



PUTTING CARE FIRST EVERY DAY

HIP Prime[®] HMO and Medicare Advantage Plans
for Federal Employees and Retirees —
2014 Coverage



EmblemHealth[®]
WHAT CARE FEELS LIKE.

MAKE HIP PRIME HMO OR EMBLEMHEALTH MEDICARE YOUR CHOICE TODAY

If you have any questions or need help choosing one of our plans, please call us at **1-866-640-3856**, 8 am to 8 pm, Monday through Friday. (Note: Service will be available seven days a week starting January 1, 2014.) If you have a hearing or speech impairment and use a TDD, please call **711**.

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

If you'd like to join a HIP Prime HMO plan in which you're not currently enrolled, simply fill out the enrollment form available from your agency's benefits office. Make sure to include the HIP FEHB plan enrollment codes as shown on the previous page of this brochure.

If you'd like to join an EmblemHealth Medicare plan in which you're not currently enrolled, please call **1-866-640-3856**, from 8 am to 8 pm, seven days a week, to speak with an EmblemHealth Medicare expert or to schedule a one-on-one consultation. We will provide you with a Medicare Advantage enrollment form. There are no enrollment codes to enter when completing the form; simply select either the Standard or High option. You can mail back the completed form or leave it with an EmblemHealth Medicare expert during your consultation.

A Health and Wellness Company

From the programs we design to the providers we partner with, we work to put care first every day. We pride ourselves with being more than a traditional insurance company. We are a neighborhood health and wellness company, bringing tailor-made health programs to the diverse populations of our state.

With deep roots and a strong heritage in New York, our goal is to connect you with the care you need while providing you with exceptional customer service.

If you are new to our family, welcome. And if you are renewing for another year, thank you for your continuing trust and loyalty.

Enhanced Benefits

This year, we have added some great benefits to the HIP FEHB Standard and High option plans, while keeping your payroll contribution low.

Plus, we've made your Medicare Advantage options more robust: you can now choose between a Standard and High option plan for your Medicare coverage as well.





HIP PRIME HMO

Quality Care Starts with a Quality Network

As a HIP Prime HMO plan member, you can see doctors in private practice or at physician group practices, where you can receive a range of medical services in one convenient location.

You can find network doctors in all five boroughs — and all neighborhoods — of New York City, plus Nassau, Suffolk, Westchester, Rockland and Orange counties.

You'll also have access to many of the area's leading acute care hospitals, including Lenox Hill Hospital, Montefiore Medical Center, North Shore-Long Island Jewish Health System, NYU Hospital Center and Staten Island University Hospital.

And our network keeps growing. We've recently added the following top hospitals: Memorial Sloan-Kettering Cancer Center and The Hospital for Special Surgery.

Your Primary Care Physician: A Partner for Good Health

The first thing to do when you enroll in the HIP Prime HMO plan is to choose your primary care physician (PCP). Think of your PCP as your “go-to” doctor to handle all of your family's health care needs in-network. Your PCP will:

- Provide most of your primary and preventive care
- Refer you to specialists, as needed
- Coordinate the care you receive from specialists
- Arrange for hospital admissions, when necessary. Specialists can also arrange for hospital admissions.

You can change your PCP any time, either by phone or online.

Enhanced Benefits

The HIP Prime HMO plans include new benefits, in response to federal and state health reform laws.

Autism Services

On November 1, 2012, New York became the 29th state in the nation to adopt Autism Insurance Reform. The new law in New York is meant to provide parity for autism sufferers by requiring equitable coverage of the disorder by insurance companies. HIP Prime HMO FEHB plans include the new coverage requirements. The overview of benefits is as follows:

- Preauthorization is required for all autism services.
- Member cost-sharing responsibilities are the same as with any other illness or condition.
- Outpatient professional services — Member pays \$40 copay for the High Option or \$50 copay for the Standard Option.
- Applied behavior analyst — Member pays \$20 PCP/\$40 specialist per office visit for the High Option or \$30 PCP/\$50 specialist per office visit for the Standard Option.
- Assistive communication devices — Member pays \$40 copay for High Option or \$50 copay for Standard Option.
- Diagnostic testing — Member pays nothing for either the High or Standard Option.
- Inpatient hospital and alternative care settings — Member pays nothing for the High Option or \$1,000 for the Standard Option.

