



2019 EmblemHealth VIP Medicare Plans

Bronx, Dutchess, Kings, Nassau,
New York, Orange, Putnam, Queens,
Richmond, Rockland, Suffolk,
Sullivan, Ulster, and Westchester

No matter what your needs, we have a plan for you.

Based on more than 80 years of experience, we know that different people have different needs. That is why we offer you a choice of EmblemHealth VIP Medicare plans. We want to make it easy for you to select the Medicare plan that is right for you. At EmblemHealth, keeping you healthy is one of our priorities.



EmblemHealth VIP Medicare Plans

EmblemHealth offers many different plans that give you all the benefits of Original Medicare and more. All EmblemHealth VIP Medicare plans give you service through our extensive VIP Prime Network of health care professionals and facilities. One is sure to meet your needs and budget!

EmblemHealth VIP Dual (HMO-SNP)

This is a special needs plan for people enrolled in both Medicare and New York State Medicaid. You may pay as little as \$0 each month for this plan based on your Low-Income Subsidy (LIS) level. You pay \$0 for covered services in this plan. You will also get benefits Medicare does not cover, like comprehensive dental, hearing aids, vision, 48 acupuncture visits, 24 one-way transportation visits to approved health care locations, a SilverSneakers® membership, and up to a \$1,500 over-the-counter items debit card depending on where you live.

EmblemHealth VIP Value (HMO)

You will pay \$0 each month for the plan — a “\$0 premium.” With EmblemHealth VIP Value, you will pay \$15 to see your primary care doctor, and \$50 to see specialists. You will also get benefits Medicare does not cover, like \$450 yearly in routine eyewear. This plan offers Optional Supplemental Benefits – where you have the option to add SilverSneakers® Fitness and/or comprehensive dental benefits at a low cost. This plan is not available in the Bronx and Kings County.

EmblemHealth VIP Part B Saver (HMO)

You will pay \$0 each month for the plan — a “\$0 premium.” With EmblemHealth VIP Part B Saver, you will pay \$25 to see your primary care doctor, and \$50 to see specialists. You can also get up to \$500 annual savings toward your Part B premium. This plan offers Optional Supplemental Riders – where you have the option to add SilverSneakers® Fitness and/or comprehensive dental benefits at a low cost.

EmblemHealth VIP Essential (HMO)

Depending on where you live, you will pay either \$0 each month or a low set amount each month (a premium). You will pay \$0 to see your primary care doctor and \$45 to see specialists. You will also get benefits Medicare does not cover, like comprehensive dental, hearing aids, vision, a SilverSneakers® membership, and acupuncture.

EmblemHealth VIP Rx Saver (HMO)

You will pay \$5 to see your primary care doctor and \$35 to see specialists. This plan does not have an annual deductible on Tier 1, Tier 2, and Tier 3 drugs. In addition, you will also get benefits Medicare does not cover, like comprehensive dental, hearing aids, vision, and a SilverSneakers® membership. This plan is only available in the Bronx and Westchester County.

EmblemHealth VIP Go (HMO-POS)

This plan provides in-network and out-of-network coverage for select services and does not require referrals. You will pay \$10 to see your primary care doctor and \$45 to see specialists in-network. You will also get benefits Medicare does not cover, like comprehensive dental, hearing aids, vision, and a SilverSneakers® membership.

EmblemHealth VIP Gold (HMO)

You will pay \$0 to see your primary care doctor and \$25 to see specialists. You will also get benefits Medicare does not cover, like comprehensive dental, hearing aids, vision, and a SilverSneakers® membership.

EmblemHealth VIP Gold Plus (HMO)

You will pay \$0 for many medical services, such as when you see your primary care doctor, or specialists or get urgently needed services. You will also get benefits Medicare does not cover, like comprehensive dental, hearing aids, vision, and a SilverSneakers® membership.

EmblemHealth Prescription Drug Coverage Included

Glossary

Annual Deductible — The amount you pay before the plan starts to pay.

Catastrophic Drug Coverage — After your out-of-pockets cost reaches \$5,100, you pay the greater of \$3.40 or 5% of the cost for generic and brand drugs and \$8.50 for all other drugs.

Coinsurance — The percentage you pay for health services.

Copay — The fixed amount you pay for health services.

Deductible — The amount you pay before your plan starts to pay.

