

Summary of Benefits

EmblemHealth VIP Rx Saver (HMO)

January 1, 2019 – December 31, 2019

To join **EmblemHealth VIP Rx Saver (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes the following counties in New York: Bronx and Westchester.

EMBLEMHEALTH VIP RX SAVER (HMO)

MONTHLY PLAN PREMIUM (THE AMOUNT YOU PAY FOR YOUR INSURANCE EVERY MONTH)

COUNTIES	Your Level of Extra Help				
	0% (Full Premium)	25%	50%	75%	100%
Bronx	\$55.00	\$45.20	\$35.30	\$25.50	\$15.70
Westchester	\$75.00	\$65.20	\$55.30	\$45.50	\$35.70

In addition, you must continue to pay your Medicare Part B premium.

BENEFIT	EMBLEMHEALTH VIP RX SAVER (HMO)
<p>Deductible (The amount you pay before the plan starts to pay.)</p>	<p>This plan does not have a deductible for covered medical services.</p>
<p>Maximum Out-of-Pocket Responsibility (The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, and your share of the costs (copays, coinsurance), your health plan pays 100% of the costs of covered benefits. This does not include your premium or prescription drug costs.)</p>	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>\$6,700 yearly for services you receive from in-network health care professionals and facilities.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Our plan has a coverage limit every year for certain in-network benefits. Please call us for the services that apply.</p>
<p>Inpatient Hospital Coverage (may require approval)</p>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>You pay \$275 per day for days one through seven</p> <p>You pay \$0 per day for days eight through 90</p> <p>You pay \$0 per day for days 91 and beyond</p>
<p>Outpatient Hospital Coverage (may require approval)</p> <ul style="list-style-type: none"> • Ambulatory surgical center: • Hospital observation: • Outpatient hospital: 	<p>You pay \$225</p> <p>You pay \$275</p> <p>You pay \$295</p>

BENEFIT	EMBLEMHEALTH VIP RX SAVER (HMO)
<p>Doctor Visits</p> <ul style="list-style-type: none"> • Primary: • Specialists: <p>(may require permission from your primary doctor)</p>	<p>You pay \$5</p> <p>You pay \$35</p>
<p>Preventive Care</p> <p>(services that keep you healthy)</p> <ul style="list-style-type: none"> • Our plan covers many preventive services, including: 	<p>You pay \$0</p> <ul style="list-style-type: none"> – Abdominal aortic aneurysm screening – Alcohol misuse counseling – Bone mass measurement – Breast cancer screening (mammogram) – Cardiovascular disease (behavioral therapy) – Cardiovascular screenings – Cervical and vaginal cancer screening – Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) – Depression screening – Diabetes screenings – HIV screening – Medical nutrition therapy services – Obesity screening and counseling – Prostate cancer screenings (PSA) – Sexually transmitted infections screening and counseling – Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) – Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots – “Welcome to Medicare” preventive visit (one-time) – Yearly “Wellness” visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
<p>Emergency Care</p>	<p>You pay \$90</p> <p>If you are admitted to the hospital within one day, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>
<p>Urgently Needed Services</p>	<p>You pay \$50</p>

BENEFIT	EMBLEMHEALTH VIP RX SAVER (HMO)
<p>Diagnostic Services/Labs/Imaging</p> <p>(Lower costs when provided in a doctor’s office or free-standing facility. May require approval)</p> <ul style="list-style-type: none"> • Diagnostic radiology services (such as MRIs, CT scans): • Lab services: • Diagnostic tests and procedures: • Outpatient X-rays: • Therapeutic radiology services (such as radiation treatment for cancer): 	<p>You pay 20% of the cost</p> <p>You pay \$0 or 20% of the cost</p> <p>You pay \$0 or 20% of the cost</p> <p>You pay \$40 or 20% of the cost</p> <p>You pay 20% of the cost</p>
<p>Hearing Services</p> <p>(may require permission from your doctor)</p> <ul style="list-style-type: none"> • Exam to diagnose and treat hearing and balance issues: • Routine hearing exam (for up to one every year): • Hearing aid fitting/evaluation (for up to one every year): • Hearing aid: 	<p>You pay \$40</p> <p>You pay \$10</p> <p>You pay \$10</p> <p>You pay \$0</p> <p>Our plan pays up to \$1,800 every three years for hearing aids.</p>
<p>Dental Services</p> <p>No Annual Dollar Limit</p> <p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth):</p> <p>Preventive Dental Services:</p> <ul style="list-style-type: none"> • Cleaning (for up to one every six months): • Dental X-ray(s) (for up to one every six months): • Fluoride treatment (for up to one every six months): • Oral exam (for up to one every six months): <p>Comprehensive Dental Services:</p> <ul style="list-style-type: none"> • Restorative services: • Endodontics, Periodontics, Extractions: • Prosthodontics, other oral/maxillofacial surgery, other services: 	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0 – \$125 based on procedure</p> <p>You pay \$0 – \$150 based on procedure</p> <p>You pay \$0 – \$150 based on procedure</p>

