



Summary of Benefits

2019 EmblemHealth Affinity Medicare Ultimate (HMO SNP)
2019 EmblemHealth Affinity Medicare Solutions (HMO SNP)

Effective January 1, 2019 – December 31, 2019



This is a summary of drug and health services covered by EmblemHealth Affinity Medicare Ultimate (HMO SNP) and EmblemHealth Affinity Medicare Solutions (HMO SNP).

HIP Health Plan of New York (HIP) is a HMO plan with a Medicare contract. Enrollment in HIP depends on contract renewal. HIP is an EmblemHealth company. For more information, contact the plan. This information is not a complete description of benefits. Call **877-344-7364** (TTY: **711**) for more information.

To get a complete list of services we cover, call us and ask for the “Evidence of Coverage (EOC). You can also view the EOC online at [emblemhealth.com/medicare](https://www.emblemhealth.com/medicare).

To join EmblemHealth Affinity Medicare Ultimate (HMO SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, have full Medicaid, and live in our service area.

To join EmblemHealth Affinity Medicare Solutions (HMO SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, have full or partial Medicaid, and live in our service area.

The EmblemHealth Affinity Medicare Ultimate (HMO SNP) service area includes the following counties in New York: Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Rockland, Suffolk, and Westchester.

The EmblemHealth Affinity Medicare Solutions (HMO SNP) service area includes the following counties in New York: Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Rockland, Suffolk and Westchester.

The EmblemHealth Affinity Medicare Ultimate (HMO SNP) and EmblemHealth Affinity Medicare Solutions (HMO SNP) plans do not require referrals.

If you want to know more about the benefits, services, and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at [medicare.gov](https://www.medicare.gov) or get a copy by calling **1-800-MEDICARE** (1-800-633-4227), 24 hours a day, seven days a week. If you use a TTY, please call **877-486-2048**.

For more information, please call EmblemHealth at **877-344-7364** (TTY: **711**) or visit [emblemhealth.com/medicare](https://www.emblemhealth.com/medicare).

Benefit	EmblemHealth Affinity Medicare Ultimate (HMO SNP)	EmblemHealth Affinity Medicare Solutions (HMO SNP)
Monthly Plan Premium	<p>This plan does not have a premium</p> <p>You must continue to pay your Medicare Part B premium</p> <p>Medicaid pays your Medicare Part B premium on your behalf</p>	<p>This plan does not have a premium</p> <p>You must continue to pay your Medicare Part B premium</p> <p>Medicaid may pay your Medicare Part B premium on your behalf</p>
Deductible	You pay \$0	You pay \$0 or \$225
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	You pay no more than \$6,700 annually	You pay no more than \$6,700 annually
Inpatient Hospital Care*	You pay \$0 copay	<p>You are covered for unlimited days</p> <p>You pay \$0 or \$310 copay per day for days 1-6</p> <p>You pay \$0 per day for days 7-90.</p>
Outpatient Hospital Care*	You pay \$0 copay	<p>You pay \$0 or \$45 copay for non-surgical services</p> <p>You pay \$0 or \$295 copay for surgical services</p>
Doctor Visits		
<ul style="list-style-type: none"> • Primary • Specialists 	<p>You pay \$0 copay</p> <p>You pay \$0 copay</p>	<p>You pay \$0 copay</p> <p>You pay \$0 or \$45 copay</p>
<p>Preventive Care (Other preventive services are available. Some covered services have a cost.)</p>	<p>You pay \$0 copay for:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Bone mass measurement • Breast cancer screening • Cardiovascular disease screening • Cervical and vaginal cancer screening • Colorectal cancer screening • Diabetes screening • HIV screening • Prostate cancer screening • Vaccines against the flu, hepatitis B, and pneumococcus 	

*This benefit requires prior authorization.