Initial Coverage Limit (ICL) — The total drug cost paid by the member and the plan.

Five Prescription Drug Tiers (levels)

Tier 1: Preferred Generic Drugs

Tier 2: Generic Drugs

Tier 3: Preferred Brand Drugs

Tier 4: Non-Preferred Drugs

Tier 5: Specialty Tier

EmblemHealth’s preferred pharmacies include:

- Duane Reade
- EmblemHealth Pharmacies
- Rite Aid
- Walgreens
- Walmart
- And More

The cost of the drug will be lower if you use a preferred pharmacy.

EmblemHealth’s Medicare home delivery pharmacy is managed by Express Scripts Inc (ESI).

The amount you pay for home delivery is the same amount you pay for a preferred pharmacy.

EmblemHealth VIP Medicare Plans

Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Sullivan, Ulster, Westchester

| MEDICAL PLANS | EmblemHealth VIP Dual (HMO-SNP) | EmblemHealth VIP Value (HMO) ³ | EmblemHealth VIP Part B Saver (HMO) | EmblemHealth VIP Essential (HMO) | EmblemHealth VIP Rx Saver (HMO) ⁴ | EmblemHealth VIP Go (HMO-POS) In-Network/Out-of -Network | EmblemHealth VIP Gold (HMO) | EmblemHealth VIP Gold Plus (HMO) |
|--|---------------------------------|---|---|----------------------------------|--|---|------------------------------|----------------------------------|
| Monthly Premium – The amount you pay for your insurance every month | | | | | | Premiums may be reduced based on Low-Income Subsidy (LIS) level, see pages 8 and 9 | | |
| Bronx/Kings/New York/Queens | \$0 | \$0 | \$0 | \$0 | \$55 (Bronx only) | \$68 | \$88.50 | \$298 |
| Richmond/Nassau | | | | \$55 | N/A | \$68 | \$119.50 | |
| Suffolk | | | | \$124 | | \$140 | \$265.50 | |
| Westchester/Orange/Rockland/Dutchess/ Putnam/Sullivan/Ulster | | | | \$68 | \$75 (Westchester only) | \$68 | \$238.50 | |
| What Our Plan Covers | | | | | | | | |
| Primary Care Doctor Visit | \$0 | \$15 | \$25 | \$0 | \$5 | \$10/\$30 | \$0 | \$0 |
| Specialist Doctor Visit | \$0 | \$50 | \$50 | \$45 | \$35 | \$45/\$65 | \$25 | \$0 |
| Preventive Care (Services that keep you healthy) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0/\$0 | \$0 | \$0 |
| Urgent Care | \$0 | \$65 | \$50 | \$50 | \$50 | \$50/\$50 | \$35 | \$0 |
| Emergency Room | \$0 | \$90 | \$90 | \$90 | \$90 | \$90/\$90 | \$90 | \$90 |
| Inpatient Hospital Coverage | \$0 | \$360 per day 1 – 5 | \$495 per day 1 – 3 | \$370 per day 1 – 5 | \$275 per day 1–7 | \$360 per day 1-5/\$565 per day 1-5 | \$290 per day 1–7 | \$195 per day 1–10 |
| Diagnostic Services/Labs ¹ | \$0 | \$0 or 20% | \$0 or 20% | \$0 or 20% | \$0 or 20% | \$0 or 20%/\$0 or 20% | \$0 or 20% | \$0 or 20% |
| Foot Care | \$0 | \$50 | \$40 | \$40 | \$40 | \$40/\$40 | \$25 | \$0 |
| Dental Services (No annual dollar limit) | Comprehensive and Preventive | Comprehensive Optional Supplemental Rider ⁵ ; Preventive Covered | Comprehensive Optional Supplemental Rider ⁵ ; Preventive Covered | Comprehensive and Preventive | Comprehensive and Preventive | Comprehensive and Preventive | Comprehensive and Preventive | Comprehensive and Preventive |
| Hearing Aid | \$1,500 every 3 years | Not Covered | \$1,800 every 3 years | \$1,800 every 3 years | \$1,800 every 3 years | \$1,800 every 3 years | \$2,400 every 3 years | \$3,000 every 3 years |
| Routine Eyewear ² | \$0 per year | \$0 per year | \$0 per year | \$0 per year | \$0 per year | \$0 per year | \$0 per year | \$0 per year |
| Plan Medical Deductible | N/A | N/A | \$1,000 on select services | N/A | N/A | \$500 on select service | N/A | N/A |
| Prescription Drug | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Extra Benefits | | | | | | | | |
| 24-Hour Nurse Hotline | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| SilverSneakers [®] | Yes | Optional Supplemental Rider ⁶ | Optional Supplemental Rider ⁶ | Yes | Yes | Yes | Yes | Yes |
| Acupuncture | 48 visits yearly at no cost | Not Covered | Not Covered | 15 visits yearly at no cost | Not Covered | Not Covered | Not Covered | Not Covered |
| Transportation | 24 one-way trips at no cost | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |

