Summary of Benefits

EmblemHealth VIP Go (HMO-POS)

January 1, 2020 – December 31, 2020

Who can join?

To join **EmblemHealth VIP Go (HMO-POS)**, 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, Kings, Nassau, New York, Queens, Richmond, Suffolk, and **Capital Region:** Albany, Broome, Columbia, Delaware, Greene, Rensselaer, Saratoga, Schenectady, Warren and Washington, and **Hudson Valley:** Dutchess, Orange, Rockland, Putnam, Sullivan, Ulster and Westchester.

This plan does not require referrals, and provides in-network and out-of-network cost sharing for select services.

Which doctors, hospitals and pharmacies can I use?

EmblemHealth VIP Go (HMO-POS) plan has a network of doctors, hospitals, pharmacies and other providers. For some services you can use providers, who are enrolled in Medicare, that are not in our network. Out-of-network/non-contracted providers are under no obligation to treat EmblemHealth members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including cost-sharing that applies to out-of-network services.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at **emblemhealth.com/medicare**. Or, call us and we'll send you a copy.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plan's provider and pharmacy directory on our website at **emblemhealth.com/medicare**. Or, call us and we'll send you a copy.

How to Reach Us

To find out more about EmblemHealth plans and to enroll, please call us at 800-447-9169 (TTY: 711). From October 1 to March 31, you can call us seven days a week from 8 am to 8 pm. From April 1 to September 30, you can call us Monday through Friday from 8 am to 8 pm.

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** 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**.

EMBLEMHEALTH VIP GO (HMO-POS)					
MONTHLY PLAN PREMIUM (THE AMOUNT YOU PAY FOR YOUR INSURANCE EVERY MONTH)					
	Your Level of Extra Help				
COUNTIES	**0% (Full Premium)**	**25%**	**50%**	**75%**	**100%**
Bronx, Kings, Nassau, New York, Queens, Richmond, Capital Region, Hudson Valley	$71	$61.90	$52.70	$43.60	$34.40
Suffolk	$143	$133.90	$124.70	$115.60	$106.40
In addition, you must continue to pay your Medicare Part B premium.					

BENEFIT	EMBLEMHEALTH VIP GO (HMO-POS)	
	In-Network	**Out-of-Network**
Deductible (The amount you pay before the plan starts to pay.)	This plan has a $500 deductible for select covered medical services.* Services Include: • Worldwide emergency care • Worldwide ambulance- ground • Worldwide Urgent Coverage • Partial Hospitalization • Occupational Therapy • Physical and Speech Therapy • Diagnostic Procedures & Tests • Diagnostic and Therapeutic Radiology • Outpatient Hospital Services • Outpatient Observation Services • Ambulatory Surgery Centers • Outpatient Blood Services • Ambulance Ground and Air • Dialysis Services	
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.)	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. $6,700 yearly for services you receive from in-network health care professionals and facilities; $10,000 for in- and out-of-network services combined. 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. Our plan has a coverage limit every year for certain in-network benefits. Please call us for the services that apply.	

***Medical deductible applies.**

BENEFIT	EMBLEMHEALTH VIP GO (HMO-POS)	
	In-Network	Out-of-Network
Inpatient Hospital Coverage (may require approval)	Our plan covers an unlimited number of days for an inpatient hospital stay. You pay $360 per day for days 1 through 5 You pay $0 per day for days 6 through 90 You pay $0 per day for days 91 and beyond	Our plan covers an unlimited number of days for an inpatient hospital stay. You pay $565 per day for days 1 through 5 You pay $0 per day for days 6 through 90 You pay $0 per day for days 91 and beyond
Outpatient Hospital Coverage (may require approval)		
• Ambulatory surgery center:	You pay $225*	You pay $495*
• Hospital observation:	You pay $340*	You pay $545*
• Outpatient hospital:	You pay $360*	You pay $565*
Doctor Visits		
• Primary Care Doctor:	You pay $10	You pay $30
• Specialists:	You pay $45	You pay $65
Preventive Care (services that keep you healthy) • Our plan covers many preventive services, including:	You pay $0 – Bone mass measurement – Breast cancer screening (mammogram) – Cardiovascular screenings – Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) – Depression screening	You pay $0 – Bone mass measurement – Breast cancer screening (mammogram) – Cardiovascular screenings – Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) – Depression screening

