Open Enrollment is Here!

Check Your Mail for Next Steps on How to Renew Your Plan

For information about how to renew your plan, you will receive an official renewal letter from both the New York State of Health Marketplace and EmblemHealth. Both letters will also tell you which plan you and any dependents will be enrolled in, the premium amount, any benefit changes, and the tax credit amount, if applicable.

The letters will explain that you have two options:

- You don’t need to do anything. Your plan will automatically renew. Still, this is a good time to check that your contact information is up to date on your Marketplace profile at nystateofhealth.ny.gov.
- You need to take action. You may be eligible for a different plan (maybe even at a lower cost) or for a different tax credit amount. You will need to update your Marketplace profile by visiting nystateofhealth.ny.gov. You can also review our plans at emblemhealth.com/individual.

Open Enrollment, or the time period when you can make changes to your insurance plan, is November 1, 2018 to January 31, 2019. For January 1, 2019 coverage, you need to enroll by December 15, 2018.
Reminder — Get Your Flu Shot

Get your flu shot so you can stay healthy this season. Make sure to get a flu shot before you get sick. Everyone over the age of six months should get a flu shot. The Centers for Disease Control and Prevention (CDC) especially recommends flu shots for:

- Children over the age of 6 months.
- Adults over the age of 65.
- Pregnant women.
- Children and adults with a chronic health problem like asthma, diabetes, or heart disease.

The kind of flu virus can change each year. It’s important to get a flu shot each year to help protect yourself and your family. Call your doctor today to schedule your flu shot.

If you have a chronic health problem, weakened immune system, or are over 65, ask your doctor if you should get vaccinated for pneumonia, too.

If you have both medical and pharmacy benefits with EmblemHealth, you can get the flu shot at a nearby drug store. Call ahead to make sure your drug store is giving flu shots and to make an appointment. Members under 19 years old must see a doctor to get the shot.

Questions?
Call the EmblemHealth Flu Information Hotline at 877-859-9001 or go to emblemhealth.com/flu.

New Year, New Plan!

EmblemHealth will be offering a new Gold Value plan. Similar to our Silver Value plan, this non-standard plan comes with upfront services, pediatric and adult dental and vision, and free acupuncture — all at a lower monthly cost than the standard “metal” plan.

With both our Gold Value and Silver Value plans, you can receive certain services before ever meeting your deductible (the amount you pay before your plan starts to pay). This means that you only have a small copayment (the amount you pay for health services) before ever meeting your full deductible. Once you meet your deductible, all services are covered in full. Here are more benefit details:

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>GOLD VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$3,000</td>
</tr>
<tr>
<td>MOOP (Maximum Out-of-Pocket)</td>
<td>$3,000</td>
</tr>
<tr>
<td>PCP (Primary Care Physician)</td>
<td>3 visits covered in full, thereafter $45 before deductible</td>
</tr>
<tr>
<td>Specialist</td>
<td>$65 before deductible</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$75 before deductible</td>
</tr>
<tr>
<td>Generic Drugs</td>
<td>$25 before deductible</td>
</tr>
<tr>
<td>Adult Dental/Vision</td>
<td>Yes</td>
</tr>
<tr>
<td>Telemedicine</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>Covered in full</td>
</tr>
</tbody>
</table>

*Silver value: 155-23-NSIONHIXS Schedule (04/18), Gold Value: 155-23-NSIONHIXG Schedule (04/18)
As Your Child Grows

When your child becomes a teen, it’s time to find the right doctor to help with the transition to adulthood. We’re here to help. Simply go to emblemhealth.com/findadoctor to see a list of doctors in our network who can meet your growing child’s needs. If you have questions, call Customer Service at the number on the back of your child’s member ID card. A representative will be happy to help.

What if You Reach Your Benefits Limit?

Your plan may have limits for certain benefits. If you reach your benefits limit while you still need care, we’ll let you know about how to access other options and resources available to continue your care. Sign in to your account at emblemhealth.com/members to review your benefits.

Have You Tried Acupuncture?

We take a holistic approach to health and offer an acupuncture benefit. Acupuncture can help the body heal naturally. It can be added to treatment you are already following. Or, it can be used in place of treatment for pain related to many types of conditions.

Acupuncture is inserting needles, applying heat, or electrical stimulation to specific parts of the body to help the healing process. To learn more and find out whether acupuncture is covered under your plan, call the number on the back of your member ID card.