Women's Preventive Services

Federal health care reform law (Affordable Care Act or ACA) requires plans issued or renewed on or after August 1, 2012 to include various preventive services to women with no cost-sharing. Some of these services were already part of the FEHB HIP Prime HMO coverage. The benefits that meet the law's requirements include:

- Well-woman visits
- Gestational diabetes screening
- HPV DNA testing
- STI counseling
- HIV screening and counseling
- Oral contraception and contraceptive counseling
- Breastfeeding support, supplies and counseling
- Domestic violence screening

A full list of services is available at www.healthcare.gov/law/resources/regulations/index.html under Regulations and Guidance.

HIP Prime HMO Plan Benefits Summary (High and Standard Options)

The following is a side-by-side comparison of the benefits offered through the two options. Please review them and carefully consider which best suits your needs, and those of your family, before making a decision.

This is just a summary. It does not contain the full details of your plan.

Benefits Summary: HIP Prime HMO		
	High Option	Standard Option
Medical Care	Copay	Copay
PCP Office Visit	\$20 (\$0 copay for dependent children to age 26)	\$30 (\$0 copay for dependent children to age 26)
Specialist Office Visit	\$40 (\$0 copay for dependent children to age 26)	\$50 (\$0 copay for dependent children to age 26)
Preventive Care	Copay	Copay
Routine Physical Exam	\$0 copay	\$0 copay
Well Child Care	\$0 copay	\$0 copay
Women's Wellness Services	\$0 copay	\$0 copay
Other Services	Copay	Copay
Outpatient Mental Health	\$20 PCP copay per visit or \$40 specialist copay per visit (\$0 copay for dependent children to age 26)	\$30 PCP copay per visit or \$50 specialist copay per visit (\$0 copay for dependent children to age 26)
Urgent Care	\$20 copay per visit (\$0 copay for dependent children to age 26)	\$30 copay per visit (\$0 copay for dependent children to age 26)
Ambulatory Surgery	\$150 per visit	\$150 per visit
Ambulance	\$0 copay	\$0 copay
Prescription Drug	\$15 generic/\$35 brand/ \$75 non-formulary copay \$100 annual deductible for brand drugs only	\$15 generic/\$35 brand/ \$75 non-formulary copay \$100 annual deductible for brand drugs only
Hospital Services	Copay	Copay
Inpatient Care	\$0 copay	\$1,000 per patient admission
Anesthesia	Included in hospital copay	Included in hospital copay
Emergency Room	\$150 copay (waived if admitted)	\$150 copay (waived if admitted)

For your detailed Summary of Benefits and Coverage (SBC), go to www.emblemhealth.com/SBC. If you prefer a printed copy, please contact Customer Service at **1-800-447-8255**, 8 am to 8 pm, Monday through Friday. (Note: Service will be available seven days a week starting January 1, 2014.) Your SBC shows what your plan covers and what (if any) cost-sharing responsibilities you have. Your SBC is designed to help you understand your health care coverage and make informed benefit decisions for you and your dependents.

You can also read the FEHB plan brochure (RI 73-001), available at www.emblemhealth.com/federal or www.opm.gov/healthcare-insurance/healthcare.

2014 HIP Prime HMO Enrollment Codes and Rates for Federal Employees and Retirees

Non-Postal rates apply to most non-Postal employees. If you are in a special enrollment category, refer to the *Guide to Federal Benefits* for that category or contact the agency that maintains your health benefits enrollment.

Postal Category 1 rates apply to career employees covered by the National Postal Mail Handlers Union (NPMHU), National Association of Letter Carriers (NALC) and Postal Police bargaining units.

