

Summary of Benefits

EmblemHealth VIP Dual (HMO SNP)

January 1, 2019 – December 31, 2019

To join **EmblemHealth VIP Dual (HMO SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and in New York State Medicaid and live in our service area.

Our service area includes the following counties in New York: Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Sullivan, Ulster and Westchester.

SUMMARY OF MEDICARE-COVERED BENEFITS

BENEFIT	EMBLEMHEALTH VIP DUAL (HMO SNP)
<p>Monthly Plan Premium (The amount you pay for your insurance every month.)</p>	<p>You pay \$0</p> <p>You may be eligible for a reduced premium based on your Low Income Subsidy (LIS) level. In addition, you must continue to pay your Medicare Part B premium.</p>
<p>Deductible (The amount you pay before the plan starts to pay.)</p>	<p>\$0 - \$85 per year for Part D prescription drugs.</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.)</p> <p>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 \$0 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 \$0</p> <p>You pay \$0</p> <p>You pay \$0</p>
<p>Doctor Visits</p> <ul style="list-style-type: none"> • Primary: • Specialists (may require permission from your primary doctor): 	<p>You pay \$0</p> <p>You pay \$0</p>

BENEFIT	EMBLEMHEALTH VIP DUAL (HMO SNP)
<p>Preventive Care (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 \$0</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 \$0</p>

BENEFIT	EMBLEMHEALTH VIP DUAL (HMO SNP)
<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 permission): • 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 \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>One pair up to \$200 plan limit every two years.</p> <p>You pay \$0</p>
<p>Mental Health Services (may require approval)</p> <ul style="list-style-type: none"> • Inpatient visit: <ul style="list-style-type: none"> • Outpatient group therapy visit: • Outpatient individual therapy visit: 	<p>You pay \$0 per day for days 1-90</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 \$0</p> <p>You pay \$0</p>
<p>Skilled Nursing Facility (SNF) (may require approval)</p>	<p>Our plan covers up to 100 days in a SNF.</p> <p>You pay \$0 per day for days one through 100</p>
<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): 	<p>You pay \$0</p>

BENEFIT	EMBLEMHEALTH VIP DUAL (HMO SNP)
<p>Physical Therapy (cont'd)</p> <ul style="list-style-type: none"> • Occupational therapy visit: • Physical therapy and speech and language therapy visit: 	<p>You pay \$0</p> <p>You pay \$0</p>
<p>Ambulance (may require approval)</p> <ul style="list-style-type: none"> • Air Ambulance: 	<p>You pay \$0</p> <p>You pay \$0</p>
<p>Transportation (may require approval)</p>	<p>You pay \$0</p> <p>Up to 24 one-way trips per year</p>

Prescription Drugs for EmblemHealth VIP Dual (HMO SNP)

MEDICARE PART B DRUGS

- Chemotherapy drugs: You pay \$0
- Other Part B drugs: You pay \$0

MEDICARE PART D DRUGS

As a member of **EmblemHealth VIP Dual (HMO SNP)**, you are automatically enrolled in Medicare Part D. Because of your eligibility for Medicaid and Medicare, you should receive Extra Help in paying for your prescription drugs.

This means that you will receive help in paying for your Medicare Part D premium (the amount you pay for insurance every month), yearly deductible (the amount you pay before your plan starts to pay), and prescription drug copay (the amount you pay for a drug), as applicable.

Five Prescription Drug Tiers

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

Below are the five drug tiers:

- Tier 1: Preferred Generic
- Tier 2: Generic
- Tier 3: Preferred Brand
- Tier 4: Non-Preferred Drug
- Tier 5: Specialty Tier

Deductible

The deductible is the amount you pay before your plan starts to pay.

Based on a determination by the Social Security Administration (SSA), you may be eligible for additional Part D savings through the Low Income Subsidy (LIS). In this plan, depending on your eligibility level for Extra Help, you may pay up to an **\$85** yearly deductible and some small copays (the amount you pay for drugs) or coinsurances (the percentage you pay for drugs) when you fill your prescriptions at pharmacies that contract with EmblemHealth pharmacy.