¹ 20% coinsurance applies when services are provided in an Outpatient Hospital.

² Yearly plan limits vary by county.

³ This plan is not available in Bronx and Kings.

⁴ This plan is only available in Bronx and Westchester.

⁵ Comprehensive Dental Optional Supplemental Benefit monthly premium is \$11.50

⁶ SilverSneakers[®] Optional Supplemental Benefit monthly premium is \$15.00

EmblemHealth Prescription Drug Coverage Included in VIP Medicare Plans

| PART D DRUG COVERAGE | EmblemHealth VIP Dual (HMO-SNP) | EmblemHealth VIP Value (HMO) | EmblemHealth VIP Part B Saver (HMO) | EmblemHealth VIP Essential (HMO) | EmblemHealth VIP Rx Saver (HMO) | EmblemHealth VIP Gold (HMO) |
|--|---|--|--|--|--|---|
| | Preferred Pharmacy does not apply | Preferred/ Non-Preferred Pharmacy | Preferred/ Non-Preferred Pharmacy | EmblemHealth VIP Go (HMO-POS) Preferred/ Non-Preferred Pharmacy | EmblemHealth VIP Rx Saver (HMO) Preferred/ Non-Preferred Pharmacy | EmblemHealth VIP Gold Plus (HMO) Preferred/ Non-Preferred Pharmacy |
| Annual Deductible | \$0 – \$85 | \$250 (applies to Tier 3, Tier 4 and Tier 5 drugs only) | \$415 (applies to Tier 2, Tier 3, Tier 4 and Tier 5 drugs only) | \$250 (applies to Tier 3, Tier 4 and Tier 5 drugs only) | \$395 (applies to Tier 4 and Tier 5 drugs only) | \$200 (applies to Tier 3, Tier 4 and Tier 5 drugs only) |
| Initial Coverage Limit | \$3,820 | \$3,655 | \$3,820 | \$3,655 | \$3,595 | \$3,605 |
| Tier 1: Preferred Generic Drugs | Generics: \$0/\$1.25/\$3.40/15% Brands: \$0/\$3.80/\$8.50/15% Depending on your level of Extra Help | \$0/\$4 | \$0/\$4 | \$0/\$4 | \$0/\$4 | \$0/\$3 |
| Tier 2: Generic Drugs | | \$18/\$20 | \$18/\$20 | \$16/\$20 | \$16/\$20 | \$10/\$20 |
| Tier 3: Preferred Brand Drugs | | \$45/\$47 | \$45/\$47 | \$42/\$47 | \$42/\$47 | \$40/\$47 |
| Tier 4: Non-Preferred Drugs | | \$95/\$100 | \$95/\$100 | \$95/\$100 | \$95/\$100 | \$95/\$100 |
| Tier 5: Specialty Tier | | 28% coinsurance | 25% coinsurance | 28% coinsurance | 25% coinsurance | 29% coinsurance |
| Catastrophic Drug Coverage (After your out-of-pocket cost reaches \$5,100) Generic and brand drugs are treated as generic | The greater of \$3.40 or 5% coinsurance for generic drugs. | | | | | |
| All Other Drugs | The greater of a \$8.50 copay for all other drugs or 5% coinsurance. | | | | | |
| Over-the-Counter Drugs | Up to 1,500 yearly depending on where you live <ul style="list-style-type: none"> \$125 per month in Bronx, Kings, New York, and Queens county \$100 per month in Dutchess, Nassau, Orange, Putnam, Richmond, Rockland, Sullivan, Ulster, and Westchester county \$50 per month in Suffolk county | N/A | | | | |