BENEFIT	EMBLEMHEALTH VIP RX SAVER (HMO)
<p>Vision Services</p> <ul style="list-style-type: none"> Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening) (May require approval): Routine eye exam (for up to one every year): <p>Routine eyewear:</p> <ul style="list-style-type: none"> Eyeglasses (frames and lenses) or contact lenses: Eyeglasses (frames and lenses) or contact lenses after cataract surgery: 	<p>You pay \$40</p> <p>You pay \$10</p> <p>You pay \$0 One pair every year up to \$240 plan limit per year.</p> <p>You pay \$40</p>
<p>Mental Health Services (may require approval)</p> <ul style="list-style-type: none"> Inpatient visit: Outpatient group therapy visit: Outpatient individual therapy visit: 	<p>You pay \$275 per day for days one through six. You pay \$0 per day for days seven through 90.</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>You pay \$40</p> <p>You pay \$40</p>
<p>Skilled Nursing Facility (SNF) (may require approval)</p>	<p>Our plan covers up to 100 days in an SNF.</p> <p>You pay \$0 per day for days one through 20.</p> <p>You pay \$172 per day for days 21 through 100.</p>

BENEFIT	EMBLEMHEALTH VIP RX SAVER (HMO)
<p>Physical Therapy (may require approval and/or permission from your doctor)</p> <ul style="list-style-type: none"> • Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): • Occupational therapy visit: • Physical therapy, and speech and language therapy visit: 	<p>You pay \$30</p> <p>You pay \$40</p> <p>You pay \$40</p>
<p>Ambulance (may require approval)</p> <ul style="list-style-type: none"> • Air Ambulance 	<p>You pay \$175</p> <p>You pay 20% of the cost</p>

Prescription Drugs for EmblemHealth VIP Rx Saver (HMO)

MEDICARE PART B DRUGS

- Chemotherapy drugs: You pay 20% of the cost
- Other Part B drugs: You pay 20% of the cost

MEDICARE PART D DRUGS

Four Stages of Drug Coverage

Our plan groups each drug into one of five “tiers” (levels). You will need to use the formulary (list of covered drugs) to locate what tier a drug is on.

Deductible

The deductible is the amount you pay before your plan starts to pay. This deductible is for retail and home delivery.

There is no deductible for Tier 1 (preferred generic) and Tier 2 (generic) drugs and, Tier 3 (preferred brand).

There is a **\$395** deductible for Tier 4 (non-preferred drug) and Tier 5 (specialty tier) drugs.

Initial Coverage

After you’ve reached the deductible, you’ll enter the initial coverage phase.

In this phase, you and the plan share the costs of some of the covered drugs until your total drug costs, including deductible, reach **\$3,595**. The total drug costs paid by both you and our Part D plan will help you reach the coverage gap.

Standard Retail Cost-Sharing

Tier	EmblemHealth VIP Rx Saver (HMO)				
	Deductible	Initial Coverage \$0-\$3,595 – 30 day Supply		Coverage Gap Over \$3,595	Catastrophic Over \$5,100
	You pay	Preferred	Standard	You pay	You pay
Tier 1: Preferred Generic	\$0	\$0	\$4	37%	5%
Tier 2: Generic	\$0	\$16	\$20	37%	5%
Tier 3: Preferred Brand	\$0	\$42	\$47	25%	5%
Tier 4: Non-Preferred Drug	\$395	\$95	\$100	37%/25%	5%
Tier 5: Specialty Tier	\$395	25%	25%	37%/25%	5%

Prescription Drugs for EmblemHealth VIP Rx Saver (HMO)

Standard Mail Order Cost-Sharing

Tier	EmblemHealth VIP Rx Saver (HMO)	
	30-day supply	90-day supply
Monthly Supply		
Tier 1: Preferred Generic	\$0	\$0
Tier 2: Generic	\$16	\$48
Tier 3: Preferred Brand	\$42	\$126
Tier 4: Non-Preferred Drug	\$95	\$285
Tier 5: Specialty Tier	25%	N/A

If you live in a long-term care facility, you pay the same as at a retail pharmacy.