***Medical deductible applies.**

BENEFIT	EMBLEMHEALTH VIP GO (HMO-POS)	
	In-Network	Out-of-Network
Preventive Care (Continued)	– Diabetes screenings and counseling – Prostate cancer screenings (PSA) – Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots – "Welcome to Medicare" preventive visit (one-time) – Yearly "Wellness" visit And all additional preventive services approved by Medicare during the contract year will be covered.	– Diabetes screenings and counseling – Prostate cancer screenings (PSA) – Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots – "Welcome to Medicare" preventive visit (one-time) – Yearly "Wellness" visit And all additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	You pay $90 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.	You pay $90 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.
Urgently Needed Services	You pay $50	You pay $50
Diagnostic Services/Labs/Imaging (Lower costs when provided in a doctor's office or free-standing facility. May require approval)		
• Diagnostic radiology services (such as MRIs, CT scans):	You pay 20% of the cost*	You pay 20% of the cost*
• Lab services:	You pay $0 or $15	You pay $0 or $15
• Diagnostic tests and procedures:	You pay $0 or $45*	You pay $0 or $45*
• Outpatient X-rays:	You pay $40	You pay $40
• Therapeutic radiology services (such as radiation treatment for cancer):	You pay 20% of the cost*	You pay 20% of the cost*

***Medical deductible applies.**

BENEFIT	EMBLEMHEALTH VIP GO (HMO-POS)	
	In-Network	Out-of-Network
Hearing Services		
• Exam to diagnose and treat hearing and balance issues:	You pay $40	Not covered
• Routine hearing exam (for up to one every year):	You pay $10	
• Hearing aid fitting/evaluation (for up to one every year):	You pay $10	
• Hearing aid:	Our plan covers up to $1,800 every three years for hearing aids.	
Dental Services		
No Annual Dollar Limit		
Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth):	You pay $0	Not covered
Preventive Dental Services:		
• Cleaning (for up to one every six months):	You pay $0	
• Dental X-ray(s) (for up to one every six months):	You pay $0	
• Fluoride treatment (for up to one every six months):	You pay $0	
• Oral exam (for up to one every six months):	You pay $0	
Comprehensive Dental Services:		
• Restorative services:	$0 - $125	
• Endodontics:	$0 - $20	
• Periodontics:	$0 - $150	
• Extractions:	$0 - $50	
• Prosthodontics, other oral/ maxillofacial surgery, other services:	$0 - $150	
Vision Services		
• Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening) (May require approval):	You pay $40	

BENEFIT	EMBLEMHEALTH VIP GO (HMO-POS)	
	In-Network	Out-of-Network
Vision Services (Continued) • Routine eye exam (for up to one every year): Routine eyewear: • Eyeglasses (frames and lenses) or contact lenses: • Eyeglasses (frames and lenses) or contact lenses after cataract surgery:	You pay $10 You pay $0 One pair every year up to $240 plan limit per year You pay $40	Not covered
Mental Health Services (may require approval) • Inpatient visit: • Outpatient group therapy visit: • Outpatient individual therapy visit:	You pay $1,763 per admission/benefit period 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 health services provided in a general hospital. Our plan covers up to 90 days per year (up to the 190 day lifetime limit) for an inpatient psychiatric hospital stay. 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 (per year up to the 190 day lifetime limit). You pay $40 You pay $40	Not covered

***Medical deductible applies.**

BENEFIT	EMBLEMHEALTH VIP GO (HMO-POS)	
	In-Network	Out-of-Network
Skilled Nursing Facility (SNF) (may require approval)	Our plan covers up to 100 days in an SNF. You pay $0 per day for days 1 through 20 You pay $178 per day for days 21 through 100	Our plan covers up to 100 days in an SNF. You pay $0 per day for days 1 through 20 You pay $178 per day for days 21 through 100
Physical Therapy (may require approval) • 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:	You pay $30 You pay $40* You pay $40*	You pay $30 You pay $40* You pay $40*
Ambulance (may require approval; not waived if admitted) • Ground • Air:	You pay $250* You pay 20% of the cost*	You pay $250* You pay 20% of the cost*
Transportation	Not covered	No covered

***Medical deductible applies.**

Prescription Drugs for EmblemHealth VIP Go (HMO-POS) Drug Benefits

MEDICARE PART B DRUGS

- Chemotherapy drugs: You pay 10% of the cost in home and 20% of the cost at a retail pharmacy, mail order pharmacy, physician office, and outpatient facility.
- Other Part B drugs: You pay 10% of the cost in home and 20% of the cost at a retail pharmacy, mail order pharmacy, physician office, and outpatient facility.

