

# Summary of Benefits

## EmblemHealth VIP Solutions (HMO D-SNP)

January 1, 2020 – December 31, 2020

### Who can join?

To join **EmblemHealth VIP Solutions (HMO D-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, Kings, Nassau, New York, Orange, Queens, Richmond, Rockland, Suffolk, and Westchester.**

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

- **Full Benefit Dual Eligible (FBDE):** Medicaid provides full Medicaid benefits.
- **Qualified Medicare Beneficiary Program (QMB):** Payment of your Medicare Part A and/or Part B premium. This program also pays for the Medicare Parts A and B coinsurance and deductibles.
- **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.
- **Specified Low-Income Medicare Beneficiary Program (SLMB):** Payment of your Medicare Part B premium only. The applicant must have Medicare Part A in order to be eligible for the program.
- **Specified Low-Income Medicare Beneficiary – Plus (SLMB – Plus):** Payment of your Medicare Part B premiums and full Medicaid benefits.
- **Qualified Individual (QI):** Payment of your Medicare Part B premium only. Individuals cannot be eligible for QI and Medicaid. The applicant must have Medicare Part A. States are allotted money for this program on a yearly basis.

This plan does not require a referral.

### Which doctors, hospitals, and pharmacies can I use?

**EmblemHealth VIP Solutions** plan has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan will not pay for these services.

When joining the **EmblemHealth VIP Solutions** plan, you should choose a primary care doctor (PCP) in the VIP Medicare network. If you do not select a PCP, one will be selected for you. At any time, you can select a different PCP within the network. This network also includes additional medical providers like specialists, laboratories, and hospitals.

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](https://www.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](https://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](https://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](https://emblemhealth.com/medicare).

**SUMMARY OF MEDICARE-COVERED BENEFITS**

<b>BENEFIT</b>	<b>EMBLEMHEALTH VIP SOLUTIONS (HMO D-SNP)</b>
<p><b>Monthly Plan Premium</b> (The amount you pay for your insurance every month.)</p>	<p>You pay \$0 up to \$36.60 (based on your level of extra help) You must continue to pay your Medicare Part B premium.</p>
<p><b>Deductible</b> (The amount you pay before the plan starts to pay.)</p>	<p>This plan has a \$0 or \$295 deductible for select covered medical services. This includes:</p> <ul style="list-style-type: none"> <li>• Inpatient Hospital – Acute and Psychiatric</li> <li>• Skilled Nursing Facility</li> <li>• Cardiac and Pulmonary Rehab</li> <li>• Partial Hospitalization</li> <li>• Chiropractic and Occupational Therapy</li> <li>• Specialist</li> <li>• Mental Health</li> <li>• Podiatry</li> <li>• Psychiatric Services</li> <li>• Physical and Speech Therapy</li> <li>• Diagnostic Procedures/Tests and Lab Services</li> <li>• Diagnostic and Therapeutic Radiology</li> <li>• X-ray</li> <li>• Outpatient Hospital and Observation Services</li> <li>• Ambulatory Surgical Centers</li> <li>• Outpatient Substance Abuse</li> <li>• Ambulance Ground and Air</li> <li>• Dialysis Services</li> <li>• Intensive Cardiac Rehab</li> <li>• Supervised Exercise Therapy</li> <li>• Opioid Treatment</li> </ul>
<p><b>Maximum Out-of-Pocket Responsibility</b> (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.  \$6,700 yearly for services you receive from in-network health care professionals and facilities.  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.</p>

BENEFIT	EMBLEMHEALTH VIP SOLUTIONS (HMO D-SNP)
<p><b>Inpatient Hospital Coverage</b> (may require approval)</p>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.            You pay \$0 or \$310 per day for days 1 through 6            You pay \$0 per day for days 7 through 90            You pay \$0 per day for days 91 and beyond</p>
<p><b>Outpatient Hospital Coverage</b> (may require approval)</p> <ul style="list-style-type: none"> <li>• Ambulatory surgery center:</li> <li>• Hospital observation:</li> <li>• Outpatient hospital:</li> </ul>	<p>You pay \$0 or \$195 copay            You pay \$0 or \$295 copay            You pay \$0 or \$295 copay</p>
<p><b>Doctor Visits</b></p> <ul style="list-style-type: none"> <li>• Primary Care Doctor:</li> <li>• Specialists (may require permission from your primary care doctor):</li> </ul>	<p>You pay \$0            You pay \$0 or \$45 copay</p>
<p><b>Preventive Care</b> (Services that keep you healthy)</p> <ul style="list-style-type: none"> <li>• Our plan covers many preventive services, including:</li> </ul>	<p>You pay \$0</p> <ul style="list-style-type: none"> <li>– Bone mass measurement</li> <li>– Breast cancer screenings (mammogram)</li> <li>– Cardiovascular screenings</li> <li>– Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)</li> <li>– Depression screenings</li> <li>– Diabetes screenings</li> <li>– Prostate cancer screenings (PSA)</li> <li>– Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots</li> <li>– "Welcome to Medicare" preventive visit (one-time)</li> <li>– Yearly "Wellness" visit</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
<p><b>Emergency Care</b></p>	<p>You pay \$0 or \$90 copay</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>

