plan Description:

1. Go to nyc.gov/olr
2. Click on the Health Ben tab at the top of the page
3. Click the Summary of Plans tab
4. Click View the Full Summary Plan Description (SPD) in the left navigation bar.

Need help choosing a plan? Let us help you. Call us at 800-447-6929 (TTY: 711). Our hours are 8 am to 8 pm, 7 days a week.

A Customer Service representative will be happy to help. You can also visit emblemhealth.com/city.

How To Find A Doctor
We make it easy to find the right doctor for you:

1. Go to emblemhealth.com/city-find-a-doctor
2. Choose the plan you have or the one you want.
3. Search for a doctor by name, location, or specialty. You can also search for an AdvantageCare physicians doctor.
ADVANTAGECARE PHYSICIANS

EmblemHealth, one of the nation’s largest nonprofit health insurers, and AdvantageCare Physicians, a leading New York medical group, are partners in providing quality, personalized care to New Yorkers. Through AdvantageCare Physicians’ 36 medical offices, EmblemHealth members have access to top primary care doctors, specialists, and a personal care team. For more information, visit emblemhealth.com and acpny.com or call us at 646-680-3000.

With AdvantageCare Physicians, you have access to more than 100 primary care physicians and specialists, 150 nurses, and 65 advanced practice clinicians. Plus, all AdvantageCare Physicians are in our network, so you don’t have to worry about out of network costs. They are also preferred doctors, so you may have a lower copay if your plan has a preferred tier.

When you use an AdvantageCare Physicians doctor, you will have access to the myACPNY.com Patient Portal. This allows you to become an active participant in your healthcare. Communicate with your doctor, request drug refills, view lab results, schedule your doctor’s appointments, and check your future appointments. This site is secure and can be used on a computer, tablet, or smart phone.

Find An AdvantageCare Physicians (ACPNY) 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
- Empire (Crown Heights) 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**
- Duane Street Medical Office* 52 Duane St., New York, NY 10007
- 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

*AdvantageCare Express
HIP HMO PREFERRED

Key Plan Features

• There is no premium for the base plan.
• When you visit a preferred primary care doctor, you will not have a copay.
• When you visit a non-preferred primary care doctor in our network, you will have a $10 copay.
• This plan covers services you get within our network only.
• This plan does not cover services you get outside our network, unless it is an emergency.

Your Copays

With the HIP HMO Preferred plan, you can control your costs by visiting a health care professional in our network. If you choose this plan, you will pay:

• $0 for preventive services when you choose a health care professional in our network. These services include routine physicals, vaccinations, colonoscopies to check for colon cancer, and mammograms to check for breast cancer. You will also pay $0 for birth control medicines and other preventive medicines. Visit emblemhealth.com/city for a full list.
• $0 if you choose a preferred health care professional for other covered services.

Choosing A Primary Care Doctor

You must choose a primary care doctor from our network when you enroll in this plan. A primary care doctor will work with you to manage your health care.

You doctor will:

• Give you most of your regular checkups.
• Refer you to a specialist if you need more care.
• Arrange your admission to a hospital if you need it.
• Get approval from EmblemHealth for certain services.
• Let you know about programs that can help you stay healthy or manage your health.

You can change your primary care doctor anytime. Call us at the number on the back of your member ID card.

Using A Preferred Health Care Doctor

Our prime network includes preferred and non-preferred primary care doctors. When you choose a preferred primary care doctor and get a referral, you will not have to pay a copay when you see a specialist. All doctors at AdvantageCare Physicians are preferred.
Expanded Network

With this plan, you have access to doctors and hospitals in all five boroughs, Long Island, Westchester, Rockland and Orange counties, and New Jersey.

You also have access to doctors and hospitals in these counties: Albany, Broome, Columbia, Delaware, Dutchess, Fulton, Greene, Montgomery, Otsego, Putnam, Rensselaer, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren and Washington.

This network includes these top hospitals:

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

<table>
<thead>
<tr>
<th>Benefits Summary: HIP HMO Preferred</th>
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<tbody>
<tr>
<td><strong>Medical Care</strong></td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>PCP office visit</td>
</tr>
<tr>
<td>Specialist office visit</td>
</tr>
<tr>
<td>Diagnostic lab/X-ray</td>
</tr>
<tr>
<td>Routine physical exam</td>
</tr>
<tr>
<td>Well child care</td>
</tr>
<tr>
<td>Physical therapy</td>
</tr>
<tr>
<td>Outpatient mental health</td>
</tr>
<tr>
<td>Urgent care</td>
</tr>
<tr>
<td>Ambulatory surgery</td>
</tr>
<tr>
<td>Ambulance</td>
</tr>
<tr>
<td>Inpatient hospital care</td>
</tr>
<tr>
<td>Anesthesia</td>
</tr>
<tr>
<td>Emergency room</td>
</tr>
</tbody>
</table>

**Maximum Out-of-Pocket (MOOP)** — MOOP is the maximum amount you will have to pay for in network services each year. This includes your copay, deductible, and coinsurance you pay for in-network services. It does not include any costs you incur if you get services outside of our network or if you pay for services that are not covered. The MOOP amount may change from year to year. Below is the current MOOP for January 1, 2017 to December 31, 2017.

<table>
<thead>
<tr>
<th></th>
<th><strong>Individual MOOP</strong></th>
<th><strong>Family MOOP</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>MOOP</td>
<td>$7,150</td>
<td>$14,300</td>
</tr>
</tbody>
</table>
Drug Coverage For Opioid Addiction Treatments

EmblemHealth will now cover you for medicines used to treat substance-use disorders under your medical plan. This includes medicines usually prescribed for opioid addiction and dependence. These medicines, along with counseling and behavioral therapies, can successfully treat these disorders and help with recovery. Visit emblemhealth.com/OpioidAddictionTreatment for a list of covered medicines.

Optional Coverage

You have the choice to add the following coverage to your plan. You may have to pay an extra cost. This amount will be deducted from your paycheck. You can only add this rider if these benefits are not provided by your welfare fund. It includes:

- Durable medical equipment and private duty nursing.
- Prescription drugs* — $5 copay for generic drugs and $15 copay for brand drugs from network retail drug stores.