Benefit	EmblemHealth Affinity Medicare Ultimate (HMO SNP)	EmblemHealth Affinity Medicare Solutions (HMO SNP)
Emergency Care	You pay \$0 copay	You pay \$0 or \$90 copay If you are admitted to the hospital within 24 hours after an emergency, you pay \$0
Urgently Needed Services	You pay \$0 copay	You pay \$0 or \$30 copay
Diagnostic Services/Labs/Imaging <ul style="list-style-type: none"> • Diagnostic tests and procedures* • Lab services* • Diagnostic radiology • X-ray 	<p>You pay \$0 copay</p> <p>You pay \$0 copay</p> <p>You pay \$0 copay</p> <p>You pay \$0 copay</p>	<p>You pay \$0 or \$15 copay</p> <p>You pay \$0 or \$15 copay</p> <p>You pay \$0 or 20% coinsurance</p> <p>You pay \$0 or 20% coinsurance</p>
Hearing Services <ul style="list-style-type: none"> • Medicare-covered hearing exam • Routine hearing exam • Hearing aid 	<p>You pay \$0 copay</p> <p>You pay \$0 copay for one routine hearing exam annually</p> <p>\$750 annual total hearing aid allowance</p>	<p>You pay \$0 or \$40 copay</p> <p>You pay \$0 copay for one routine hearing exam annually</p> <p>\$350 annual total hearing aid allowance</p>
Dental Services <ul style="list-style-type: none"> • Medicare-covered dental services • Oral exam and cleaning • X-ray • Comprehensive services 	<p>You pay \$0 copay</p> <p>Not covered</p> <p>Not covered</p> <p>Up to \$425 per year</p>	<p>You pay \$0 copay</p> <p>You pay \$0 copay/one exam every six months</p> <p>You pay \$0 copay/one set per year</p> <p>Not covered</p>
Vision Services <ul style="list-style-type: none"> • Medicare-covered eye exam • Routine eye exam • Eyeglasses (frames and lenses) 	<p>You pay \$0 copay</p> <p>You pay \$0 copay/one exam per year</p> <p>\$100 every year toward purchase</p>	<p>You pay \$0 or \$45 copay</p> <p>You pay \$0 copay/one exam per year</p> <p>\$200 every year toward purchase</p>

*This benefit requires prior authorization.

Benefit	EmblemHealth Affinity Medicare Ultimate (HMO SNP)	EmblemHealth Affinity Medicare Solutions (HMO SNP)
Mental Health Services* <ul style="list-style-type: none"> • Inpatient mental health • Outpatient group therapy • Individual therapy 	\$0 copay per benefit period You pay \$0 copay You pay \$0 copay	\$0 or \$275 copay per day for days 1-6 \$0 copay per day for days 7-90 You pay \$0 or \$40 copay You pay \$0 or \$40 copay
Skilled Nursing Facility*	You pay \$0 copay per stay for up to 100 days	You pay \$0 copay per day for days 1-20 You pay \$0 or \$138 copay per day for days 21-100
Physical Therapy*	You pay \$0 copay Authorization required after the first 6 visits	You pay \$0 or \$40 copay Authorization required after the first 6 visits
Ambulance	You pay \$0 copay	You pay \$0 or \$225 copay
Transportation	Not covered	Limited to 14 one-way trips to plan-approved locations every year
Medicare Part B Drugs*	You pay \$0 copay for chemotherapy drugs You pay \$0 copay for other Part B drugs	You pay 0% or 20% of the cost of chemotherapy drugs You pay 0% or 20% of the cost of other Part B drugs
Over-the-Counter Items	You pay nothing Monthly benefit of up to \$60 per month Month-to-month balance does not carry over	Not covered

*This benefit requires prior authorization.

Prescription Drug Benefits	EmblemHealth Affinity Medicare Ultimate (HMO SNP)			EmblemHealth Affinity Medicare Solutions (HMO SNP)		
OUTPATIENT PRESCRIPTION DRUGS						
Deductible						
	You pay \$0			You pay \$0		
Initial Coverage						
	Standard Retail Rx 30-day supply [†]	Mail Order 90-day supply	Long-Term Care 31-day supply [†]	Standard Retail Rx 30-day supply [†]	Mail Order 90-day supply	Long-Term Care 31-day supply [†]
Tier 1 Preferred Generic	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2 Generic	\$0, \$1.25 or \$3.40 copay	\$0, \$1.25 or \$3.40 copay	\$0, \$1.25 or \$3.40 copay	\$0, \$1.25 or \$3.40 copay	\$0, \$1.25 or \$3.40 copay	\$0, \$1.25 or \$3.40 copay
Tier 3 Preferred Brand	\$0, \$3.80 or \$8.50 copay	\$0, \$3.80 or \$8.50 copay	\$0, \$3.80 or \$8.50 copay	\$0, \$3.80 or \$8.50 copay	\$0, \$3.80 or \$8.50 copay	\$0, \$3.80 or \$8.50 copay
Tier 4 Non-Preferred Drug	\$0 to \$8.50 copay	\$0 to \$8.50 copay	\$0 to \$8.50 copay	\$0 to \$8.50 copay	\$0 to \$8.50 copay	\$0 to \$8.50 copay
Tier 5 Specialty	\$0 to \$8.50 copay	A long-term supply is not available for drugs in Tier 5	\$0 to \$8.50	\$0 to \$8.50 copay	A long-term supply is not available for drugs in Tier 5	
Coverage Gap						
There is no coverage gap for EmblemHealth Affinity Medicare Ultimate (HMO SNP) and EmblemHealth Affinity Medicare Solutions (HMO SNP). Once you leave the Initial Coverage stage, you move on to the Catastrophic Coverage stage.						