Initial Coverage

After you’ve reached the deductible, you’ll enter the initial coverage phase. In this phase, you and the plan share some of the costs of covered drugs.

Based on your LIS level you pay the following Standard Retail and Standard Mail Order Cost-Sharing for prescription drugs:

PRESCRIPTION DRUG COSTS BY LOW INCOME SUBSIDY (LIS) CATEGORY			
LIS CATEGORY (Subsidy Level)	OUT-OF-POCKET COSTS THROUGH THE COVERAGE GAP Generic/Brand	CATASTROPHIC LEVEL DRUG YOU PAY OVER \$5,100 Generic/Brand	PREMIUM (The amount you pay for your insurance every month)
Category 0	Not eligible for Low Income Subsidy; amounts listed in benefit summary.	You pay the greater of \$3.40/\$8.50 or 5% of the cost.	\$39.30
Category 1 (100%)	\$3.40/\$8.50	\$0	\$0
Category 2 (100%)	\$1.25/\$3.80	\$0	\$0
Category 3 (100%)	\$0 (Institutional)	\$0	\$0
Category 4 (100%)	\$85 deductible and 15% of the cost	\$3.40/\$8.50	\$0
Category 4 (75%)	\$85 deductible and 15% of the cost	\$3.40/\$8.50	\$9.80
Category 4 (50%)	\$85 deductible and 15% of the cost	\$3.40/\$8.50	\$19.60
Category 4 (25%)	\$85 deductible and 15% of the cost	\$3.40/\$8.50	\$29.50

30-DAY SUPPLY	
Tier 1: Preferred Generic and Tier 2: Generic (including brand name drugs treated as generic)	Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, and Tier 5: Specialty Tier
Generics: You pay \$0 or \$1.25 or \$3.40 or 15% of the cost	Brands: You pay \$0 or \$3.80 or \$8.50 or 15% of the cost

Read the “Prescription Drugs” section in your Summary of Benefits for an outline of what your plan covers. Your Evidence of Coverage (EOC) has more information about what your plan covers for prescription drugs.

Catastrophic Coverage

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

If you have questions call us and ask for the “Evidence of Coverage (EOC).” You can also view the EOC online at emblemhealth.com/medicare.

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 DUAL (HMO SNP)
Acupuncture	48 visits yearly
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):	You pay \$0
Foot Care (podiatry services may require permission from your doctor) <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 4 visits every year): 	You pay \$0 Foot care includes removal of calluses, corns and trimming of nails. You pay \$0
Home Health Care (may require approval)	You pay \$0
Hospice	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 call us for more details.
Medical Equipment/ Supplies Durable Medical Equipment (wheelchairs, oxygen, etc. may require approval): Prosthetic Devices (braces, artificial limbs, etc. may require approval): <ul style="list-style-type: none"> • Prosthetic devices: • Related medical supplies: Diabetes Supplies and Services: <ul style="list-style-type: none"> • Diabetes monitoring supplies: • Diabetes self-management training: • Therapeutic shoes or inserts: 	You pay \$0 You pay \$0 You pay \$0 You pay \$0 You pay \$0 You pay \$0

ADDITIONAL BENEFITS

BENEFIT	EMBLEMHEALTH VIP DUAL (HMO SNP)
Renal Dialysis	You pay \$0
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 \$0 You pay \$0
Over-the-Counter Items	\$125 per month in Bronx, Kings, New York, and Queens counties \$100 per month in Dutchess, Nassau, Orange, Putnam, Richmond, Rockland, Sullivan, Ulster, and Westchester counties \$50 per month in Suffolk County
Worldwide Emergency Urgent Coverage	You pay \$0 \$0 if admitted in one day

SPECIALIZED BENEFITS FOR YOUR NEEDS

This section explains some of the extra products and services covered by EmblemHealth mentioned in the prior section of the Summary of Benefit charts.

Now let's get started.

Acupuncture

Help boost your immune system and start your body's natural protective and pain-fighting systems. As a member of this plan you can get up to 48 Acupuncture visits yearly.