*Using our home delivery pharmacy service is a great way to lower your drug costs. Your copays may be 50% less than at a retail pharmacy. You can find out more at emblemhealth.com/Pharmacy/Home-Delivery.

Find A Doctor

We make it easy to find a doctor in our network. Go to emblemhealth.com/city-find-a-doctor and choose your plan to find the doctor you need.

Questions?

If you are thinking about becoming a member, call us at 800-447-6929 (TTY: 711). Our hours are 8 am to 8 pm, 7 days a week.

If you are a current member, call us at 800-447-8255 (TTY: 711). Our hours are 8 am to 6 pm, Monday to Friday.

A Customer Service representative will be happy to help. You can also visit emblemhealth.com/city.

The information above is intended to provide general information and highlights regarding the HIP HMO Preferred plan. It does not provide a complete benefit description. HIP HMO Preferred plan coverage is subject to all terms, conditions, limitations, and exclusions contained in the certificate of insurance. Refer to HIP policy form 155-23-LGTIERSCH(4/16), 155-23-LGTIERCERT(4/16).
**HIP PRIME POS**

**Key Plan Features**

- This plan is for active City employees and non-Medicare retirees.
- You have coverage for services in and out of our network.
- Low out-of-pocket costs, including low copays for in-network services.
- Our base plan gives you coverage for durable medical equipment and private duty nursing.

**Choosing A Primary Care Doctor**

You must choose a primary care doctor from our network when you enroll in this plan. A primary care doctor will work with you to manage your health care.

Your doctor will:

- Give you most of your regular checkups.
- Refer you to a specialist if you need more care.
- Arrange your admission to a hospital if you need it.
- Get approval from EmblemHealth for certain services.
- Let you know about programs that can help you stay healthy or manage your health.

You can change your primary care doctor anytime. Call us at the number on the back of your member ID card.

**Using A Doctor Out-Of-Network**

With this plan, you can see a health care professional not in our network. If you do this, you may have to pay a larger portion of the bill. This will include a deductible and coinsurance for those out of network services. It will also include the difference between the amount your doctor bills and how much EmblemHealth pays. Some services may need our prior approval. You will pay less with this plan if you visit a health care professional in our network.

**Expanded Network**

With this plan, you have access to doctors and hospitals in all five boroughs, Long Island, Westchester, Rockland and Orange counties, and New Jersey.

You also have access to doctors and hospitals in these counties: Albany, Broome, Columbia, Delaware, Dutchess, Fulton, Greene, Montgomery, Otsego, Putnam, Rensselaer, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren and Washington. This network includes these top hospitals:

- Memorial Sloan-Kettering Cancer Center
- The Hospital for Special Surgery
- Lenox Hill Hospital
- Mount Sinai Hospital
- Staten Island University Hospital
## Benefits Summary: HIP Prime POS

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th>In-Network Cost</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual deductible</td>
<td>$0</td>
<td>$750 individual/$2,250 family</td>
</tr>
<tr>
<td>Annual coinsurance</td>
<td>$0</td>
<td>HIP will cover 70% of the Fee Schedule** (member pays 30%)</td>
</tr>
<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>
<td>Not applicable</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

<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>After you meet the deductible, you pay the difference between our payment and the billed charge.</td>
</tr>
<tr>
<td>Well child care</td>
<td>$0 copay</td>
<td></td>
</tr>
<tr>
<td>Specialist office visit</td>
<td>$15 copay</td>
<td></td>
</tr>
<tr>
<td>Diagnostic lab/X-ray</td>
<td>Included in PCP or specialist copay</td>
<td></td>
</tr>
<tr>
<td>Routine physical exam</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Outpatient mental health</td>
<td>$10 copay</td>
<td></td>
</tr>
<tr>
<td>Urgent care</td>
<td>PCP or specialist copay</td>
<td></td>
</tr>
<tr>
<td>Ambulatory surgery</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td>Ambulance</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Inpatient hospital care</td>
<td>$100 copay</td>
<td></td>
</tr>
<tr>
<td>Anesthesia</td>
<td>Included in hospital copay</td>
<td></td>
</tr>
<tr>
<td>Emergency room</td>
<td>$100 copay (waived if admitted)</td>
<td>$100 copay (waived if admitted)</td>
</tr>
</tbody>
</table>

**Fee schedule for most covered services is based 80% of the FairHealth schedule.

### Drug Coverage For Opioid Addiction Treatments

EmblemHealth will now cover you for medicines used to treat substance-use disorders under your medical plan. This includes medicines usually prescribed for opioid addiction and dependence. These medicines, along with counseling and behavioral therapies, can successfully treat these disorders and help with recovery. Visit emblemhealth.com/OpioidAddictionTreatment for a list of covered medicines.
Optional Coverage

If you are a city employee, you have the choice to add the following coverage to your plan. You may have to pay a cost. This amount will be deducted from your paycheck. It includes:

- Prescription drugs* — $10 copay for generic drugs and $35 copay for brand drugs from network retail drug stores.

*Using a home deliver pharmacy service is a great way to lower your drug costs. Your copays may be 50% less than at a retail pharmacy. You can find out more at emblemhealth.com/Pharmacy/Home-Delivery.

Questions?

If you are thinking about becoming a member, call us at 800-447-6929 (TTY: 711). Our hours are 8 am to 8 pm, 7 days a week.

If you are a current member, call us at 800-447-8255 (TTY: 711). Our hours are 8 am to 6 pm, Monday to Friday.

A Customer Service representative will be happy to help. You can also visit emblemhealth.com/city.

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, limitations, and exclusions contained in the certificate of insurance. Refer to HIP policy form 155-23-GRPHMO (3/99) and 200-23-GRPPOL (9/99).
Key Plan Features

- You will pay a small copay for a wide range of covered service when you visit a doctor in our network. This includes doctors from our partner, AdvantageCare physicians.
- You have almost no claim forms or paperwork to fill out for services.
- This plan does not cover services you get outside our network, unless it is an emergency.
- This plan is available to active City 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.