[†] Copays will be pro-rated if less than a one-month supply is prescribed.

CATASTROPHIC COVERAGE

(After your out-of-pocket costs have reached the \$5,100 limit for the calendar year)

Once you have reached the Catastrophic Coverage stage, you will stay in this payment stage until the end of the calendar year.

During this stage under **EmblemHealth Affinity Medicare Ultimate (HMO SNP)**, the plan will pay **all** of the costs of your drugs.

During this stage under **EmblemHealth Affinity Medicare Solutions (HMO SNP)**, the plan will pay **most** of the costs of your drugs.

Your share of the cost for a covered drug will be:

- \$0, or
- A coinsurance or a copayment, whichever is the larger amount:
 - either a coinsurance of 5% of the cost of the drug, or
 - \$3.40 for a generic drug or a drug that is treated like a generic and \$8.50 for all other drugs.
- **Our plan pays the rest** of the cost.

PLEASE NOTE: Copays and coinsurance may vary based on the level of Extra Help you receive. In New York State, when a non-network provider accepts a Medicaid beneficiary as a patient, the provider is prohibited from requesting any monetary compensation from the beneficiary, except for any applicable Medicaid copayments. Because you have Medicaid, you are entitled to medical benefits, including coverage of cost sharing, from New York State. For a description of what Medicaid covers and what EmblemHealth Affinity Medicare Ultimate covers, please refer to the Evidence of Coverage. You can view the Evidence of Coverage on our website at emblemhealth.com/medicare. For questions about your Medicaid eligibility and the benefits to which you are entitled, please call **718-557-1399**.



SUMMARY OF MEDICAID-COVERED BENEFITS

Medicaid-covered benefits are described below. The benefits described in the Covered Medical and Hospital Benefits section of this Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what New York State Medicaid covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility.

Coverage of the benefits described below depends upon your level of Medicaid eligibility. Benefits marked with an asterisk (*) may not be available to all enrollees. No matter what your level of Medicaid eligibility is, EmblemHealth Affinity Medicare Ultimate and EmblemHealth Affinity Medicare Solutions will cover the benefits described in the Covered Medical and Hospital Benefits sections of this Summary of Benefits. Your Medicare copayments will vary depending on your level of Medicaid eligibility.

Benefit	Medicaid Fee-For-Service	EmblemHealth Affinity Medicare Ultimate (HMO SNP)	EmblemHealth Affinity Medicare Solutions (HMO SNP)
<p>Inpatient Hospital Care Including Substance Abuse and Rehabilitation Services</p> <p>Up to 365 days per year (366 days for leap year).</p>	Covered	<p>In-Network</p> <p>Medicare-covered services covered by plan</p> <p>Inpatient hospital:</p> <p>\$0 copay per day for days 1-6</p> <p>\$0 copay per day for days 7-90</p>	<p>In-Network</p> <p>Medicare-covered services covered by plan</p> <p>Inpatient hospital:</p> <p>\$0 or \$310 copay per day for days 1-6</p> <p>\$0 copay per day for days 7-90</p>
<p>Inpatient Mental Health</p> <p>Medically-necessary care, including days in excess of the Medicare 190-day lifetime maximum.</p>	Covered	<p>In-Network</p> <p>Medicare-covered services covered by the plan, up to 90 days in a psychiatric hospital in a lifetime</p> <p>\$0 copay per day for days 1-6</p> <p>\$0 copay per day for days 7-90</p>	<p>In-Network</p> <p>Medicare-covered services covered by the plan, up to 90 days in a psychiatric hospital in a lifetime</p> <p>\$0 or \$275 copay per day for days 1-6</p> <p>\$0 copay per day for days 7-90</p>