Postal Category 2 rates apply to other non-APWU, non-PCES, non-law enforcement Postal Service career employees, including management employees and employees covered by the National Rural Letter Carriers' Association bargaining unit.

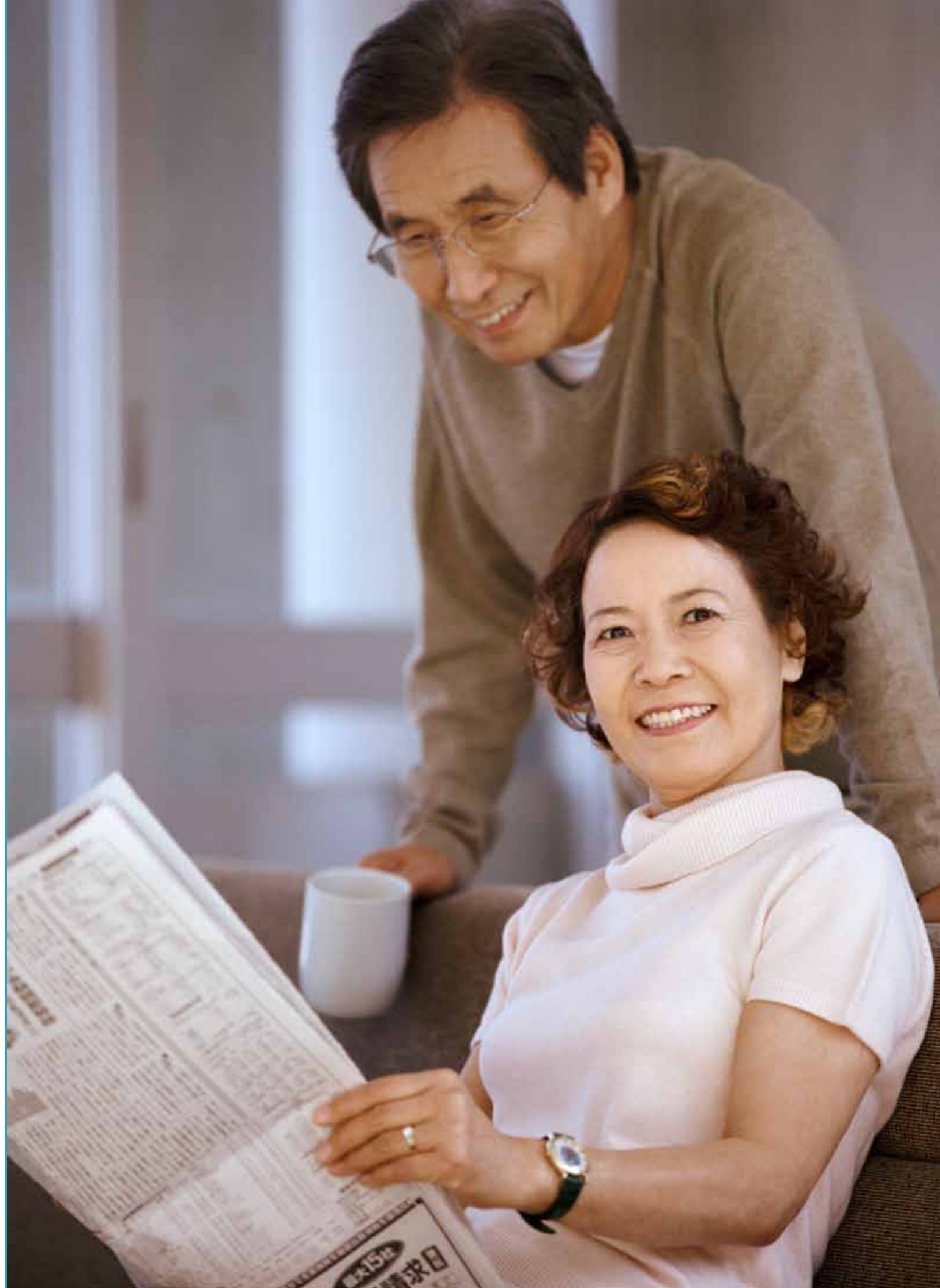
Special Guides to Benefits are published for American Postal Workers Union (APWU) employees (see RI70-2A) including Material Distribution Center, Operating Services and Information Technology/Accounting Services employees and Nurses; Postal Service Inspectors and Office of Inspector General (OIG) law enforcement employees (see RI 70-2IN); Postal Career Executive Service (PCES) employees (see RI 70-2EX); and non-career employees (see RI 70-8PS).