MEDICARE PART D DRUGS

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.

Four Stages of Drug Coverage

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.

There is a **$250** deductible for Tier 3 (preferred brand), 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 **$3,835**. 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 GO (HMO-POS)				
	Deductible	Initial Coverage $0-$3,835 30-day Supply		Coverage Gap Over $3,835	Catastrophic Over $6,350
	You pay	Preferred	Standard	You pay	You pay
Tier 1: Preferred Generic	$0	$0	$4	25%	5%
Tier 2: Generic	$0	$18	$20	25%	5%
Tier 3: Preferred Brand	$250	$45	$47	25%	5%
Tier 4: Non-Preferred Drug	$250	$95	$100	25%	5%
Tier 5: Specialty Tier	$250	28%	28%	25%	5%

Prescription Drugs for EmblemHealth VIP Go (HMO-POS) Benefits

Standard Mail Order Cost-Sharing

Tier	EMBLEMHEALTH VIP GO (HMO-POS)	
Monthly Supply	**30-day supply**	**90-day supply**
Tier 1: Preferred Generic	$0	$0
Tier 2: Generic	$18	$45
Tier 3: Preferred Brand	$45	$135
Tier 4: Non-Preferred Drug	$95	$285
Tier 5: Specialty Tier	28%	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 **$3,835**.

While in the coverage gap in 2020, you'll pay 25% of the plan's cost for brand-name drugs and/or generic drugs. You enter the catastrophic coverage phase once your yearly true out-of-pocket cost (TrOOP) reaches **$6,350**. The costs paid by you, and the manufacturer discount payment for brand-name drugs count 70% 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 **$6,350**, your cost sharing will be the larger amount of **$3.60** or 5% for generic or preferred multi-source drugs, and **$8.95** or 5% 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 **1-800-447-9169**, (TTY: **711**); From October 1 to March 31, you can call us seven days a week from 8 am to 8 pm. From April 1 to September 30, you can call us Monday through Friday from 8 am to 8 pm.
- Social Security at **1-800-772-1213**, (TTY: **1-800-325-0778**), 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 GO (HMO-POS)**	
	In-Network	**Out-of-Network**
Acupuncture	Not covered	Not covered
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 $10	You pay $10
Foot Care • Foot exams and treatment if you have diabetes-related nerve damage and/or meet some conditions: • Routine foot care (for up to four visit(s) every year):	You pay $40 You pay $40 Foot care includes removal of calluses and corns, and trimming of nails.	You pay $40 You pay $40 Foot care includes removal of calluses and corns, and trimming of nails.
Home Health Care (may require approval)	You pay $0	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): • Prosthetic devices: • Related medical supplies:	You pay 20% of the cost You pay 20% of the cost You pay 20% of the cost	You pay 20% of the cost You pay 20% of the cost You pay 20% of the cost

ADDITIONAL BENEFITS		
BENEFIT	**EMBLEMHEALTH VIP GO (HMO-POS)**	
	In-Network	**Out-of-Network**
Medical Equipment Supplies (Continued) Diabetes Supplies and Services		
• Diabetes monitoring supplies:	You pay $0	You pay $0
• Diabetes self-management training:	You pay $0	You pay $0
• Therapeutic shoes or inserts:	You pay $0	You pay $0
Renal Dialysis	You pay 20% of the cost*	You pay 20% of the cost*
Wellness Programs		
• Fitness:	SilverSneakers®	Not covered
• Hotline:	24-Hour Nurse Hotline	Not covered
• Teladoc®:	You pay $45	Not covered
Outpatient Substance Abuse (may require approval)		
• Group therapy visit:	You pay $40	Not covered
• Individual therapy visit:	You pay $40	Not covered
Worldwide Emergency Urgent Coverage	You pay $90* You pay $0 if admitted in one day	You pay $90* You pay $0 if admitted in one day

***Medical deductible applies.**

Health Insurance Plan of Greater New York (HIP) is an HMO/HMO-POS/HMO D-SNP plan with a Medicare contract. HIP has a contract with the New York Medicaid Program for HMO D-SNP. 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. Out-of-network/non-contracted providers are under no obligation to treat EmblemHealth 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.

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

2020 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 for which 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 medicine 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, 2021.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.

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