Choosing A Primary Care Doctor

You must choose a primary care doctor from our network when you enroll in this plan. A primary care doctor will work with you to manage your health care.

You doctor will:

- Give you most of your regular checkups.
- Refer you to a specialist if you need more care.
- Arrange your admission to a hospital if you need it.
- Get approval from EmblemHealth for certain services.
- Let you know about any programs that can help you stay healthy or manage your health.

You can change your primary care doctor anytime. Call us at the number on the back of your member ID card.

Optional Coverage

You can choose to add the following coverage to your plan. You may have to pay an extra cost. This amount will be deducted from your paycheck. It includes:

- Prescription drugs — $8 copay for generic drugs, $16 copay for preferred brand drugs, and $30 copay for non-preferred brand drugs from network retail drug stores.

*Using a home delivery service is a great way to lower your drug costs. Your copays may be 50% less than at a retail pharmacy. For home delivery, you will pay $16 for generic drugs, $32 for preferred brand drugs and $50 for non-preferred brand drugs. This is for up to a 90 day supply. You can find out more at emblemhealth.com/Pharmacy/Home-Delivery.
<table>
<thead>
<tr>
<th>Medical Care</th>
<th>Your In-Network Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCP office visit</td>
<td>$15 copay</td>
</tr>
<tr>
<td>Specialist office visit</td>
<td>$15 copay</td>
</tr>
<tr>
<td>Diagnostic lab</td>
<td>$0</td>
</tr>
<tr>
<td>Diagnostic X-ray</td>
<td>$15 copay</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>$15 copay</td>
</tr>
<tr>
<td>Urgent care</td>
<td>$15 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>$35 copay (waived if admitted)</td>
</tr>
</tbody>
</table>
GHI HMO Medicare Senior Supplement

If you are retired and qualify for Medicare, you can add extra coverage to your plan. This covers deductibles, coinsurance and certain services not covered by Medicare Parts A and B. You would have the same coverage with the GHI HMO Medicare supplement that active employees and non-Medicare retirees do with their GHI HMO plan. The GHI HMO plan will not pay for services you get outside of our network. Only Medicare will pay for these services. This could mean more out-of-pocket costs for you.

Optional Coverage For The GHI HMO Medicare Senior Supplement

You can add this coverage to your plan. It includes:

- Medicare Part D benefits for prescriptions you get at a network drug store. This also applies to home delivery service.

Questions?

If you are thinking about becoming a member, call us at 800-447-6929 (TTY: 711). Our hours are 8 am to 8 pm, 7 days a week.

If you are a current member, call us at 800-447-8255 (TTY: 711). Our hours are 8 am to 6 pm, Monday to Friday.

A Customer Service representative will be happy to help. You can also visit emblemhealth.com/city.

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, limitations, and exclusions contained in the certificate of insurance. Refer to GHI policy form PGHMO1387.
**VYTRA**

**Key Plan Features**

This plan is available to City employees and retirees who are under 65 who reside in Queens, Nassau and Suffolk.

- This plan only covers services you get within our network.
- You will have a $5 copay when you visit a primary care doctor or a specialist in our network.
- You have almost no claim forms or paperwork to fill out for services.
- This plan does not cover services you get outside our network, unless it is an emergency.

**Choosing A Primary Care Doctor**

You must choose a primary care doctor from our network when you enroll in this plan. A primary care doctor will work with you to manage your health care.

You doctor will:

- Give you most of your regular checkups.
- Refer you to a specialist if you need more care.
- Arrange your admission to a hospital if you need it.
- Get approval from EmblemHealth for certain services.
- Let you know about programs that can help you stay healthy or manage your health.

You can change your primary care doctor anytime. Call us at the number on the back of your member ID card.

### Benefits Summary: Vytra

<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>
Drug Coverage For Opioid Addiction Treatments

EmblemHealth will now cover you for medicines used to treat substance-use disorders under your medical plan. This includes medicines usually prescribed for opioid addiction and dependence. These medicines, along with counseling and behavioral therapies, can successfully treat these disorders and help with recovery. Visit emblemhealth.com/OpioidAddictionTreatment for a list of covered medicines.

Optional Coverage

You can add this coverage to your plan. You may have to pay an extra cost. This amount will be deducted from your paycheck. It includes:

- Prescription drugs* — $7 copay for generic and brand drugs from network retail drug stores.

*Using a home delivery service is a great way to lower your drug costs. Your copays may be 50% less than at a retail pharmacy. For home delivery, you will pay $14 for generic and brand drugs for up to a 90 day supply. This applies after you have met a $50 dollar deductible. You can find out more at emblemhealth.com/Pharmacy/Home-Delivery.

Questions?

If you are thinking about becoming a member, call us at 800-447-6929 (TTY: 711). Our hours are 8 am to 8 pm, 7 days a week.

If you are a current member, call us at 800-447-8255 (TTY: 711). Our hours are 8 am to 6 pm, Monday to Friday.

A Customer Service representative will be happy to help. You can also visit emblemhealth.com/city.

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, limitations, and exclusions 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 primary care doctor who will manage and oversee your care, including administering referrals to network specialists and arranging for hospital stays.

**Key Plan Features**
The VIP Premier (HMO) Medicare plan helps Medicare-eligible retirees meet their medical needs.

- You will not pay a premium for the base plan.
- You will be covered for services if you use a doctor in our network.
- This plan does not cover services you get outside our network, unless it is an emergency.

**Are You Eligible?**
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 stay enrolled in Medicare Part A.
- Live in the five boroughs of New York City, Nassau, Suffolk or Westchester counties.

**Choosing A Primary Care Doctor**
You must choose a primary care doctor from our network when you enroll in this plan. A primary care doctor will work with you to manage your health care.

You doctor will:

- Give you most of your regular checkups.
- Refer you to a specialist if you need more care.
- Arrange your admission to a hospital if you need it.
- Get approval from EmblemHealth for certain services.
- Let you know about programs that can help you stay healthy or manage your health.