Benefit	Medicaid Fee-For-Service	EmblemHealth Affinity Medicare Ultimate (HMO SNP)	EmblemHealth Affinity Medicare Solutions (HMO SNP)
<p>Skilled Nursing Facility</p> <p>Medicare-covered care provided in a skilled nursing facility. No prior hospital stay required.</p>	<p>Covered</p>	<p>In-Network</p> <p>Plan covers up to 100 days for each benefit period</p> <p>No prior hospital stay is required</p> <p>\$0 copay per stay for up to 100 days.</p>	<p>In-Network</p> <p>Plan covers up to 100 days for each benefit period</p> <p>No prior hospital stay is required</p> <p>\$0 copay per day for days 1-20</p> <p>\$0 or \$138 copay per day for days 21-100</p>
<p>Home Health</p> <p>Medically-necessary intermittent skilled nursing care, home health aide services, and rehabilitation services. Also includes non-Medicare-covered home health services (e.g., home health aide services with nursing supervision for medically unstable individuals).</p>	<p>Covered</p>	<p>In-Network</p> <p>Medicare-covered home health visits covered by the plan</p> <p>\$0 copay</p> <p>Covered for 6 hours a day for 7 days following hospitalization without prior authorization</p> <p>Authorization required for all services beyond first week of hospitalization</p>	<p>In-Network</p> <p>Medicare-covered home health visits covered by the plan</p> <p>\$0 copay</p> <p>Covered for 6 hours a day for 7 days following hospitalization without prior authorization</p> <p>Authorization required for all services beyond first week of hospitalization</p>

Benefit	Medicaid Fee-For-Service	EmblemHealth Affinity Medicare Ultimate (HMO SNP)	EmblemHealth Affinity Medicare Solutions (HMO SNP)
<p>Private Duty Nursing</p> <p>Medically-necessary private duty nursing services can be provided through an approved certified home health agency, or a private practitioner. Nursing services may be intermittent, part-time, or continuous and must be provided in an enrollee's home in accordance with the ordering physician, registered physician assistant, or certified nurse practitioner's written treatment plan.</p>	Covered	Not covered	Not covered

Benefit	Medicaid Fee-For-Service	EmblemHealth Affinity Medicare Ultimate (HMO SNP)	EmblemHealth Affinity Medicare Solutions (HMO SNP)
<p>Outpatient Mental Health</p> <p>Individual and group therapy visits. Enrollee must be able to self-refer for one assessment from a network provider in a 12 month period.</p>	<p>Covered</p>	<p>In-Network</p> <p>Medicare-covered individual or group therapy visits covered by the plan</p> <p>Outpatient individual or group therapy visit: \$0 copay</p> <p>Authorization required after 20 visits</p>	<p>In-Network</p> <p>Medicare-covered individual or group therapy visits covered by the plan</p> <p>Outpatient individual or group therapy visit: \$0 or \$40 copay</p> <p>Authorization required after 20 visits</p>
<p>Outpatient Substance Abuse</p> <p>Individual and group therapy visits. Enrollee must be able to self-refer for one assessment from a network provider in a 12 month period.</p>	<p>Covered</p>	<p>In-Network</p> <p>Medicare-covered individual or group therapy visits covered by the plan</p> <p>Individual or group therapy visit: \$0 copay</p> <p>Authorization required after 20 visits</p>	<p>In-Network</p> <p>Medicare-covered individual or group therapy visits covered by the plan</p> <p>Individual or group therapy visit: \$0 or \$40 copay</p> <p>Authorization required after 20 visits</p>

Benefit	Medicaid Fee-For-Service	EmblemHealth Affinity Medicare Ultimate (HMO SNP)	EmblemHealth Affinity Medicare Solutions (HMO SNP)
<p>Durable Medical Equipment (DME)</p> <p>Medicaid-covered durable medical equipment, including devices and equipment other than medical/ surgical supplies, enteral formula, and prosthetic or orthotic appliances having the following characteristics: can withstand repeated use for a protracted period of time; are primarily and customarily used for medical purposes; are generally not useful to a person in the absence of illness or injury, and; are usually fitted, designed, or fashioned for a particular individual's use. Must be ordered by a qualified practitioner. No homebound prerequisite and including non-Medicare DME covered by Medicaid (e.g., tub stool, grab bars).</p>	<p>Covered</p>	<p>In-Network</p> <p>Medicare-covered items covered by the plan</p> <p>0% of the cost</p> <p>Authorization required for all DME rentals and purchases exceeding \$500</p>	<p>In-Network</p> <p>Medicare-covered items covered by the plan</p> <p>0% or 20% of the cost</p> <p>Authorization required for all DME rentals and purchases exceeding \$500</p>