Career APWU employees hired before May 23, 2011, will have the same rates as the Category 2 rates shown below. In the Guide to Benefits for APWU Employees (RI 70-2A) this will be referred to as the "Current" rate; otherwise, "New" rates apply.

For further assistance, Postal Service employees should call:
Human Resources Shared Service Center **1-877-477-3273**, option 5; TTY: **1-866-260-7507**

Postal rates do not apply to non-career postal employees, postal retirees, or associate members of any postal employee organization who are not career postal employees. Refer to the applicable *Guide to Federal Benefits*.

		Non-Postal Premium				Postal Premium	
		Biweekly		Monthly		Biweekly	
Type of Enrollment	Enrollment Code	Gov't Share	Your Share	Gov't Share	Your Share	Category 1 Your Share	Category 2 Your Share
High Option Self Only	511	\$196.68	\$78.46	\$426.14	\$170.00	\$56.60	\$70.26
High Option Self and Family	512	\$437.62	\$291.50	\$948.18	\$631.58	\$242.88	\$273.27
Standard Option Self Only	514	\$169.01	\$56.33	\$366.18	\$122.06	\$37.18	\$49.01
Standard Option Self and Family	515	\$437.62	\$159.52	\$948.18	\$345.62	\$110.90	\$141.29



MEDICARE ADVANTAGE

Whether you're just aging into Medicare, contemplating retirement, or thinking about a change in Medicare coverage, EmblemHealth is here to help you for the long run, no matter what your situation.

We provide two excellent choices, so you can pick the Medicare Advantage plan that best suits your needs: **Standard Option and High Option.**

Standard and High Options – Great Benefits

Coordinated Care

You get to choose an **in-network primary care physician (PCP)** whose job it is to refer you to the specialists and facilities you need. This makes your care more efficient, and you don't have to worry about finding your own specialists. The goal of coordinated care is to make accessing your medical services as easy as possible, often under one roof.

Extensive Benefits

While there are differences in copays, you get coverage for your medical, preventive care, outpatient and hospital services. You also have **3-tier pharmacy coverage** with \$0 copays for generic and brand formulary drugs. Non-formulary drugs are covered with a \$40 copay.

Please see the “Medicare Advantage Benefits Summary” on the next page for a comparison in coverage. Please refer to your RI for complete details.

Eligibility

You can enroll in the Standard and High Medicare Options if you:

- Live in the plan's Medicare-approved service area, which includes New York City (The Bronx, Brooklyn, Manhattan, Queens and Staten Island), Nassau, Suffolk and Westchester counties.
- Enrolled in Medicare Part A.
- Enrolled in Medicare Part B.

Two Great Choices for Medicare

At EmblemHealth, we're constantly looking for ways to improve and better respond to your needs.

With both Medicare options, you get **great comprehensive coverage**, just like with the HIP Prime HMO plan — but with an additional **enhanced pharmacy benefit**. And you save with **lower copayments** while your premium contribution stays the same.

What Sets Them Apart

You can choose the Medicare plan with the network, copays and Part B coverage that is right for you.

With both Medicare options, you have no copays for generic and brand drugs. And if you choose the High Option, all your medical and hospital copays are eliminated. While the High Option gives you the freedom of \$0 copays, the Standard Option gives you the freedom of having your Medicare Part B premium paid for by EmblemHealth.