My Information

Doctors: _____

Prescription Drugs: _____

Notes: _____

EmblemHealth Medicare Premiums and Low-Income Subsidy (LIS) Premium Reduction

If you get Extra Help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get Extra Help from Medicare. The amount of Extra Help will determine your total monthly plan premium as a member of our plan. For more information about LIS, please call Social Security at **800-772-1213**, Monday through Friday, 7 am to 7 pm. If you use a TTY, please call **800-325-0778**.

| Your level of Extra Help | EmblemHealth VIP Dual (HMO SNP) - All Counties |
|--------------------------|--|
| 0% (Full Premium) | \$39.30 |
| 25% | \$29.50 |
| 50% | \$19.60 |
| 75% | \$9.80 |
| 100% | \$0.00 |

| Your level of Extra Help | EmblemHealth VIP Essential (HMO) - Bronx/Kings/New York/Queens | EmblemHealth VIP Essential (HMO) - Richmond/Nassau | EmblemHealth VIP Essential (HMO) - Suffolk | EmblemHealth VIP Essential (HMO) - Orange/Rockland/Dutchess/Putnam/Sullivan/Ulster/Westchester |
|--------------------------|--|--|--|--|
| 0% (Full Premium) | \$0.00 | \$55.00 | \$124.00 | \$68.00 |
| 25% | \$0.00 | \$47.20 | \$116.20 | \$60.20 |
| 50% | \$0.00 | \$39.40 | \$108.40 | \$52.40 |
| 75% | \$0.00 | \$31.70 | \$100.70 | \$44.70 |
| 100% | \$0.00 | \$23.90 | \$92.90 | \$36.90 |

| Your level of Extra Help | EmblemHealth VIP RX Saver (HMO) - Bronx | EmblemHealth VIP RX Saver (HMO) - Westchester |
|--------------------------|---|---|
| 0% (Full Premium) | \$55.00 | \$75.00 |
| 25% | \$45.20 | \$65.20 |
| 50% | \$35.30 | \$55.30 |
| 75% | \$25.50 | \$45.50 |
| 100% | \$15.70 | \$35.70 |

| Your level of Extra Help | EmblemHealth VIP Go (HMO-POS) Bronx/Dutchess/Kings/Nassau/New York/Orange/Putnam/Queens/Richmond/Rockland/Sullivan/Ulster/Westchester | EmblemHealth VIP Go (HMO-POS)- Suffolk |
|--------------------------|---|--|
| 0% (Full Premium) | \$68.00 | \$140.00 |
| 25% | \$60.40 | \$132.40 |
| 50% | \$52.70 | \$124.70 |
| 75% | \$45.10 | \$117.10 |
| 100% | \$37.50 | \$109.50 |

| Your level of Extra Help | EmblemHealth VIP Gold (HMO) -Bronx/ Kings/New York/ Queens | EmblemHealth VIP Gold (HMO) - Richmond/Nassau | EmblemHealth VIP Gold (HMO) - Suffolk | EmblemHealth VIP Gold (HMO) - Westchester/ Orange/Rockland/ Dutchess/Putnam/ Sullivan/Ulster |
|--------------------------|--|---|---------------------------------------|--|
| 0% (Full Premium) | \$88.50 | \$119.50 | \$265.50 | \$238.50 |
| 25% | \$78.70 | \$109.70 | \$255.70 | \$228.70 |
| 50% | \$68.80 | \$99.80 | \$245.80 | \$218.80 |
| 75% | \$59.00 | \$90.00 | \$236.00 | \$209.00 |
| 100% | \$49.20 | \$80.20 | \$226.20 | \$199.20 |

| Your level of Extra Help | EmblemHealth VIP Gold Plus (HMO) - All Counties |
|--------------------------|---|
| 0% (Full Premium) | \$298.00 |
| 25% | \$288.20 |
| 50% | \$278.30 |
| 75% | \$268.50 |
| 100% | \$258.70 |



Take the next step to better manage your health care.

Simply call 866-444-2495, 8 am to 8 pm, seven days a week.

If you use a TTY, please call 711, 8 am to 8 pm, seven days a week.

Visit us online at emblemhealth.com/medicare.

Out-of-network/noncontracted providers are under no obligation to treat Plan/Part D sponsor members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

This information is not a complete description of benefits. Call 877-344-7364/711 for more information. The formulary, pharmacy network, and/or provider network may change at any time.

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