



EmblemHealth®

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HEALTH MATTERS

Spring 2018

Care to Keep You Healthy

We give doctors in our network the tools and resources to deliver the best care. Our network is a group of health care professionals and facilities that contract with EmblemHealth. They provide your covered products and services. We give our doctors the tools and resources to deliver the best care.

We help you:

- Learn about your health through materials with evidence-based health information you can trust.
- Recover quickly or live well with chronic illness through care management programs. These programs help you take care of conditions like cancer, depression, diabetes, high-risk pregnancy, HIV/AIDS, hypertension and organ transplants.

Please visit emblemhealth.com for more information regarding our Quality Improvement Program and its successes.

4 Ways to Make the Most of Your Plan in 2018!

1. STAY IN NETWORK

Choose doctors from your plan's network. A network is a group of health care professionals and facilities that contract with EmblemHealth. If you get nonemergency care outside the network, you may have to pay the full bill.

To find doctors in your network, visit emblemhealth.com/findadoctor and choose your plan name. You can find your plan name on your ID card.

Your health plan	Your network
Individual Silver Value and Bronze Value	Select Care Network
Individual Platinum, Gold, Silver, Bronze, and Basic	Prime Network
Essential Plan	Enhanced Care Prime Network
All Small Group plans that have renewed in 2018	Prime Network

Lab Services — Quest Diagnostics, Inc. is our preferred laboratory. Use Quest Diagnostics to make sure your care is covered.

Pharmacy — Learn more about your pharmacy benefits, including the pharmacy network, at emblemhealth.com/pharmacy. Important pharmacy information can also be found in your contract.

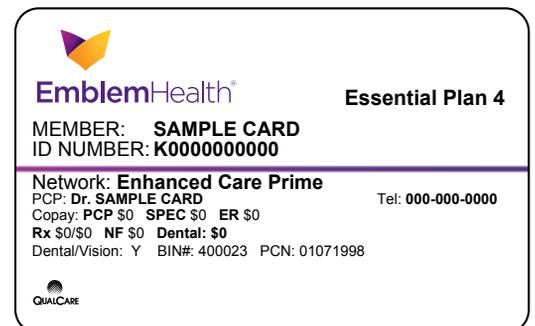
2. KNOW YOUR BENEFITS

Your plan covers the following types of benefits and services:

- **Preventive care.** These are services that prevent illnesses or find conditions before they become serious. There is no extra cost for services such as your annual checkup, immunizations (shots), flu shot, and certain screenings.
- **10 essential benefits.** This includes categories of essential health benefits like lab services, maternity care, and prescription services, including home-delivery of your prescription medications. You may have certain out-of-pocket costs for these services.
- **Gym reimbursement (emblemhealth.com/gym).** Over the calendar year, get gym discounts of up to \$400 for you and \$200 for your spouse OR the entire cost of each membership — whichever is lower.
- **Free health and wellness programs (emblemhealth.com/healthandwellness).** Get help on how to eat better, quit smoking, manage a condition or have a healthy pregnancy.

3. KEEP YOUR MEMBER ID CARD ON YOU

Bring your member ID card to all your doctor's appointments. The doctor's staff may ask to see your ID card before providing services. Keep it with you at all times in case of emergency. Get our app, *myEmblemHealth*, to download a temporary ID card right to your smartphone.



Health Matters is published by EmblemHealth to inform members of current health issues and improve the use of services. This publication should not replace the care and advice of your doctor. Always talk to your doctor about your personal health needs. HIP Health Plan of New York (HIP), HIP Insurance Company of New York (HIPIC) and Group Health Incorporated (GHI) are EmblemHealth companies.

4. CHOOSE AUTOMATIC PAYMENTS

To continue your coverage throughout the year, you must pay your monthly premium. Your premium is the amount you pay for your insurance every month. An easy way to do this is by enrolling in EmblemHealth's auto-pay program. The auto-pay program takes the work out of paying your premium. It automatically withdraws the money from your bank account each month. For automatic payment, sign in or register for your secure online account at emblemhealth.com/paymybill.