You choose. Here's an overview of what sets these two plans apart:

Comparing the Medicare Standard and High Option Plans		
	Standard Option	High Option
Your PCP Care	Essential Network	Medicare HMO Provider Network
Your Specialist Care	Medicare HMO Provider Network	Medicare HMO Provider Network
Medicare Part B	We pay up to \$104.90 of the premium	You pay the entire premium in full
Copays	Yes	Eliminated

Essential Network

You choose a primary care physician (PCP) who belongs to a special network of physician group practices within the EmblemHealth Medicare HMO Provider Network. We've made special arrangements with these providers that enables us to offer lower copayments to our members for each visit. You may change your PCP at any time, as long as that provider belongs to the special network.

Medicare Advantage HMO Benefits Summary

The following is a side-by-side comparison of the benefits offered through the two options. Please review them and carefully consider which best suits your needs, and those of your family, before making a decision. This is just a summary. It does not contain the full details of your plan.

Benefits Summary: Medicare Advantage HMO		
	Standard Option	High Option
Medical Care	Copay	Copay
PCP Office Visit	\$20	\$0
Specialist Office Visit	\$40	\$0
Preventive Care	Copay	Copay
Routine Physical Exam	\$0	\$0
Women's Wellness Services	\$0	\$0
Other Services	Copay	Copay
Outpatient Mental Health	\$40	\$0
Urgent Care	\$40	\$0
Ambulatory Surgery	\$150	\$0
Ambulance	\$50	\$0
Prescription Drug	\$0 generic/\$0 brand/ \$40 non-formulary copay	\$0 generic/\$0 brand/ \$40 non-formulary copay
Hospital Services	Copay	Copay
Inpatient Care	\$0	\$0
Anesthesia	\$0	\$0
Emergency Room	\$150 copay (waived if admitted)	\$0

For complete details about the benefits available through these plans, please read the Federal plan brochure (RI 73-001), available at www.emblemhealth.com/federal or www.opm.gov/healthcare-insurance/healthcare.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change on January 1 of each year.

2014 Medicare Advantage Rates

Let us help you enroll in the Medicare option that is right for you. Please call **1-866-640-3856**, from 8 am to 8 pm, Monday through Friday, to speak with an EmblemHealth Medicare expert or to schedule a one-on-one consultation. (Note: Service will be available seven days a week starting January 1, 2014.)

Once you are ready to enroll, ask the Medicare expert for a Medicare Advantage enrollment form. There are no enrollment codes to enter when you complete the form. Simply select either the Standard or High option. You can mail back the completed form or leave it with an EmblemHealth Medicare expert.

Below are the biweekly premium contributions for both options, which are the same as with the HIP Prime HMO active plan.

Type of Enrollment	Non-Postal Premium				Postal Premium	
	Biweekly		Monthly		Biweekly	
	Gov't Share	Your Share	Gov't Share	Your Share	Category 1 Your Share	Category 2 Your Share
High Option Self Only	\$196.68	\$78.46	\$426.14	\$170.00	\$56.60	\$70.26
High Option Self and Family	\$437.62	\$291.50	\$948.18	\$631.58	\$242.88	\$273.27
Standard Option Self Only	\$169.01	\$56.33	\$366.18	\$122.06	\$37.18	\$49.01
Standard Option Self and Family	\$437.62	\$159.52	\$948.18	\$345.62	\$110.90	\$141.29





WEB TOOLS TO SUPPORT YOUR HEALTH

We're here to support your health needs by making sure you have the right tools and information at your fingertips. With **emblemhealth.com**, you can get answers to your health and benefit questions whenever it's convenient for you.

The New Emblemhealth.com — A Superior Online Experience

Easy, customized, comprehensive, transparent, rich and mobile. We heard what members wanted from our Web site and we delivered. With the redesigned **emblemhealth.com**, getting the information you need is easier than ever.