Chiropractic Care

If you need to use chiropractic services, you do not need permission from your primary care doctor for an initial consultation with a chiropractor that contracts with us. EmblemHealth's chiropractic services are provided by **Palladian Muscular Skeletal Health**.

For a list of chiropractors that contract with us, call EmblemHealth Customer Service.

Dental Services

Our goal is to give you access to high-quality care to manage your preventive and comprehensive dental needs. Having healthy teeth is part of staying healthy.

Hearing Services

Take control of your hearing and improve your quality of life. As well as hearing services, our plan pays up to **\$1,500** every three years for hearing aids.

Vision Services

It's important to make sure that you take care of your eyes for the future. In addition to the vision coverage, you are also able to get routine eyewear at no cost.

To get a list of optical health care professionals and facilities and find out more information, please call EmblemHealth Customer Service.

Over-The-Counter (OTC) Items

As a member of **EmblemHealth's VIP Dual (HMO SNP)** plan, you will get an OTC Medicare card with a monthly benefit from **\$50** up to **\$125** monthly depending on where you live when you enroll in the plan.

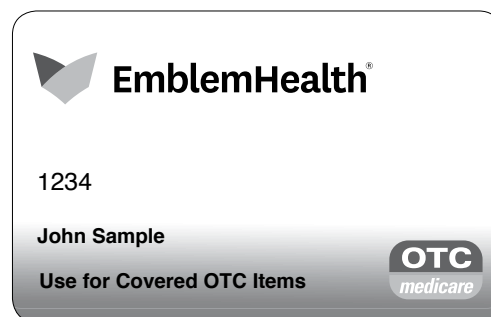
You can use this debit card to buy covered items from any OTC network pharmacy.

Transportation

At no extra cost, you can enjoy up to 24 one-way trips yearly to health related appointments and locations. You can also request urgent and discharge transportation which is available 24 hours a day, seven days a week. Our transportation benefit is managed by **MTM, Inc. (Medical Transportation Management)**. Contact **MTM** to help arrange your transportation needs.

SilverSneakers®

Are you looking to get active, have fun and live the life you want? At no extra cost, **SilverSneakers®** is a wellness program designed for all fitness levels and skills. You will be able to use to workout equipment, go to classes and fun social events at thousands of places nationwide!



SUMMARY OF MEDICAID-COVERED BENEFITS FOR CONTRACT H3330, PLAN 037

EmblemHealth VIP Dual (HMO SNP) Members Extra Products and Services

EmblemHealth VIP Dual (HMO SNP), through an arrangement with the New York State Department of Health, covers all health care products and services that you were getting under Medicaid or Medicaid Fee-For-Service plus more.

The kind of Medicaid products and services you get are decided by New York State and may differ based on your income and resources. Also, your Medicaid products and services can change during the year based on your income or resources.

With the help of Medicaid, some dual eligibles do not have to pay for some Medicare costs.

Our Special Needs Plan (SNP) covers the Medicaid benefit levels below:

- **Full Medicaid**
- **Specified Low-Income Medicare Beneficiary – Plus (SLMB – Plus):** Payment of your Medicare Part B premiums and full Medicaid benefits.
- **Qualified Medicare Beneficiary – Plus (QMB – Plus):** Payment of your Medicare Part A and Part B premiums, deductibles, cost-sharing (excluding Part D copays), and full Medicaid benefits.

Please present both your **EmblemHealth VIP Dual (HMO SNP)** member ID card and your New York State issued Medicaid card to get the Medicaid-Covered Services listed below. For each product and service listed below, you can see what New York State Medicaid covers and what our plan covers.