You can change your primary care doctor anytime. Call us at the number on the back of your member ID card.
## Benefits Summary: VIP Premier (HMO) Medicare

<table>
<thead>
<tr>
<th>Medical Care</th>
<th>Your In-Network Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCP office visit</td>
<td>$0</td>
</tr>
<tr>
<td>Specialist office visit</td>
<td>$30 copay</td>
</tr>
<tr>
<td>Podiatry services</td>
<td>$30 copay</td>
</tr>
<tr>
<td>Diagnostic lab/X-ray</td>
<td>$0</td>
</tr>
<tr>
<td>Routine physical exam</td>
<td>$0</td>
</tr>
<tr>
<td>Outpatient mental health</td>
<td>$5</td>
</tr>
<tr>
<td>Ambulatory surgery</td>
<td>$0</td>
</tr>
<tr>
<td>Ambulance</td>
<td>$50 copay</td>
</tr>
<tr>
<td>Inpatient hospital care</td>
<td>$250 (per day for the first 7 days)</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>$0</td>
</tr>
<tr>
<td>Emergency room</td>
<td>$100 copay (You do not have to pay this amount if you are admitted)</td>
</tr>
<tr>
<td>Routine hearing exam</td>
<td>$15</td>
</tr>
<tr>
<td>Routine vision exam</td>
<td>$15</td>
</tr>
<tr>
<td>Preventive dental care</td>
<td>$5 copay for exam, $10 copay for cleaning, discounts for additional services</td>
</tr>
<tr>
<td>Skilled nursing facility, non-custodial</td>
<td>$0 (up to day 20), $164 (per day from day 21-100 days)</td>
</tr>
<tr>
<td>Home health care, non-custodial</td>
<td>$0</td>
</tr>
<tr>
<td>Private duty nursing</td>
<td>$0</td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td>20% coinsurance (must be medically necessary)</td>
</tr>
<tr>
<td>Part B prescription drugs*</td>
<td>20% coinsurance</td>
</tr>
</tbody>
</table>

*Part B prescription drugs are usually those you wouldn't give yourself, like those you get at a doctor's office. You must continue to pay for your Part B premium.
**Drug Coverage**

If you do not get coverage through your union welfare fund, you must buy drug coverage through a rider. This rider gives you Medicare Part D drug coverage benefits without an annual limit. You can see a list of common preferred drugs we cover at emblemhealth.com/city/see-covered-drugs.

<table>
<thead>
<tr>
<th>Drug Type</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>
</tr>
<tr>
<td>Tier 2 (Preferred brand drugs)</td>
<td>$15 copay per 30-day supply</td>
</tr>
<tr>
<td>Tier 3 (Non preferred generic and brand drugs)</td>
<td>$100 copay per 30-day supply</td>
</tr>
<tr>
<td>Tier 4 (Specialty drugs)</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>
</tr>
<tr>
<td></td>
<td>Tier 2: $7.50 copay per 30-day supply</td>
</tr>
<tr>
<td></td>
<td>Tier 3: $50 copay per 30-day supply</td>
</tr>
<tr>
<td></td>
<td>Tier 4: 25% coinsurance per 30-day supply</td>
</tr>
</tbody>
</table>

**Benefit limits**

You pay your regular copay and coinsurance for medicines until you reach $3,750 in drug coverage. Then we will cover your drugs until you reach catastrophic coverage.

**Catastrophic**

When you have paid $5,000 for your drugs in one year, you will pay these copays:

- $3.35 for Tier 1 drugs
- $8.35 copay or 5% coinsurance (whichever is greater) for each Tier 2-4 drugs.

**Questions?**

If you are thinking about becoming a member, call us at 800-447-6929 (TTY: 711). If you are a current member, call us at 877-344-7364 (TTY: 711). Our hours are 8 am to 8 pm, 7 days a week. A Customer Service representative will be happy to help. You can also visit emblemhealth.com/city.

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, limitations, and exclusions contained in the certificate of insurance. Refer to HIP policy form H3330-122519. 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.
GHI CBP

Key Plan Features

• You don’t need to choose a primary care doctor.
• You don’t need a referral to see a specialist.
• This plan covers services you get in and out of our network.
• When you visit a health care professional in our network for preventive services, you will have a $0 copay.
• You won’t pay a copay if you visit an AdvantageCare Physician or Montefiore Faculty based centers.
• When you get covered services outside of our network, EmblemHealth will pay a portion and you will have to pay the rest. For more information, see “Using an Out-Network Health Care Professional” on page 28.
• This plan covers medical and surgical services. Empire BlueCross BlueShield will cover services if you are hospitalized.

Your Copays

With the GHI CBP Plan, you can control your costs by getting covered services in our network. If you choose this plan, you will pay:

• $0 for preventive services when you get covered services within our network. These services include routine physicals, vaccinations, colonoscopies to check for colon cancer, and mammograms to check for breast cancer. You will also pay $0 for birth control medicines and other preventive medicines. Visit emblemhealth.com/city for a full list.
• $0 if you visit a health care professional at AdvantageCare Physician. For more information, visit emblemhealth.com/city or acpny.com.

<table>
<thead>
<tr>
<th>Benefits Summary: GHI CBP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Care</strong></td>
</tr>
<tr>
<td>PCP office visit</td>
</tr>
<tr>
<td>AdvantageCare Physicians and Montefiore Faculty based centers</td>
</tr>
<tr>
<td>Specialist office visit</td>
</tr>
<tr>
<td>Diagnostic lab/X-ray</td>
</tr>
<tr>
<td>MRI/CAT/PET Scan</td>
</tr>
<tr>
<td>Routine physical exam</td>
</tr>
<tr>
<td>Physical therapy visits</td>
</tr>
<tr>
<td>Well child care</td>
</tr>
<tr>
<td>Outpatient mental health</td>
</tr>
<tr>
<td>Urgent care</td>
</tr>
<tr>
<td>Emergency room*</td>
</tr>
</tbody>
</table>
Using an Out-of-Network Health Care Professional

With GHI CBP, you have the choice to get covered services outside our network. If you do, you may have to pay a deductible before EmblemHealth will reimburse you for services. The amounts EmblemHealth will pay you for services are based on GHI’s 1983 reimbursement rates. This means that it will most likely be a lot less than the cost of the service. You are responsible for the rest of the doctor’s bill.