RadNet/Lenox Hill Radiology

On October 1, 2018, RadNet/Lenox Hill Radiology (LHR) began providing radiology services at 24 of our 36 AdvantageCare Physicians (ACPNY) medical office locations. This means you can now get mammograms, x-rays, CT scans, MRIs, ultrasounds, and bone density testing right at your local ACPNY office. You can go to LHRinACPNY.com to schedule online or call 855-547-4227.
Notes for New Moms

Bringing home your baby is a time of great joy. During this happy time, there can also be emotional and physical challenges. Make sure to see your doctor 21-56 days after you give birth to ensure that you’re healing properly.

Some women experience “baby blues.” This is caused by changes in the body and hormones. It’s normal to have a mild case of “baby blues” that decrease over time — even up to six weeks after birth. Get help if the symptoms last for longer than that.

For help with the “baby blues,” call the Postpartum Resource Center of New York at 855-631-0001 or call the number on the back of your member ID card. A representative will be happy to help.

call will take place after you deliver your baby. If your pregnancy is high risk, a maternity nurse care manager will work with you one-on-one throughout your pregnancy. The nurse will call you and will coordinate with your doctor or midwife to make sure your special needs are met.

You can call our toll-free Nurse Line at 877-444-7988, 24 hours a day, seven days a week throughout your pregnancy and after your baby is born. A nurse can answer your questions about pregnancy, child care, family planning, and more.

For more information about the Healthy Beginnings PATH program, please call 888-447-0337.

Join Our Healthy Beginnings PATH Program

For a healthy pregnancy and newborn, it’s important to have all the necessary visits with your OB/GYN (doctor) or midwife. This applies to your prenatal (before birth) and postpartum (after birth) care.

The program offers two phone calls during your pregnancy to check in on you and talk about any difficulties you may be facing. Then, a third phone call will take place after you deliver your baby.

What is Utilization Management?

We want to make sure you're getting the right care at the right time in the right place. We make decisions about health care services by using the latest medical research and information. This is called utilization management (UM).

- UM decision making is based only on the appropriateness of care and services, and on your existing coverage.
- We never reward doctors or other people who do UM reviews for denying coverage for care.
- Financial incentives for UM decision makers do not encourage decisions that result in underutilization.

Please review your member contract to learn more, or call us at the number on the back of your member ID card if you have questions. For TTY, call 711.

Looking for a Doctor?

Provider Directories are Available

Need to find a network pharmacy or medical provider near you? Our online directories are updated daily. Go to emblemhealth.com/findadoctor and follow the links to search our most up-to-date listings for doctors, dentists, drug stores, and other health care professionals. Or call Customer Service at the number on the back of your member ID card. A representative will be happy to help.

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Your Rights to External Appeal

Understand your rights. If you disagree with any coverage decisions we make about your care, you can take steps to appeal our decision.

You have the right to an external appeal for review of a decision when health care services are denied because they are considered not medically necessary, experimental/investigational, a clinical trial, a rare disease treatment or, in certain cases, as out-of-network. Providers also have their own rights to an external appeal when health care services that you are currently getting or already received are denied for these reasons.

External appeal requests must be submitted to the New York State Department of Financial Services (DFS). DFS will assign an independent medical expert to review the appeal. This medical expert may overturn your plan’s decision in whole or in part. Or, they may uphold your plan’s denial of coverage. Their decision is binding on both you and your plan.

To appeal to DFS, you must first request your plan’s internal or first-level appeal. You have 180 days to request an internal or first-level appeal from your plan after receiving your Adverse Determination (denial).

If your plan upholds the original denial, you will receive a letter known as a “Final Adverse Determination.” You have four months after you receive your final adverse decision on your appeal to ask for an external appeal.

If you and your plan agree to skip the plan’s appeal process, you must ask for the external appeal within four months after the agreement with your plan is made. When we issue a final adverse decision of denial, you will receive instructions on how to file an external appeal along with an external appeal application.

If you have questions or if you need help with an external appeal application, call DFS at 800-400-8882 or visit dfs.ny.gov.

Drug Coverage

Certain drugs may not be covered under your plan policy or may cost more out-of-pocket.

To see what drugs are covered:
- Sign in to or register for your secure member account at emblemhealth.com.
- Go to emblemhealth.com/formulary.
- Review your member contract.

For more questions, call us at 888-447-7703, Monday to Friday, from 8 am to 6 pm.

Learn About Home Delivery or Sign Up

Visit our Pharmacy Services page at emblemhealth.com to learn how to register for home delivery and to review drugs covered under your plan.