If you are a renewed member, you need to sign up again with your new member ID. Once you have paid your first premium:

1. Sign in to or register for your secure online myEmblemHealth account at emblemhealth.com.
2. Under "Tools That Help You," click "Pay Your Bill."
3. Under "Pay Your Bill," click "Set Up Auto Bill-Pay."
(Note: Please do not click "One-Time-Payment" to join auto bill-pay. "One-Time-Payment" is what you click to make a single payment.)
4. Follow the instructions to set up payments.

After signing up, it can take several business days for automatic payments to start. Make sure you sign up by the 20th of the month if you want to automatically pay bills due on the 1st of the following month. You can also pay manually from our app or through your online account when you get your bill every month.

Note: Signing up for auto bill-pay is different than paying your bill online. Make sure you've taken the right steps. Call us for help at 887-842-3625 (TTY: 711). Our hours are Monday to Friday, 8 am to 6 pm.

Help Is Right Around the Corner



Sometimes you want in-person help understanding your coverage. Our Neighborhood Care community has trained and friendly Customer Care Navigators to help you in person with your questions.

You can get help with benefits, customer service support, and even take a fitness or wellness class. All services at EmblemHealth Neighborhood Care are offered at no cost to you.

To learn more, please visit emblemhealth.com/community.

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 (excluding major holidays).

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.

Screening for the Future

Cancer screenings can sometimes help find cancer early. That's when cancer may be easier to treat. It's important to screen for these four cancers:

- **Colorectal (colon) cancer.** Get screened starting at age 50 (or earlier if you're at high risk). Tests include:
 - Colonoscopy every 10 years
 - Flexible sigmoidoscopy every 5 years
 - Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) every year
- **Breast cancer.** Women aged 50 to 74 years should have a mammogram to test for breast cancer every 2 years. Women younger than age 50 should talk to a doctor about when to start and how often to have a mammogram.
- **Cervical cancer.** If you are a woman aged 21 to 29 you should have a Pap test every 3 years. Women between the ages of 30 and 64 should have a Pap test and human papillomavirus (HPV) test together every 5 years or a Pap test alone every 3 years. Talk to your doctor to see if you should stop having a Pap test (65 or older) or if you need a Pap test more often.
- **Skin cancer.** Everyone is at risk for skin cancer, so have a routine skin exam once a year.

Ask your doctor about cancer screenings. When to start and how often to have each test depends on your health and family history.



Stay Ahead of Diabetes

The warning signs of diabetes are hard to notice. They can include getting really tired or thirsty, going to the bathroom a lot, or having wounds that heal slowly. The sooner you notice them, the sooner you can take steps to prevent diabetes and get help.

If you have diabetes, here are some services you should schedule:

- At least one doctor visit a year to check diabetes
- Hemoglobin A1c (HbA1c) and cholesterol (LDL-C) blood test every 3 to 6 months
- Urine test to check kidney function every year
- Blood pressure check at every visit to keep below 140/90 mm Hg
- Retinal or dilated eye exam every year by an optometrist or ophthalmologist (eye doctors)

Follow your doctor's advice to prevent permanent damage to your body. Get a flu shot once a year and go to the dentist at least twice a year.



Care Management Positive Actions Towards Health (PATH) Programs

Our Care Management PATH programs can help you recover quickly or live well with chronic illness. These free and voluntary programs help you take care of your conditions such as cancer, depression, diabetes, COPD (chronic obstructive pulmonary disease), CAD (coronary artery disease), heart failure, HIV/AIDS, end-stage renal (kidney) disease and mental illness. The goal is to improve your health and help coordinate care and support.

A team of registered nurses, social workers and pharmacists work with you and your doctors to:

- Develop a care plan.
- Monitor progress.
- Find resources in the community (for example: meals on wheels, senior centers, transportation services, etc.).
- Help with doctor’s appointments (get referrals, choose a specialist, etc.).
- Provide education.
- Help with behavioral health.

To join or learn more, call us at **888-881-3112**. Our hours are Monday through Friday, from 9 am to 5 pm. If your member ID card has a Montefiore logo, please call **866-996-6683**. Ask about getting help in your language. If you use a TTY/TDD, call **711**.



Quitting isn't for Losers

Join our Tobacco-Free PATH program at no extra cost.

Call **866-NY-QUITS (866-697-8487)**. If you use a TTY/TDD, call **711**.

Monday to Friday, 8 am to 9 pm,
Saturday, 9 am to 7 pm, and
Sunday, 9 am to 5 pm.