If you choose to get services outside our network, you can use the GHI CBP Allowance Calculator at emblemhealth.com/GHICBPcalculator or call 800-624-2414 to estimate how much EmblemHealth will reimburse you for the service. Ask your doctor for the medical procedure codes (CPT Codes) of the services you need. This can help you make a decision.

Using a health care professional in our network is a cost-effective way to use this plan. This chart shows the estimated cost of seeing a doctor outside of our network.

<table>
<thead>
<tr>
<th>TYPICAL OUT-OF-POCKET COSTS FOR RECEIVING CARE FROM OUT-OF-NETWORK PROVIDERS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Established Patient Office Visit (typically 15 minutes) — CPT Code 99213</strong></td>
<td></td>
</tr>
<tr>
<td>Estimated Charge for a Doctor in Manhattan</td>
<td>$215</td>
</tr>
<tr>
<td>Reimbursement Under the Schedule</td>
<td>$36</td>
</tr>
<tr>
<td>Member Out-of-Pocket Responsibility</td>
<td>$179</td>
</tr>
<tr>
<td><strong>Routine Maternity Care and Delivery — CPT Code 59400</strong></td>
<td></td>
</tr>
<tr>
<td>Estimated Charge for a Doctor in Manhattan</td>
<td>$9,500</td>
</tr>
<tr>
<td>Reimbursement Under the Schedule</td>
<td>$1,379</td>
</tr>
<tr>
<td>Member Out-of-Pocket Responsibility</td>
<td>$8,121</td>
</tr>
<tr>
<td><strong>Total Hip Replacement Surgery — CPT Code 27130</strong></td>
<td></td>
</tr>
<tr>
<td>Estimated Charge for a Doctor in Manhattan</td>
<td>$20,000</td>
</tr>
<tr>
<td>Reimbursement Under the Schedule</td>
<td>$3,011</td>
</tr>
<tr>
<td>Member Out-of-Pocket Responsibility</td>
<td>$16,989</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 section 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 75% based on paid claims (2014 City of New York Certificate of Insurance). For procedures covered under the Catastrophic benefit 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%.

If you spend more than a $1500 during the plan year, you are eligible for catastrophic coverage. This part of your plan helps you pay for your health care for the rest of the year. If you need more information about your catastrophic benefits, you can call the number on the back of your card to speak to a Customer Service representative.

**Optional Coverage**

You can choose to add the following coverage to your plan. You may have to pay an extra cost. This amount will be deducted from your paycheck. It includes:

- Enhanced Non-Participating Provider Schedule — to lower your costs. This rider increases the amount EmblemHealth will reimburse you if you visit a health care professional out of our network. It increases the amount on average, by 75%.
- Prescription Drugs* — For generic and brand drugs from network retail drug stores.

*Using a home delivery pharmacy service is a great way to lower your drug costs. Your copays may be 50% less than at a retail pharmacy. You can find out more at emblemhealth.com/Pharmacy/Home-Delivery.

**Maximum Out-of-Pocket (MOOP)** — MOOP is the maximum amount you will have to pay for in network services each year. This includes your copays, deductible, and coinsurance you pay for in-network services. It does not include any costs you incur if you get services outside of our network or if you pay for services that are not covered. The MOOP amount may change from year to year. Below is the MOOP for January 1, 2018 to December 31, 2018.

<table>
<thead>
<tr>
<th></th>
<th>Individual MOOP</th>
<th>Family MOOP</th>
</tr>
</thead>
<tbody>
<tr>
<td>GHI Medical MOOP</td>
<td>$4,550</td>
<td>$9,100</td>
</tr>
<tr>
<td>EBCBS Hospital MOOP</td>
<td>$2,600</td>
<td>$5,200</td>
</tr>
</tbody>
</table>

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 a non-emergency hospital admission, you may be treated by a plastic surgeon in an in-network hospital, but the plastic surgeon is not in GHI’s provider network; you will be responsible for the surgeon’s bill after GHI makes a payment. 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 at the hospital, such as an anesthesiologist, radiologist, or pathologist. Even though that doctor provided services in 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 makes a payment.

However, 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 your Certificate of Insurance. A surprise bill is when you get services from an out-of-network provider at an in-network hospital or other center and you are billed for those services. In the event that those protections do not apply, your out-of-pocket expenses may be substantial.

**Drug Coverage For Opioid Addiction Treatments**

EmblemHealth will now cover you for medicines used to treat substance-use disorders under your medical plan. This includes medicines usually prescribed for opioid addiction and dependence. These medicines, along with counseling and behavioral therapies, can successfully treat these disorders and help with recovery. Visit emblemhealth.com/OpioidAddictionTreatment for a list of covered medicines.

**Find A Doctor**

We make it easy to find a doctor in our network. Go to emblemhealth.com/city-find-a-doctor and choose your plan to find the doctor you need.

**Questions?**

If you are thinking about becoming a member, call us at 800-447-6929 (TTY: 711). Our hours are 8 am to 8 pm, 7 days a week.

If you are a current member, call us at 800-624-2414 (TTY: 711). Our hours are 8 am to 6 pm, Monday to Friday. A Customer Service representative will be happy to help. You can also visit emblemhealth.com/city.

For more information about out-of-network reimbursements, optional riders and other details, see the plan’s Certificate of Insurance at emblemhealth.com/Members/City-of-New-York-Employees/GHI-CBP.

Hospital benefits for members enrolling in the GHI CBP plan are underwritten by and provided through Empire BlueCross BlueShield. 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, limitations, and exclusions contained in the certificate of insurance. Refer to GHI policy form PLC-1032E, et. al.
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 or by calling us at 800-624-2414. A Customer Service representative will be happy to help.