Your Member Rights and Responsibilities:

Understanding your rights and responsibilities helps you make the most of your membership. These outline what you can expect of us and what we expect from you. This also helps us give you the best health care possible. Visit emblemhealth.com/members/resources to read your Member Rights and Responsibilities.
Not Sure Where to Go?

START HERE
Is this an emergency?

NO

Can you see someone at your doctor’s office?

NO

Can you wait until the next available appointment with your doctor?

NO

YES

Doctor’s Office
Go to your doctor for preventive care, to stay on top of your chronic conditions, or for an appointment if you feel sick.

It’s generally the most cost-effective option.

YES

Urgent Care
You can usually walk in to Urgent Care during hours your doctor isn’t available. Go here if you need immediate care and your situation is not life-threatening.

Generally, the cost to you may be higher than a doctor’s office visit.

YES

Emergency Room
The ER is open 24/7. Go to the ER immediately or call 911 if you are in a life-threatening situation.

It may cost you more than Urgent Care or a doctor’s office visit to go to the ER. Check your plan benefits so you are informed.

NO

$ $ $
Not sure where to go?

Need to find a doctor? Emblemhealth.com/FindADoctor

Having a doctor is important. Your doctor knows your medical history and can help treat illnesses or conditions before they become serious. Your doctor can also coordinate care with other doctors.

At your doctor’s office, you can also see a nurse practitioner or physician assistant. You may be able to see one right away if your doctor isn’t available.

Why Urgent Care?

Urgent Care centers’ average wait time is 30 minutes or less, according to the Urgent Care Association of America.

Urgent Care centers can treat common conditions like:
- Strains and sprains
- Rashes and minor burns
- Cold and flu symptoms

Go to the ER if you have symptoms like:
- Severe chest pain
- Difficulty breathing
- Convulsions or seizures
- Unconsciousness
- Heavy bleeding that won’t stop or large open wounds
- Coughing up or vomiting blood
- Severe pain that won’t stop
- Signs of stroke like sudden weakness, blurred vision, or slurred speech
- Moderate to severe burns
- Serious head, neck, or back injuries
- Major broken bones

For more information specific to your plan, log in at emblemhealth.com/Members.

EmblemHealth follows the prudent layperson definition of Emergency Care, which can be found on our website.
Paying Your Monthly Bill

Each month, you will need to pay EmblemHealth a premium (monthly plan cost). You have four payment options:

1. **Auto bill-pay (online).** Sign up for this EmblemHealth service, which automatically withdraws your premium from your bank account.
2. **Online.** Pay through your secure online member account.
3. **By phone.** Call 888-447-7703 and choose the option to pay by phone — through your checking or savings account, or with your Visa or MasterCard.
4. **By mail.** Send in a check with the bill you get in the mail. Visit emblemhealth.com/paymybill for details.

**Go Paperless!**

Going paperless is a great way to reduce clutter, stay organized, and store your information in one safe place. By choosing this option, you’ll receive EmblemHealth communications in your secure online message center at emblemhealth.com, instead of by mail. Just go to emblemhealth.com and sign in to or register for your secure online account. Once you get to your account home page, select “Go Paperless” under “Tools That Help You.”

You can request a paper copy of this newsletter or any of these articles by calling the Customer Service number on the back of your member ID card.

**Let Your Voice Be Heard**

Join our online panel, EmblemHealth Member Insights Community. We’ll use ideas we gather to create new tools and improve your EmblemHealth experience. Visit emblemhealth.com/community.

**HOW TO CONTACT US**

**EmblemHealth:** 888-447-7703  
Mon-Fri, 8 am-6 pm (excluding major holidays)

**myEmblemHealth app:** Download from iTunes or Google Play

**NY State of Health Marketplace:**  
855-355-5777  
Mon-Fri, 8 am-8 pm, and Sat, 9 am-1 pm  
(Call for questions about your tax credits and subsidies.)

**Lab Services — Quest Diagnostics:**
- 888-277-8772 (appointments)
- 866-697-8378 (customer service)

**Emblem Behavioral Health Services:**  
888-447-2526

**Healthy Beginnings PATH:** 888-447-0337  
(one-on-one support before and after pregnancy)

**Web Resources:**
- emblemhealth.com
- acpny.com (AdvantageCare Physicians)
- ehnc.com (EmblemHealth Neighborhood Care)
- emblemhealth.com/familycaregiver (EmblemHealth’s Care for the Family Caregiver program)
- nystateofhealth.ny.gov (NY State of Health Marketplace)
- questdiagnostics.com/patient (lab services)