EmblemHealth,

Telemedicine through Amwell seems like a cool benefit, but I’m not really sure when or how to use it. How do I know if I should see a doctor in person? It seems easier to talk on the phone, but I don’t know if that is the only way I should visit doctors.

Best, Helen

Dear Helen,

Your free telemedicine through Amwell benefit lets you reach a doctor 24 hours a day, 7 days a week on a computer, phone or mobile device! You can see a doctor without having to wait or leave a call back number. Telemedicine doesn’t replace your annual check-up and shouldn’t be used for urgent care. But, it can be useful for a lot of other reasons. For example, if you are sick at home and don’t feel well enough to leave the house, you can talk to a doctor and get prescriptions instantly and from the comfort of your own bed. You can also use this benefit to talk with a registered dietitian. All your medical information will remain protected.

There are 3 ways to sign up:
1. Download the iOS or Android App by searching “Amwell”
2. Go to amwell.com
3. Call 1-855-818-DOCS (3627). You can also call this number for general questions.

You will need your member ID number for these steps, and then you are ready to go!

Sincerely, EmblemHealth
4 Ways to Make the Most of Your Plan in 2017!

Stay in Network
Choose doctors from your plan’s network. A network is a group of health care professionals or 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, go to emblemhealth.com/findadoctor and choose your plan name. You can find your plan name on your ID card.

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<tr>
<th>Your Health Plan</th>
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<tr>
<td>Select Care Plan (Platinum, Gold, Silver, Bronze or Basic)</td>
<td>Select Care Network</td>
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<tr>
<td>Essential Plan Enhanced</td>
<td>Care Prime Network</td>
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Lab Services
Use Quest Diagnostics to make sure your care is covered. It’s a good idea to remind the technician who performs the lab services to use Quest.

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.

Know Your Benefits
Your plan covers the following types of benefits and services:

- **Preventive care.** No extra cost for services such as your annual checkup, immunizations (shots), flu shot and certain screenings.
- **10 essential benefits.** This includes 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).** 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 to eat better, quit smoking, manage a condition or have a healthy pregnancy.

Keep Your ID Card on You
Bring your ID card to all your doctor’s appointments. The doctor’s staff may ask to see your ID card before providing services. Use our app, myEmblemHealth, to download a temporary ID card right to your smartphone.

Choose Automatic Payments
Our auto bill-pay program automatically takes out your premium (the amount you pay for your insurance every month) from your bank account each month. For automatic payment, sign in or register for your secure online account at emblemhealth.com/paymybill. 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 a different process than paying your bill online. Make sure you’ve taken the right steps. Call us for help at 1-887-842-3625 (TTY/TDD: 711) Monday to Friday, 8 am to 6 pm.

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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.
Stay Ahead of Diabetes

The warnings 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 find out, 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 irreversible damage to your body. Get a flu shot once a year and go to the dentist at least twice a year.

Get Appointments in Good Time

EmblemHealth requires our network health care professionals to schedule your appointment within a certain time period. You shouldn’t have to wait for help. Our network doctors have to make appointments within these given time frames:

- Urgent care — within 24 hours of calling your doctor
- Nonurgent sick visits — within 48 to 72 hours of calling your doctor
- Routine mental health care or drug abuse concerns — within 10 business days of your request
- Routine care and specialty care — within 4 weeks of calling your doctor

An Apple a Day!

In need of a doctor...

EmblemHealth’s partner, AdvantageCare Physicians has 36 offices in Brooklyn, Long Island, Manhattan, Queens, and Staten Island with extended hours to fit your busy schedule. To find a doctor and schedule an appointment, visit acpny.com.
Care Management

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

**Take Positive Actions Towards Health (PATH)**

Our Disease Management PATH programs help manage COPD (chronic obstructive pulmonary disease), CAD (coronary artery disease), diabetes and heart failure.

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 **1-888-881-3112**, Monday through Friday, from 9 am to 5 pm. If your member ID card has a Montefiore logo, please call **1-866-996-6683**. Ask about getting help in your language. If you use a TTY/TDD, call **711**.