### COLONOSCOPY
(Biopsy of Large Bowel Using an Endoscope)
- CPT Code: 45380
- Anesthesia CPT Code: 00810
- Pathology CPT Code: 88305

<table>
<thead>
<tr>
<th>Sample care costs:</th>
<th>Basic NYC Non-Participating Fee Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Services</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Physician Services</td>
<td>$1,300</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>$3,200</td>
</tr>
<tr>
<td>Pathology</td>
<td>$512</td>
</tr>
<tr>
<td>Total</td>
<td>$5,012</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient pays:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$200</td>
</tr>
<tr>
<td>Copays Are Not Applicable</td>
<td>$0</td>
</tr>
<tr>
<td>Coinsurance 0%</td>
<td>$0</td>
</tr>
<tr>
<td>Difference between UCR and what the plan pays</td>
<td>$3,509</td>
</tr>
<tr>
<td>Total</td>
<td>$3,509</td>
</tr>
</tbody>
</table>

### LAMINOTOMY
(Partial Removal of Bone with Release of Spinal Cord or Spinal Nerves of 1 Interspace in Lower Spine)
- CPT Code: 63030
- Anesthesia CPT Code: 00630

<table>
<thead>
<tr>
<th>Sample care costs:</th>
<th>Basic NYC Non-Participating Fee Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Services</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Physician Services</td>
<td>$17,300</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>$3,420</td>
</tr>
<tr>
<td>Total</td>
<td>$12,791</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient pays:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$200</td>
</tr>
<tr>
<td>Copays Are Not Applicable</td>
<td>$0</td>
</tr>
<tr>
<td>Coinsurance 0%</td>
<td>$0</td>
</tr>
<tr>
<td>Difference between UCR and what the plan pays</td>
<td>$4,862</td>
</tr>
<tr>
<td>Total</td>
<td>$4,862</td>
</tr>
</tbody>
</table>

### BREAST RECONSTRUCTION
(Insertion of Tissue Expander in Breast)
- CPT Code: 19357
- Anesthesia CPT Code: 00402

<table>
<thead>
<tr>
<th>Sample care costs:</th>
<th>Basic NYC Non-Participating Fee Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Services</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Physician Services</td>
<td>$7,730</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>$3,118</td>
</tr>
<tr>
<td>Total</td>
<td>$10,848</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient pays:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$200</td>
</tr>
<tr>
<td>Copays Are Not Applicable</td>
<td>$0</td>
</tr>
<tr>
<td>Coinsurance 0%</td>
<td>$0</td>
</tr>
<tr>
<td>Difference between UCR and what the plan pays</td>
<td>$5,096</td>
</tr>
<tr>
<td>Total</td>
<td>$5,096</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
GHI SENIOR CARE

Key Plan Features

If you are a retiree eligible for Medicare, you can enroll in the GHI Senior Care program. This plan supplements your Medicare benefits. You may have a deductible to pay before your plan begins to pay. With this plan, GHI will cover your coinsurance for these services:

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

Network

With GHI Senior Care, you have the choice to visit a health care professional not in our network. If you do, you may have to pay a deductible before EmblemHealth will reimburse you for services. This means that you are responsible for the rest of the doctor’s bill.

<table>
<thead>
<tr>
<th>Benefits Summary: GHI Senior Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Care</strong></td>
</tr>
<tr>
<td>Office visits (PCPs and specialists)</td>
</tr>
<tr>
<td>Diagnostic lab/X-ray</td>
</tr>
<tr>
<td>Specialist consultations</td>
</tr>
<tr>
<td>In-home nursing services</td>
</tr>
<tr>
<td>Outpatient hospital services</td>
</tr>
<tr>
<td>Radiation therapy</td>
</tr>
<tr>
<td>In-hospital physician services</td>
</tr>
<tr>
<td>Speech therapy</td>
</tr>
<tr>
<td>Surgery and anesthesia</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th><strong>In-Network</strong></th>
<th><strong>Out-of-Network</strong></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>
Optional Coverage

You can choose to add the following coverage to your Senior Care Program.

- Enhanced Medicare Part D benefits for prescription drugs from network pharmacies and home delivery service.

- Increased inpatient hospital benefit to 365 days (underwritten by and provided through Empire BlueCross BlueShield*). Without this rider, you will only be covered for 21 full days or 180 discounted days in the hospital. You can call Empire BlueCross BlueShield at **800-300-8181** for more information.

* Hospital benefits for members enrolling in the GHI CBP plan 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.

Questions?

If you are thinking of becoming a member, call us at **800-447-6929 (TTY: 711)**. Our hours are 8 am to 8 pm, 7 days a week.

If you are a current member, call us at **800-624-2414 (TTY: 711)**. Our hours are 8 am to 6 pm, Monday to Friday.

A Customer Service representative will be happy to help. You can also visit [emblemhealth.com/city](http://emblemhealth.com/city).
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 give you benefits and coverage that are the same as Enhanced and Standard Medicare Part D benefits. This is required by law.

You can only enroll in these plans if:

• You are a Medicare-eligible retiree or dependent.
• Have worked for the City of New York.
• Do not receive drug coverage through your union welfare fund.

GHI Enhanced Medicare Part D Prescription Drug Plan

GHI Enhanced Medicare Part D is a Medicare drug plan and is in addition to coverage you have under Medicare. You have to keep your Medicare coverage to have this plan. You can enroll if you also enroll in the GHI Senior Care plan.

GHI Standard Medicare Part D Prescription Drug Plan

GHI Standard Medicare Part D is a Medicare drug plan and is in addition to coverage you have under Medicare. You have to keep Medicare coverage to have this plan. You can enroll if you also enroll in the GHI HMO Medicare Senior Supplement plan.

Questions?

If you are thinking about becoming a member, call us at 800-447-6929 (TTY: 711). Our hours are 8 am to 8 pm, 7 days a week.

If you want more information about our GHI Senior Care plan, call us at 800-624-2414 (TTY: 711). Our hours are 8 am to 6 pm, Monday to Friday.

If you are a current member, call us at 800-585-5786 (TTY: 711). Our hours are 8 am to 6 pm, Monday to Friday.

A Customer Service representative will be happy to help. You can also visit emblemhealth.com/city.