Benefit	Medicaid Fee-For-Service	EmblemHealth Affinity Medicare Ultimate (HMO SNP)	EmblemHealth Affinity Medicare Solutions (HMO SNP)
<p>Prosthetics</p> <p>Medicaid-covered prosthetics, orthotics, and orthopedic footwear.</p>	<p>Covered</p>	<p>In-Network</p> <p>Medicare-covered items covered by plan</p> <p>0% of the cost</p> <p>Authorization required for all prosthetics or medical supply purchases exceeding \$500</p>	<p>In-Network</p> <p>Medicare-covered items covered by plan</p> <p>0% or 20% of the cost</p> <p>Authorization required for all prosthetics or medical supply purchases exceeding \$500</p>
<p>Doctor's Office Visits</p>	<p>Covered</p>	<p>In-Network</p> <p>\$0 copay for each primary care doctor visit for Medicare-covered benefits</p> <p>\$0 copay for each specialist visit for Medicare-covered benefits</p>	<p>In-Network</p> <p>\$0 copay for each primary care doctor visit for Medicare-covered benefits</p> <p>\$0 or \$45 copay for each specialist visit for Medicare-covered benefits</p>

Benefit	Medicaid Fee-For-Service	EmblemHealth Affinity Medicare Ultimate (HMO SNP)	EmblemHealth Affinity Medicare Solutions (HMO SNP)
<p>Outpatient Services/ Surgery</p>	<p>Covered</p>	<p>In-Network \$0 copay for each Medicare-covered ambulatory surgical center visit \$0 copay for non-surgical services, such as screenings \$0 copay for each Medicare-covered outpatient surgery or outpatient hospital visit Authorization is required</p>	<p>In-Network \$0 or \$195 copay for each Medicare-covered ambulatory surgical center visit \$0 or \$45 copay for non-surgical services, such as screenings \$0 or \$295 copay for each Medicare-covered outpatient surgery or outpatient hospital visit Authorization is required</p>

Benefit	Medicaid Fee-For-Service	EmblemHealth Affinity Medicare Ultimate (HMO SNP)	EmblemHealth Affinity Medicare Solutions (HMO SNP)
<p>Outpatient Rehabilitation Services</p> <p>Occupational, physical, and speech therapy sessions are limited to 40 visits per therapy per year, except for children under age 21, unless you have been determined to be developmentally disabled by the Office for People with Developmental Disabilities, or if you have a traumatic brain injury.</p>	Covered	<p>In-Network</p> <p>\$0 copay for Medicare-covered occupational therapy, physical, and/or speech and language therapy visits</p> <p>One occupational therapy visit is covered without authorization during the first week after hospitalization, based on discharge diagnoses. This visit is to evaluate the need for additional services</p> <p>Authorization will be required after the first six visits</p>	<p>In-Network</p> <p>\$0 or \$40 copay for Medicare-covered occupational therapy, physical, and/or speech and language therapy visits</p> <p>One occupational therapy visit is covered without authorization during the first week after hospitalization, based on discharge diagnoses. This visit is to evaluate the need for additional services</p> <p>Authorization will be required after the first six visits</p>
<p>Ambulance Services</p>	Covered	<p>In-Network</p> <p>\$0 copay for Medicare-covered ambulance trip</p>	<p>In-Network</p> <p>\$0 or \$225 copay for Medicare-covered ambulance trip</p>

Benefit	Medicaid Fee-For-Service	EmblemHealth Affinity Medicare Ultimate (HMO SNP)	EmblemHealth Affinity Medicare Solutions (HMO SNP)
Emergency Care	Covered Not covered outside the U.S.	Covered \$0 copay for Medicare-covered emergency room visits \$6,000 plan coverage limit for emergency services outside the U.S. every year	Covered \$0 or \$90 copay for Medicare-covered emergency room visits \$6,000 plan coverage limit for emergency services outside the U.S. every year If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 copay
Urgent Care	Covered	Covered \$0 copay for Medicare-covered urgent care visits	Covered \$0 or \$20 copay for Medicare-covered urgent care visits If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 copay