Coverage Gap

The coverage gap (also called the “donut hole”) starts after the total yearly drug cost (along with what our plan has paid and what you have paid) reaches **\$3,595**.

While in the coverage gap in 2019, you’ll pay 25% of the plan’s cost for brand-name drugs and 37% of the plan’s cost for generic drugs. You enter the catastrophic coverage phase once your yearly true out-of-pocket cost (Troop) reaches **\$5,100**. The costs paid by you, and the manufacturer discount payment for brand-name drugs count toward your true out-of-pocket costs and help you get out of the coverage gap. **Not everyone will reach the coverage gap.**

Catastrophic Coverage

After your yearly out-of-pocket drug costs reach **\$5,100**, you pay the greater of: 5% of the cost or you pay **\$3.40** for generic (including brand-name drugs treated as generic). You pay **\$8.50** for all other drugs.

Qualifying for Extra Help, Low Income Subsidy (LIS)

If you qualify for Extra Help for your Medicare prescription drug plan costs, the amount you pay for insurance every month and cost at the pharmacy will be lower.

The amount of Extra Help, Low Income Subsidy (LIS) level will decide the amount you pay for insurance every month as a member of our plan.

To learn more about available Medicare Part D subsidies (the money granted by the government to help pay for Part D drugs) please call:

- EmblemHealth at **800-447-9169, (TTY: 711)**; seven days a week, 8 am to 8 pm.
- Social Security at **800-772-1213, (TTY: 800-325-0778)**, Monday through Friday, 7 am to 7 pm. Or visit **ssa.gov**. Social Security can also provide you with an application.

ADDITIONAL BENEFITS

BENEFIT	EMBLEMHEALTH VIP RX SAVER (HMO)
<p>Acupuncture</p>	Not covered
<p>Chiropractic Care (may require approval) Manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position):</p>	You pay \$10
<p>Foot Care (podiatry services may require permission from your doctor)</p> <ul style="list-style-type: none"> • Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: • Routine foot care (for up to four visit(s) every year): 	<p>You pay \$40</p> <p>You pay \$40</p> <p>Foot care includes removal of calluses and corns, and trimming of nails.</p>
<p>Home Health Care (may require approval)</p>	You pay \$0
<p>Hospice</p>	<p>You pay \$0 for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.</p>
<p>Medical Equipment/Supplies</p> <p>Durable Medical Equipment (wheelchairs, oxygen, etc. may require approval):</p> <p>Prosthetic Devices (braces, artificial limbs, etc. may require approval):</p> <ul style="list-style-type: none"> • Prosthetic devices: • Related medical supplies: <p>Diabetes Supplies and Services:</p> <ul style="list-style-type: none"> • Diabetes monitoring supplies: • Diabetes self-management training: • Therapeutic shoes or inserts: 	<p>You pay 20% of the cost</p> <p>You pay 20% of the cost</p> <p>You pay 20% of the cost</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p>

ADDITIONAL BENEFITS	
BENEFIT	EMBLEMHEALTH VIP RX SAVER (HMO)
Renal Dialysis	You pay 20% of the cost
Wellness Programs <ul style="list-style-type: none"> • Fitness: • Hotline: 	SilverSneakers® 24-Hour Nurse Hotline
Outpatient Substance Abuse (may require approval) <ul style="list-style-type: none"> • Group therapy visit: • Individual therapy visit: 	You pay \$40 You pay \$40
Worldwide Emergency Urgent Coverage	You pay \$90 You pay \$0 if admitted in one day

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.

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**.

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**.

If you want to compare our plan with other Medicare Advantage plans we offer, you can visit us at **emblemhealth.com/medicare**.

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.

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ATTENTION: If you speak other languages, language assistance services, free of charge, are available to you. Call 877-411-3625 (TTY/TDD: 711). ATENCIÓN: Si usted habla español, tiene a su disposición, gratis, servicios de ayuda para idiomas. Llame al 877-411-3625 (TTY/TDD: 711).

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 can 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 that you routinely see a doctor. Visit **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/co-insurance 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).

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