Group Health Incorporated (GHI) is a standalone PDP with a Medicare contract. Enrollment in GHI depends on contract renewal. GHI is an EmblemHealth company. The formulary and pharmacy network may change at any time. You will receive notice when necessary.
DC37 MED-TEAM

Key Plan Features

• You must be a DC 37 Med-Team active member living in New York and New Jersey to enroll.
• You will not pay a premium for this plan.
• You will be covered for preventive services such as routine physicals, vaccinations, colonoscopies to check for colon cancer, and mammograms to check for breast cancer. You will also be covered for birth control medicines and other preventive medicines. Visit emblemhealth.com/city for a full list.
• This plan covers services you get in and out of our network.
• You will not have to get a referral to see a specialist with this plan.
• You will be covered for certain vision and dental services.

Dental Benefits

With this plan, you will have access to dentists in New York and New Jersey. You are covered for preventive and basic services when you see a dentist in our network. You are also covered for oral surgery, endodontics, anesthesia, major restorative services, and fixed and removable prosthodontics.

If you choose to see a dentist outside of our network, you will have to pay a deductible and coinsurance.

Vision Benefits

With this plan, you will have access to vision services to keep you healthy. You are covered for an eye exam every year. You are also covered for a complete pair of eyeglasses or contact lenses each year. You are not covered for both contact lenses and eyeglasses in the same plan year. If you choose standard eyeglasses or contact lenses, you will not have a copay. You can find more information about your vision benefits at emblemhealth.com/DC37Vision.
## 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>
</table>
| PCP office visit                 | $25 copay            | Reimbursement subject to out-of-network deductible.  
                                |                      | Coinsurance maximum noted below. |
| Diagnostic lab/X-ray             | $25 copay            |                                                               |
| High-tech radiology              | $50 copay            |                                                               |
| Routine physical exam            | $0 copay             |                                                               |
| Well child care                  | $0 copay             |                                                               |
| Outpatient mental health         | $25 copay            |                                                               |
| Urgent care                      | $50 copay            |                                                               |
| Ambulatory surgery               | $50 copay            |                                                               |
| Ambulance                        |                      | Reimbursement at 100% of the allowed charge.                  |
| Inpatient hospital care          | $0 copay             |                                                               |
| Emergency room                   | $150 copay           | $150 copay (waived if admitted)                               |
|                                 | (waived if admitted) |                                                               |

### 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>

**Maximum Out-of-Pocket (MOOP)** — MOOP is the maximum amount you will have to pay for in-network services each year. This includes your copay, deductible, and coinsurance you pay for in-network services. It does not include any costs you incur if you get services outside of our network or if you pay for services that are not covered. The MOOP amount may change from year to year. Below is the current MOOP for January 1, 2018 to December 31, 2018.

<table>
<thead>
<tr>
<th></th>
<th>Individual MOOP</th>
<th>Family MOOP</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOOP</td>
<td>$7,150</td>
<td>$14,300</td>
</tr>
</tbody>
</table>
Drug Coverage For Opioid Addiction Treatments

EmblemHealth will now cover you for medicines used to treat substance-use disorders under your medical plan. This includes medicines usually prescribed for opioid addiction and dependence. These medicines, along with counseling and behavioral therapies, can successfully treat these disorders and help with recovery. Visit emblemhealth.com/OpioidAddictionTreatment for a list of covered medicines.

DC 37 Med-Team Senior Care Program

If you are a retiree eligible for Medicare, you can enroll in the DC 37 Med-Team Senior Care Program. This plan supplements your Medicare benefits. You may have a deductible to pay before EmblemHealth begins to pay. With this plan, Emblemhealth will cover your Medicare coinsurance for these services:

- Office visits
- In-home nursing services
- In-hospital medical care
- Inpatient hospital stays
- Laboratory tests
- Outpatient hospital services
- Radiation therapy
- Specialist visits
- Speech therapy
- Surgery and anesthesia
- X-rays

Questions?

If you are thinking about becoming a member, call us at 800-447-8255 (TTY: 711).

If you are a current member, call us at 800-624-2414 (TTY: 711).

Our hours are 8 am to 6 pm, Monday to Friday. A Customer Service representative will be happy to help. You can also visit emblemhealth.com/city.

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, limitations, and exclusions contained in the certificate of insurance. Refer to GHI policy form PLH-5339A.
At EmblemHealth, we believe that total care is the key to good health. We provide many programs and discounts for 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.
- Support for women with type 1 or type 2 diabetes prior to getting pregnant.
- Diabetes support and information.
- Help to stop smoking.
- Chronic obstructive pulmonary disease (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).
YOUR HEALTH INFORMATION IS JUST A CLICK AWAY

Go to emblemhealth.com/Sign-in to register for our secure website myEmblemHealth. It takes just a few minutes to register and you will be able to:

• Review your health benefits.
• View communication from us in your secure Message Center.
• Look up if a drug is covered.
• Find out the status of a claim or prior-approval request.
• Find out the amount already paid toward your deductible.
• Order ID cards, download forms, and update personal information.
• Use our Health Manager Tools to keep track of your health.

Go Paperless

Going paperless is good for the environment and gets rid of clutter. Through myEmblemHealth, you can sign up to receive your messages electronically through our secure site.

You can choose to get the following items and more through myEmblemHealth:

• Explanations of benefits (EOBs).
• Notifications letting you know your claims are processed.
• Personalized information about your health.
• Your plan newsletter
• Timely communications about your coverage and benefits.

Health Manager Tools

When you register for myEmblemHealth you’ll have access to these online tools:

• Complete a health assessment (HA) to get a picture of your health. Adults on your plan can also complete their own HAs.
• Keep a personal health record, including your medical claims history, in one secure place.
• Use our Treatment Cost Calculator to estimate how much a common service or condition will cost. These estimates are based on your particular benefits and coverage information.
EmblemHealth Mobile Apps
As an EmblemHealth member, you can download this handy mobile app. This can help you 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.