Benefit	Medicaid Fee-For-Service	EmblemHealth Affinity Medicare Ultimate (HMO SNP)	EmblemHealth Affinity Medicare Solutions (HMO SNP)
<p>Dental</p> <p>Medicaid-covered dental services including necessary preventive, prophylactic, and other routine dental care, as well as services, supplies, and dental prosthetics to alleviate a serious health condition. Ambulatory or inpatient surgical dental services subject to prior authorization.</p>	<p>Covered</p>	<p>In-Network</p> <p>Medicare-covered dental benefits covered by plan</p> <p>In general, preventive dental benefits (such as cleaning) are not covered by the plan</p> <p>Plan covers up to \$425 of comprehensive dental benefits</p>	<p>In-Network</p> <p>Medicare-covered dental benefits covered by plan</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> • one oral exam every six months • one cleaning every six months • one dental X-ray every year

Benefit	Medicaid Fee-For-Service	EmblemHealth Affinity Medicare Ultimate (HMO SNP)	EmblemHealth Affinity Medicare Solutions (HMO SNP)
<p>Hearing Services</p> <p>Medicaid hearing services and products when medically necessary to alleviate disability caused by the loss or impairment of hearing. Services include hearing aid selecting, fitting, and dispensing; hearing aid checks following dispensing, conformity evaluations, and hearing aid repairs; audiology services including examinations and testing, hearing aid evaluations, and hearing aid prescriptions; and hearing aid products including hearing aids, ear molds, special fittings, and replacement parts.</p>	<p>Covered</p>	<p>In-Network</p> <p>Medicare-covered diagnostic hearing exams are covered by plan</p> <p>\$0 copay for Medicare-covered diagnostic hearing exams</p> <p>\$0 copay for routine hearing tests (one every year). Hearing and fitting/evaluations for a hearing aid (one every year) are covered.</p> <p>\$750 allowance for hearing aids per year, for both ears combined</p>	<p>In-Network</p> <p>Medicare-covered diagnostic hearing exams are covered by plan</p> <p>\$0 or \$40 copay for Medicare-covered diagnostic hearing exams</p> <p>\$0 copay for routine hearing tests (one every year). Hearing and fitting/evaluations for a hearing aid (one every year) are covered.</p> <p>\$350 allowance for hearing aids per year, for both ears combined</p>

Benefit	Medicaid Fee-For-Service	EmblemHealth Affinity Medicare Ultimate (HMO SNP)	EmblemHealth Affinity Medicare Solutions (HMO SNP)
<p>Vision Care Services</p> <p>Services of optometrists, ophthalmologists, and ophthalmic dispensers including eyeglasses, medically-necessary contact lenses and polycarbonate lenses, artificial eyes (stock or custom-made), low vision aids, and low vision services. Coverage also includes the repair or replacement of parts, and examinations for diagnosis and treatment for visual defects and/or eye disease. Examinations for refraction are limited to every two years unless otherwise justified as medically necessary. Eyeglasses do not require changing more frequently than every two years unless medically necessary or unless the glasses are lost, damaged, or destroyed.</p>	<p>Covered</p>	<p>In-Network</p> <p>\$0 copay for diagnosis and treatment for diseases and conditions of the eye</p> <p>\$0 copay for one routine eye exam every year</p> <p>\$100 allowance for eyewear per year. Eyewear includes contact lenses, eyeglasses, frames, lenses, and eyeglasses or contact lenses after cataract surgery</p>	<p>In-Network</p> <p>\$0 or \$45 copay for diagnosis and treatment for diseases and conditions of the eye</p> <p>\$0 copay for one routine eye exam per year</p> <p>\$200 allowance for eyewear per year. Eyewear includes contact lenses, eyeglasses, frames, lenses, and eyeglasses or contact lenses after cataract surgery</p>

Benefit	Medicaid Fee-For-Service	EmblemHealth Affinity Medicare Ultimate (HMO SNP)	EmblemHealth Affinity Medicare Solutions (HMO SNP)
Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	Covered	In-Network \$0 copay	In-Network For Medicare-covered: <ul style="list-style-type: none"> • Lab services: \$0 or \$15 copay • Diagnostic procedures and tests: \$0 or \$15 copay • Outpatient X-rays: 0% or 20% of the cost • Diagnostic radiology services: 0% or 20% of the cost • Therapeutic radiology services: 0% or 20% of the cost
Bone Mass Measurement	Covered	Covered	Covered
Colorectal Screening Exams	Covered	Covered	Covered
Immunizations	Medicaid covers Medicare deductibles, copays, and coinsurances	Covered Medicare Extra Help copayment applies for Part D vaccines	Flu, hepatitis B, and pneumococcal vaccines covered at no cost to you Medicare Extra Help copayment applies for Part D vaccines