Benefit	Fee-for-Service Medicaid Benefits	EmblemHealth VIP Dual (HMO SNP) – Medicare Benefits with Medicaid Fee-for-Service
<p>Ambulance Services Medically necessary ambulance services</p>	Covered	You pay \$0
<p>Durable Medical Equipment Medicaid covered durable medical equipment, including devices and equipment other than medical/surgical supplies, and Enteral formula. Prosthetic or orthotic appliances having the following characteristics:</p> <ul style="list-style-type: none"> • 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. 	Covered	Non Medicare items covered by Medicaid fee-for-service
<p>Emergency Care</p>	Covered	You pay \$0
<p>Dialysis (Kidney)</p>	Covered	You pay \$0

Benefit	Fee-for-Service Medicaid Benefits	EmblemHealth VIP Dual (HMO SNP) – Medicare Benefits with Medicaid Fee-for-Service
<p>Hearing Services</p> <p>Services include:</p> <ul style="list-style-type: none"> • 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 placement parts. 	Covered	You pay \$0
<p>Home Health Agency Care</p> <p>Medicaid covers medically necessary home health services and includes additional, non-Medicare covered home health services.</p> <p>For example:</p> <ul style="list-style-type: none"> • physical therapist to supervise maintenance program for patients who have reached their maximum restorative potential • nurse to pre-fill syringes for disabled individuals with diabetes. 	Covered	You pay \$0
<p>Inpatient Hospital Care (Including Substance Abuse and Rehabilitation Services)</p>	Covered	You pay \$0
<p>Inpatient Mental Health Care</p> <p>All inpatient mental health services, including voluntary or involuntary admissions for mental health services over the Medicare 190-Day lifetime limit.</p>	Covered	You pay \$0
<p>Outpatient Diagnostic Tests and Therapeutic Services and Supplies</p>	Covered	You pay \$0
<p>Outpatient Mental Health Care</p> <p>Individual and group therapy visits.</p>	Covered	You pay \$0
<p>Outpatient Rehabilitation Services</p> <p>Medicaid-covered services of 40 visits per year for physical therapy and 20 visits per year for occupational therapy, and speech language therapy except when under age 21 or determined to be developmentally disabled by the Office for People with Developmental Disabilities or if you have a traumatic brain injury.</p>	Covered	You pay \$0

Benefit	Fee-for-Service Medicaid Benefits	EmblemHealth VIP Dual (HMO SNP) – Medicare Benefits with Medicaid Fee-for-Service
<p>Outpatient Substance Abuse Care Individual and group therapy visits.</p>	Covered	You pay \$0
<p>Outpatient Surgery, Including Services Provided at Hospital Facilities and Ambulatory Surgical Centers</p>	Covered	<p>You pay \$0 for each Medicare-covered ambulatory surgical center visit</p> <p>You pay \$0 for each Medicare-covered outpatient facility visit</p>
<p>Prosthetic Devices, Medical and Surgical Supplies, Enteral and Parenteral Formula</p> <p>As a dual eligible member, you may be entitled to additional Medicaid-coverage prosthetics, orthotics and orthopedic footwear.</p> <p>Enteral formula limited to nasogastric, jejunostomy, or gastrostomy tube feeding; or treatment of an inborn error of metabolism.</p>	Covered	You pay \$0
<p>Skilled Nursing Facility (SNF) Care Days beyond Medicare 100-day limit.</p>	Medicaid covers additional days beyond Medicare limit.	You pay \$0
<p>Routine Transportation</p> <p>Transportation essential for an enrollee to obtain necessary medical care and services under the plan's benefits or Medicaid fee-for-service.</p> <p>Includes ambulette, invalid coach, taxicab, livery, public transportation, or other means appropriate to the enrollee's medical conditional and a transportation attendant to accompany the enrollee, if necessary.</p>	Covered	Covered by Medicaid fee-for-service
<p>Urgently Needed Care</p>	Covered	You pay \$0

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.

Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these preferred pharmacies.

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 and a Coordination of Benefits Agreement with the New York State Department of Health. 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: 711). ATENCIÓN: Si usted habla español, tiene a su disposición, gratis, servicios de ayuda para idiomas. Llame al 877-411-3625 (TTY: 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).
- 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. To enroll in our Special Needs Plan you must be entitled to one of the following Medicaid benefit levels: Full Medicaid, Specified Low-Income Medicare Beneficiary – Plus (SLMB – Plus), or Qualified Medicare Beneficiary – Plus (QMB – Plus).

HIP Health Plan of New York (HIP) is an HMO plan with a Medicare contract. Enrollment in HIP depends on contract renewal. HIP is an EmblemHealth company.

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