Enjoy easy access to your EmblemHealth benefits, 24/7.
In the Neighborhood
IN THE NEIGHBORHOOD

EmblemHealth Neighborhood Care provides in-person customer service, sales and health and wellness support at eight locations across New York City. From enrollment seminars to assistance with translating paperwork, Neighborhood Care helps EmblemHealth members make the most of their benefits. For more information on Neighborhood Care’s programs and community partnerships, visit emblemhealth.com/community.

Our Customer Care Navigators and Social Worker Case Managers can provide the service, sales and support you need. We also speak multiple languages including Spanish, Mandarin, Cantonese, Fuzhounese, and Creole.

Visit one of our 8 locations:

**Harlem**
215 West 125th Street
866-469-0999

**Chinatown**
87 Bowery
855-283-2151

**Crown Heights**
546 Eastern Parkway
855-283-2156

**Cambria Heights**
206-20 Linden Blvd
866-539-0999

**Bensonhurst**
2482 86th Street
800-447-0856

**AdvantageCare Physicians Express (52 Duane St)**
52 Duane Street
212-423-3901

**AdvantageCare Physicians Brooklyn Heights**
195 Montague Street, Floor 2
212-423-3901

**AdvantageCare Physicians Flushing**
140-15 Sanford Ave Suite A, Area G
800-447-0752
ABOUT YOUR SUMMARY OF BENEFITS AND COVERAGE (SBC)

This brochure lists some of the benefits that each plan offers. Your Summary of Benefits and Coverage gives you more important information about your plan so you can make informed decisions for you and your family. Your SBC includes:

- What your plan covers.
- What (if any) cost-sharing responsibilities you have. This includes copays, deductibles, and coinsurance.

For your Summary of Benefits and Coverage, sign on to emblemhealth.com/city.

If you prefer a printed copy, call us at the number listed below for your plan. The printed SBC is available to you free of charge.

- HIP Prime HMO and HIP Prime POS plans: 800-447-8255 (TTY: 711)
- Vytra: 866-409-0999 (TTY: 711)
- GHI CBP and DC37 Med-Team plans: 800-624-2414 (TTY: 711)
- GHI HMO plan: 877-244-4466 (TTY: 711)
- GHI Supplement Plans: 800-624-2414 (TTY: 711)

Our hours are 8 am to 6 pm, Monday to Friday. A Customer Service representative will be happy to help.

VIP Premier (HMO) Medicare and Senior Supplement plans: SBCs are not available for these plans on emblemhealth.com/city. For printed details of your plan benefits please call:

- VIP Premier (HMO) Medicare Plan: 877-344-7364 (TTY: 711). Our hours are 8 am to 8 pm, 7 days a week. A Customer Service representative will be happy to help.

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.
ATTENTION: This is an important document. If you need help to understand it, please call the telephone number marked “customer service” on the back of your member ID card [TTY/TDD: 711]. We can give you an interpreter for free in the language you speak.

Español (Spanish)
ATENCIÓN: Este es un documento importante. Si necesita ayuda para entenderlo, llame al número telefónico marcado “customer service” que se encuentra en el dorso de su tarjeta de identificación de miembro [TTY/TDD: 711]. Le podemos proporcionar un intérprete que habla su idioma sin ningún costo.

中文 (Traditional Chinese)
注意：這是重要的文件。如果您需要協助來瞭解文件內容，請致電您會員卡背面標記為“customer service”的電話號碼 [TTY/TDD：711]。我們可以為您免費提供您所使用語言的翻譯人員。

 Русский (Russian)
ВНИМАНИЕ! Это важный документ. Если у Вас возникли трудности с пониманием этого документа и Вам необходима помощь, позвоните по телефону отдела обслуживания клиентов (customer service), указанному на обратной стороне Вашей идентификационной карточки [TTY/TDD: 711]. Мы можем бесплатно предоставить Вам переводчика, который говорит на Вашем языке.

Kreyòl Ayisyen (Haitian Creole)
ATANSYON: Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo ki make “customer service” nan do kat ID manm ou [TTY/TDD: 711]. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

한국어 (Korean)

Italiano (Italian)
ATTENZIONE. Questo è un documento importante. Per qualsiasi chiarimento telefoni all “customer service” al numero stampato sul retro della Sua tessera (per i non udenti: TTY/TDD: 711). Possiamo mettere a disposizione gratis un interprete nella Sua lingua.

(ARABIC)

(传统中文)

(阿拉伯语)

(宿务语)

(爪哇语)

(Bengali)

(Bengali)

(Bengali)

(Polish)
UWAGA: To jest ważny dokument. Jeżeli potrzebujesz pomocy w celu zrozumienia jego treści, zadzwoń do „customer service” pod numer telefonu podany na odwrocie karty identyfikacyjnej ubezpieczonego (member ID card) [TTY/TDD: 711]. Możemy bezpłatnie zapewnić usługi tłumaczącego język, którym się posługujesz.
ATTENTION: This document is important. If you need help to understand it, please call the number marked "customer service" on the back of your member ID card [TTY/TDD: 711]. We can provide a free interpreter in your language.

EmblemHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. EmblemHealth does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

EmblemHealth:

• Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  – Qualified sign language interpreters
  – Written information in other formats (large print, audio, accessible electronic formats, other formats)

• Provides free language services to people whose primary language is not English, such as:
  – Qualified interpreters
  – Information written in other languages

If you need these services, please call the telephone number marked "customer service" on the back of your member ID card. TTY/TDD: 711.

If you believe that EmblemHealth has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with EmblemHealth Grievance and Appeals Department, PO Box 2844, New York, NY 10116, or call the telephone number marked “customer service” on the back of your member ID card. (Dial 711 for TTY/TDD services.) You can file a grievance in person, by mail or by phone. If you need help filing a grievance, EmblemHealth’s Grievance and Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office of Civil Rights electronically through the Office of Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201; 1-800-368-1019, (dial 1-800-537-7697 for TTY services).

Complaint forms are available at hhs.gov/ocr/office/file/index.html.
Group Health Incorporated (GHI), HiP Health Plan of New York (HiP), HiP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

Y0026_127101 Group 11/1/17
10-7836 11/17