Benefit	Medicaid Fee-For-Service	EmblemHealth Affinity Medicare Ultimate (HMO SNP)	EmblemHealth Affinity Medicare Solutions (HMO SNP)
Mammograms	Medicaid covers Medicare deductibles, copays, and coinsurances	Covered	Covered
Pap Smears and Pelvic Exams	Medicaid covers Medicare deductibles, copays, and coinsurances	Covered	Covered
Prostate Cancer Screening	Medicaid covers Medicare deductibles, copays, and coinsurances	Covered	Covered
Prescription Drugs	Medicaid does not cover Part D covered drugs or copays. Medicaid Pharmacy Benefits allowed by state law (select drug categories are excluded from the Medicare Part D benefit). Certain medical supplies and enteral formula are covered when not covered by Medicare.	Covered	Covered

Benefit	Medicaid Fee-For-Service	EmblemHealth Affinity Medicare Ultimate (HMO SNP)	EmblemHealth Affinity Medicare Solutions (HMO SNP)
<p>Over-the-Counter Drugs</p>	<p>Certain over-the-counter medications are covered using your Medicaid benefit card</p>	<p>\$60 allowance every month for over-the-counter items</p> <p>Month to month balance does not carry over</p>	<p>Not covered</p>
<p>Hospice</p>	<p>Covered</p>	<p>Not covered</p>	<p>Not covered</p>
<p>Non-Emergency Transportation</p> <p>Transportation essential for an enrollee to obtain necessary medical care and services under the plan's benefits. Includes ambulette, invalid coach, taxicab, livery, public transportation, or other means appropriate to the enrollee's medical condition and a transportation attendant to accompany the enrollee, if necessary.</p>	<p>Covered</p>	<p>Not covered</p>	<p>Up to 14 one-way trips per year to plan-approved locations covered by the plan</p>

Benefit	Medicaid Fee-For-Service	EmblemHealth Affinity Medicare Ultimate (HMO SNP)	EmblemHealth Affinity Medicare Solutions (HMO SNP)
<p>Out-of-Network Family Planning Services</p> <p>Provided under the direct access provisions of the waiver</p>	Covered	Not covered	Not covered
<p>Personal Care Services</p>	Covered	Not covered	Not covered
<p>Mental Health Services</p>	Covered	<p>Covered services include up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital</p> <p>Inpatient hospital: \$0 copay per day for days 1-6 \$0 copay per day for days 7-90</p> <p>Outpatient individual or group therapy visit: \$0 copay</p> <p>Authorization is required after 20 visits</p>	<p>Covered services include up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital</p> <p>Inpatient hospital: \$0 or \$275 copay per day for days 1-6 \$0 copay per day for days 7-90</p> <p>Outpatient individual or group therapy visit: \$0 or \$40 copay</p> <p>Authorization is required after 20 visits</p>

Benefit	Medicaid Fee-For-Service	EmblemHealth Affinity Medicare Ultimate (HMO SNP)	EmblemHealth Affinity Medicare Solutions (HMO SNP)
Methadone Maintenance Treatment Programs (MMTP)	Covered	Not covered	Not covered
Comprehensive Medicaid Case Management	Covered	Not covered	Not covered
Directly Observed Therapy for Tuberculosis (TB) Disease	Covered	Not covered	Not covered
AIDS Adult Day Health Care	Covered	Not covered	Not covered
HIV COBRA Case Management	Covered	Not covered	Not covered
Adult Day Health Care	Covered	Not covered	Not covered
Personal Emergency Response Services (PERS)	Covered	Not covered	Not covered





ATTENTION: If you speak other languages, language assistance services, free of charge, are available to you. Call **1-877-411-3625** (TTY/TDD: **711**).

Español (Spanish)

ATENCIÓN: Si usted habla español, tiene a su disposición, gratis, servicios de ayuda para idiomas. Llame al **1-877-411-3625** (TTY/TDD: **711**).