Here are some highlights:

- Full-site, seamless experience on all devices — including desktop, tablet and smartphone
- Clean, uncluttered design that works with touchscreens
- Fewer clicks to get where you want to go
- Eye-catching “How Do I?” links to help you breeze through the site
- Easier-to-use myEmblemHealth — your personalized, secure site
- A completely new and comprehensive health reform section, for the latest developments in federal laws that affect your health care coverage

myEmblemHealth — Your Benefits at Your Fingertips

You can easily access important information about your benefits in one secure place with myEmblemHealth. It takes just minutes to register on **emblemhealth.com**, after which you can:

- Review descriptions of your health benefits and look up covered drugs.
- Find out the status of a claim or a precertification request, the amount paid toward your deductible and much more.
- Go paperless and sign up to receive certain types of communications electronically, including alerts when a claim is settled.
- Order ID cards, download forms and update personal information, such as your e-mail address.

With myEmblemHealth you'll enjoy access to a number of valuable health management tools, such as:

- **Health Assessment (HA)** — The Health Assessment includes about 40 questions, based on individual risks and status, and takes 10 to 15 minutes to complete. The assessment establishes a baseline of consumer risks and provides a Health Score for you by collecting only essential data. After completing the HA, you will receive a recommended HealthMap to improve unhealthy behavior, impacting your quality of life and health status.
- **Personal Health Record (PHR)** — It keeps your medical claims history in one secure place.
- **Health Encyclopedia** — You can research a range of health topics, use the wellness calculator to help estimate healthy body weight and target heart rate, and more.

STAY HEALTHY. GET WELL. LIVE BETTER.

We believe total care is key to good health. Take advantage of the many programs and discounts to wellness services that can help you stay healthy or improve your overall health status.

Health & Wellness Programs

Designed to supplement your doctor's care, the services listed below can help you (or any enrolled family member) get well, feel better and improve overall quality of life. As a plan member you can get:

- Help staying on a diabetes treatment plan
- Help to stop smoking
- Coronary artery disease (CAD) and other heart condition support
- Chronic obstructive pulmonary disorder (COPD) support
- Cancer screenings
- Free checkups and shots for children and adults
- Pregnancy management and support for depression after giving birth

For more details, please visit www.emblemhealth.com/stayhealthy.

Support for Self Care

Our Integrative Wellness department serves members and their communities with programs that promote overall wellness, such as visiting plan members in the hospital and offering support to family caregivers. You'll find complete details about the plan's self-care support services at www.emblemhealth.com/integrativewellness.

Discounts on Products to Help Improve Your Health

Your HIP Prime HMO plan includes Healthy Discounts, which can help you save money on:

- **Weight Loss Services** — Save on Jenny Craig and Nutrisystem.
- **Health Club Memberships** — Join selected clubs for the lowest publicly available rate.
- **Registered Dietitians** — Save 25 percent on nutrition counseling.
- **Hearing Care** — Save 20 percent on hearing aids at HearUSA centers, and get other discounts through TruHearing.
- **Vitamins and Natural Supplements** — Order online and save up to 45 percent.
- **Vision Affinity Discount Program** — Receive discounts of up to 20 percent at participating Davis Vision Centers.
- **Laser Vision Care** — Save up to 25 percent on laser vision correction.
- **Health Care Services and Products** — Get as much as half off the cost of over-the-counter drugs, dental care, home nursing care and more.

Please note: Services included in the 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 information about these services, please visit www.emblemhealth.com/goodhealth.

CONNECT WITH THE CARE YOU NEED

Freedom of Choice

The best way to make use of your plan and to save on your out-of-pocket costs is to see a provider within the network. You can get covered services from any provider within your plan's network, whether they are in private practice or in physician group practices.



Need to See a Doctor?

You can see a full listing of the doctors in your plan at emblemhealth.com. Just follow these simple steps:

Step 1: Go to *Find a Doctor* at emblemhealth.com.