Provider Directory Availability

A network is the group of doctors, hospitals and other health care providers we contract with to provide your health care services. You need to see doctors in your plan’s provider network to be sure your care is covered. Emergency care services are covered both in and out of network.

If you have this plan...	Use this provider network...
Select Care Platinum, Gold, Silver, Bronze or Basic	Select Care network
Essential Plan	Enhanced Care Prime network

To find network doctors:

1. Go to **emblemhealth.com/findadoctor**.
2. Enter either your member ID (which you can find on your member ID card) or the user name and password you use to sign in to your secure online myEmblemHealth account.

To request a printed provider directory, please call EmblemHealth Customer Service. However, for the most up-to-date information, please refer to our online provider directory at **emblemhealth.com/findadoctor**.

Get The Right Care When You Need It

When you or your family members feel sick, you want to get help right away. Your doctor is usually the first person you want to talk to.

When your doctor isn't available, there are other options. You can:

- See a nurse practitioner or a physician assistant. You may be able to see one right away at your doctor's office.
- Call our Nurse Hotline at **877-444-7988** to speak to a registered nurse 24/7. This can save you from an unnecessary trip to the doctor or emergency room (ER).
- Visit an urgent care center in our network if you need care now, but the situation is not life-threatening.
- Call **911** or go to the emergency room right away if you or someone else is in a life-threatening situation such as a stroke, heart attack, or serious injury.



When a situation is not life-threatening, you can save time and money by seeing your doctor or going to urgent care.

It's not always easy to make a serious decision about your health, and the safest option is always the emergency room. Here is a list of conditions that can help guide you in your choice between the ER and Urgent Care.



Emergency Room

- compound fracture
- deep wound or gun shot
- seizure
- loss of consciousness
- heavy bleeding
- fever in a newborn
- moderate to severe burn
- poisoning
- serious head, back, or neck injury
- severe abdominal or chest pain
- difficulty breathing
- stroke or heart attack symptoms
- thoughts of suicide



Urgent Care Center

- accidents and falls
- minor cuts that might need stitches
- diagnostic services
- mild to moderate asthma
- eye irritation
- flu or fever
- minor fractures in fingers or toes
- severe sore throat or cough
- skin rashes or infections
- sprains and strains
- urinary tract infection
- vomiting or diarrhea
- dehydration

Need to find a doctor? We can help. Visit emblemhealth.com/findadoctor.

Your Rights to External Appeal

You have the right to an external appeal when health care services are denied as not medically necessary, experimental/investigational, a clinical trial, and a rare disease treatment or, in certain cases, as out-of-network.

Providers also have their own rights to an external appeal when these health care services are denied concurrently (while services are provided) or retrospectively (after services are provided.) .

External appeal requests must be submitted to the New York State Department of Financial Services (DFS). DFS will assign independent medical experts to review the appeal.

These medical experts 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 first request your plan's internal appeal. You have **180 days** to request an internal appeal from your plan after receiving your Adverse Determination (denial). If we uphold the original denial, you will receive a letter known as a **Final Adverse Determination**.

You have **four months** after you receive our final adverse decision on your appeal to ask for an external appeal. If you and your plan agree to skip our appeal process, you must ask for the external appeal within four months after the agreement with your plan is made.

Keep in mind that to file an external appeal, the health care services had to have been denied as not medically necessary, experimental/investigational, a clinical trial, a rare disease treatment or, in certain cases, as out-of-network. When we issue a final adverse determination 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 their website, **dfs.ny.gov**.

Note: This process does not apply to federal employees or Administrative Services Only (ASO) members.

Health Care Is a Team Effort

Ensuring the best, most well-rounded care is easier when patients, doctors and insurers work together.

It's also important to update your medical and behavioral health doctors on both your physical and mental health. To support this effort:

- Make a list of medicines and supplements you take or have taken in the past.
- Ask for and sign a "release of information" form each time you see a new medical or behavioral health doctor. This lets them share your care plan with your other doctors.
- Ask your doctors to share relevant medical information with each other.

To help coordinate your care, we remind our network doctors to consult each other — and to share related medical information at your request. If you're OK with it, we can send your care plan to your doctors for you. For help or questions, call **888-447-7703**.



Presort
Standard Mail
U.S. Postage
PAID
EmblemHealth



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.”

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: 877-736-2229
(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)

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