中文 (Traditional Chinese)

注意：如果您講中文，我們免費為您提供相關的語言協助服務。請致電 **1-877-411-3625** (TTY/TDD: **711**)。

Русский (Russian)

ВНИМАНИЕ! Если Вы говорите на русском языке, Вам доступны бесплатные услуги переводчика. Звоните по тел. **1-877-411-3625** (служба текстового телефона, TTY/TDD: **711**).

Kreyòl Ayisyen (Haitian Creole)

ATANSYON: Si ou pale Kreyòl Ayisyen, gen sèvis èd nan lang gratis ki disponib pou ou. Rele nimewo **1-877-411-3625** (TTY/TDD: **711**).

한국어 (Korean)

주의: 귀하가 한국어를 사용하는 경우, 귀하에게 언어 지원 서비스가 무료로 제공됩니다. **1-877-411-3625**(TTY/TDD: **711**)로 전화하십시오.

Italiano (Italian)

ATTENZIONE: Se parli italiano, sono disponibili servizi gratuiti di assistenza linguistica. Chiama il numero **1-877-411-3625** (TTY/TDD: **711**).

אידיש (Yiddish)

אכטונג: אויב איר רעדט אידיש, שפראך הילף סערוויסעס, אהן קיין פרייז, זיינען דא צו באקומען פאר אייך. רופט **1-877-411-3625** (TTY/TDD: **711**).

বাংলা (Bengali)

দৃষ্টি আকর্ষণ: আপনি যদি বাংলা ভাষাভাষী হন, তাহলে আপনার জন্য ভাষা সহায়তা পরিষেবাগুলি, বিনামূল্যে, উপলব্ধ আছে। **1-877-411-3625** (TTY/TDD: **711**) নম্বরে ফোন করুন।

Polski (Polish)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Proszę zadzwonić pod numer **1-877-411-3625** (TTY/TDD: **711**).

العربية (Arabic)

يُرجى الانتباه: إذا كنت تتكلم اللغة العربية، تتوفر لك خدمات المساعدة اللغوية مجاناً. اتصل بالرقم **1-877-411-3625** (TTY/TDD: **711**).

Y0026_126476 Accepted 8/29/16

Français (French)

ATTENTION : si vous parlez français, une assistance d'interprétation gratuite est à votre disposition. Veuillez composer le **1-877-411-3625** (Sourds et malentendants : **711**).

اردو (Urdu)

توجہ دیں: اگر آپ اردو بولتے ہیں تو، آپ کے لیے زبان سے متعلق مدد کی خدمات، مفت دستیاب ہیں۔ **1-877-411-3625** پر کال کریں۔
(ٹی ٹی وائی / ٹی ڈی ڈی: **711**)

Tagalog (Tagalog)

NANANAWAGAN NG PANSIN: Kung nagsasalita ka ng Tagalog, mayroon kang magagamit na mga serbisyo para sa tulong sa wika nang walang bayad. Tawagan ang **1-877-411-3625** (TTY/TDD: **711**).

Ελληνικά (Greek)

ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε **1-877-411-3625** (για άτομα με προβλήματα ακοής/TTY/TDD: **711**).

Shqip (Albanian)

VINI RE: Nëse flisni Shqip, shërbimi i asistencës për përkthim do të jetë në dispozicionin tuaj, pa pagesë. Telefononi në **1-877-411-3625** (TTY/TDD: **711**).

Notice of Nondiscrimination Policy

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, contact **1-877-411-3625**.

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 **1-877-411-3625**. (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.

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PRE-ENROLLMENT CHECKLIST

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you may call and speak to a customer service representative at **877-344-7364** (TTY: **711**), 8 am to 8 pm, seven days a week.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit [emblemhealth.com/medicare](https://www.emblemhealth.com/medicare) or call **877-344-7364** (TTY: **711**) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums, and/or copayments/coinsurance may change on January 1, 2020.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid or assistance with Medicare Part B premiums.



Contact Us

To find out more about EmblemHealth plans and to enroll, please call us at **800-447-9169 (TTY: 711)**, 8 am to 8 pm, seven days a week.

ATTENTION: If you speak other languages, language assistance services, free of charge, are available to you. Call 1-877-344-7364 (TTY: 711). ATENCIÓN: Si usted habla español, tiene a su disposición, gratis, servicios de ayuda para idiomas. Llame al 1-877-344-7364 (TTY: 711).