Step 2: You can click “Sign In” if you are a member and you have your ID card handy. If not, you can continue as a visitor. Just enter your ZIP code and click “Go” to start your search.

Step 3: On the next screen, click “HIP Prime HMO” or “HIP Prime POS” to select that network.

Step 4: Enter your search preferences and click “Search.” You have the option to search by name, specialty or hospital location. You can also review your doctor's qualifications and compare hospitals for quality.

Did You Know?

Once you sign in to emblemhealth.com, there are more handy tools at your reach.

You can get directions to your doctor's office with a GPS search. Just click on the doctor's name. Then, from “Map and Directions,” enter the address of your starting point.

If you ever need a temporary digital version of your ID card, just click on “Print or Request ID Card.” You can view it, download it, print it out or e-mail it directly to your doctor's office.

Note that these tools — along with all of our online resources — are available via smartphone!

WE'RE IN THE NEIGHBORHOOD

EmblemHealth Neighborhood Care

Come with Questions. Stay for Solutions. Leave with a Smile.

At EmblemHealth Neighborhood Care, you get face-to-face support and personal attention from solution specialists, right in the heart of your neighborhood.

These services are part of your EmblemHealth benefits and are offered at no additional cost to you.

Our nurses, pharmacists and care navigators will help you to:

- Find a doctor who meets your needs
- Arrange needed health care services
- Make the most of your benefits
- Solve claims issues
- Understand what your doctor wants you to do
- Live better with long-term illness
- Connect with community resources
- Join health and wellness programs

Open to Everybody: While the services listed above are for EmblemHealth members, we welcome everyone in the community to take classes, use our health and wellness library, discover possible health risks and learn a healthy weight range for their height.

Locations are open Monday through Saturday from 10 am to 7 pm.

Cambria Heights
206-20 Linden Blvd
Cambria Heights, NY 11411
1-866-539-0999

Chinatown (Opening December 2013)
87 Bowery
New York, NY 10002
1-855-283-2151

Harlem
215 West 125th Street
New York, NY 10027
1-866-469-0999

Find out more at ehnc.com.

AdvantageCare Physicians

It's having all your medical services in one place.

AdvantageCare Physicians is a new unified physician practice that was created by bringing together four affiliated, multispecialty medical groups with whom we've had a long-standing relationship:

- Manhattan's Physician Group
- Staten Island Physician Practice
- Preferred Health Partners
- Queens-Long Island Medical Group

You get a full range of preventive and specialty health services from your care team, which is comprised of highly skilled physicians, nurses and other clinical staff. Together, they deliver quality coordinated care designed to produce better health outcomes.

With offices in Brooklyn, Manhattan, Queens, Staten Island and Long Island, chances are there's an AdvantageCare Physicians office right in your neighborhood.

To find an office near you, visit www.AdvantageCarePhysicians.com.





Make a HIP FEHB Plan Your Choice Today

If you have any questions or need help choosing a HIP FEHB plan, call us at **1-888-866-7461**, Monday through Friday, 8:30 am to 5 pm. If you have a hearing or speech impairment and use a TDD, please call **1-877-444-2786**, Monday through Friday, from 8:30 am to 5 pm.

If you already have the HIP FEHB plan that's right for your needs, you don't need to do anything. Your coverage will continue automatically.

If you'd like to join a HIP FEHB plan in which you're not currently enrolled, simply fill out the enrollment form available from your agency's Human Resources office. Make sure to include the HIP FEHB plan enrollment codes as shown on the previous page of this brochure.

This brochure is intended to provide general information about the HIP health insurance program for FEHB members. This brochure is superseded by Federal Brochure RI 73-001. All benefits are subject to the definitions, limitations and exclusions set forth in that Federal brochure.

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.

EmblemHealth insurance plans are underwritten by Group Health Incorporated (GHI), HIP Health Plan of New York (HIP) and HIP Insurance Company of New York.