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**Quitting isn’t for Losers**

Join our Tobacco-Free PATH program at no extra cost. Call **1-866-NY-QUITS** (1-866-697-8487). If you use a TTY/TDD, call 711.

**HOURS:**
- Monday to Friday
- 8 am to 9 pm
- Saturday, 9 am to 7 pm
- Sunday, 9 am to 5 pm
Get Early Treatment

Everyone deserves to be their best self. Take these steps if you or your teen is diagnosed with a drug or alcohol problem:

- Begin treatment within 14 days of a diagnosis. Start early to help avoid future issues.
- Stick with the treatment. It increases the chance of a successful recovery.

Your plan covers substance use services. Check your member contract for details.

Be a Screen Queen (or King)

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 40 years and older should have a mammogram to test for breast cancer every 1 to 2 years.

- **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 every 5 years.

- **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.

Leaving the Hospital — Your Next Steps

As you leave the hospital, your nurse or social worker will explain the steps you need to take when you get home. These steps are called Discharge Instructions.

The instructions will include:

- List of all medications the doctor prescribed.
- Follow-up care and scheduled doctor appointments with your primary care physician (PCP) or specialists.
- Changes needed in your daily activities, like following a low-salt diet.

Be sure you understand all Discharge Instructions. Ask questions if you are not sure what they mean.

Make all doctor appointments as soon as you get home. See your doctors within a week of leaving the hospital to lower your chances of going back to the hospital.

Talk with your doctor about what types of services will be most helpful.

Need help making follow-up appointments?

Call us at 1-888-447-7703, Monday to Friday, from 8 am to 6 pm.
Newborns’ and Mothers’ Health Protection Act of 1996

Federal law ensures you and your newborn are covered for a hospital stay after childbirth. This applies to hospital stays of at least 48 hours after a vaginal birth and at least 96 hours after a Cesarean delivery.

If your doctor or midwife decides, after consulting with you, to let you or your newborn go home earlier, state law gives you a right to have one home care visit within 24 hours of leaving the hospital.

Coverage for Breast Reconstruction Surgery

At EmblemHealth, members who have had a mastectomy, lymph node dissection, or lumpectomy (surgeries of the breast) deserve help with recovery.

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

• All stages of reconstruction of the breast on which the mastectomy was performed;
• Surgery and reconstruction of the other breast to produce a symmetrical appearance;
• Prostheses; and
• Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under your plan. If you would like more information on WHCRA benefits, call EmblemHealth at 1-888-447-7703, Monday to Friday, from 8 am to 6 pm.
External Appeal Rights

1. You have the right to an external (outside) appeal when we deny health care services because they are considered either not medically necessary, experimental/investigational, a clinical trial, a rare disease treatment or, in certain cases, out-of-network. Health care professionals also have their own rights to an external appeal when services 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 independent medical experts to review the appeal. These medical experts may disagree with (overturn) your plan’s decision in whole or in part. Or, they may agree with (uphold) your plan’s denial of coverage. Their decision is generally final (binding) for both you and your plan.

2. To appeal to DFS, you first have to file an internal appeal with your plan. You have 180 days to request an internal appeal from your plan after getting your Adverse Determination (denial). If your plan decides the original denial is correct (upholds), you will get a letter known as a Final Adverse Determination.

3. You have four months after you get our Final Adverse Determination to ask for an external (outside) appeal. If you and your plan agree to skip an internal (your plan’s) appeal process, you must ask for the external appeal within four months after the agreement with your plan is made.

4. When we issue a Final Adverse Determination denial, you will get 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 1-800-400-8882 or visit their website, dfs.ny.gov.

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 get 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.”
Paying Your Monthly Bill

You need to pay EmblemHealth a premium (monthly plan cost) each month. There are four ways to do this:

1. **Auto bill-pay (online).** Sign up to automatically withdraw your premium from your bank account.
2. **Online.** Pay through your secure online member account.
3. **By phone.** Call 1-888-447-7703 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.

Your Privacy

Under federal law, only you and verified health care professionals have access to your Protected Health Information. If you are a caregiver, parent or spouse and need access to medical records, you must get the member’s permission through a signed document. Go to emblemhealth.com/forms to download the Authorization to Use and Disclose Protected Health Information form.