BENEFIT	EMBLEMHEALTH VIP SOLUTIONS (HMO D-SNP)
<b>Urgently Needed Services</b>	You pay \$0 or \$30 copay
<b>Diagnostic Services/Labs/Imaging</b> (Lower costs when provided in a doctor's office or free standing facility. May require approval) <ul style="list-style-type: none"> <li>• Diagnostic radiology services (such as MRIs, CT scans):</li> <li>• Lab services:</li> <li>• Diagnostic tests and procedures:</li> <li>• Outpatient x-rays:</li> <li>• Therapeutic radiology services (such as radiation treatment for cancer):</li> </ul>	You pay \$0 or 20% copay You pay \$0 or \$15 copay You pay \$0 or \$15 copay You pay \$0 or 20% coinsurance You pay \$0 or 20% coinsurance
<b>Hearing Services</b> (may require approval) <ul style="list-style-type: none"> <li>• Exam to diagnose and treat hearing and balance issues:</li> <li>• Routine hearing exam (for up to one every year):</li> <li>• Hearing aid fitting/evaluation (for up to one every year):</li> <li>• Hearing aid:</li> </ul>	You pay \$0 or \$40 copay You pay \$0 You pay \$0 Our plan pays up to \$350 every year for hearing aids.
<b>Dental Services</b> Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): Preventive Dental Services: <ul style="list-style-type: none"> <li>• Cleaning (for up to one every six months):</li> <li>• Dental x-ray(s) (for up to one every six months):</li> <li>• Fluoride treatment (for up to one every six months):</li> <li>• Oral exam (for up to one every six months):</li> </ul>	You pay \$0 You pay \$0 You pay \$0 You pay \$0 You pay \$0
<b>Comprehensive Dental Services:</b> <ul style="list-style-type: none"> <li>• Restorative services:</li> <li>• Endodontics, periodontics, extractions:</li> <li>• Prosthodontics, other oral/maxillofacial surgery, other services:</li> </ul>	Not covered Not covered Not covered

BENEFIT	EMBLEMHEALTH VIP SOLUTIONS (HMO D-SNP)
<p><b>Vision Services</b></p> <ul style="list-style-type: none"> <li>• Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening) (may require approval):</li> <li>• Routine eye exam (for up to one every year):</li> </ul> <p>Routine eyewear:</p> <ul style="list-style-type: none"> <li>• Eyeglasses (frames and lenses) or contact lenses:</li> <li>• Eyeglasses (frames and lenses) or contact lenses after cataract surgery:</li> </ul>	<p>You pay \$0 or \$45 copay</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>One pair up to \$200 plan limit every year.</p> <p>You pay \$0</p>
<p><b>Mental Health Services</b> (may require approval)</p> <ul style="list-style-type: none"> <li>• Inpatient visit:</li> <li>• Outpatient group therapy visit:</li> <li>• Outpatient individual therapy visit:</li> </ul>	<p>You pay \$0 or \$1,763 per admission/benefit period</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 health services provided in a general hospital.</p> <p>Our plan covers up to 90 days per year (up to the 190-day lifetime limit) for an inpatient psychiatric 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 (per year up to the 190-day lifetime limit).</p> <p>You pay \$0 or \$40 copay</p> <p>You pay \$0 or \$40 copay</p>
<p><b>Skilled Nursing Facility (SNF)</b> (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 you pay \$0 or \$178 per day for days 21 through 100</p>
<p><b>Physical Therapy</b> (may require approval)</p> <ul style="list-style-type: none"> <li>• Occupational therapy visit:</li> <li>• Physical therapy and speech and language therapy visit:</li> </ul>	<p>You pay \$0 or \$40</p> <p>You pay \$0 or \$40</p>

BENEFIT	EMBLEMHEALTH VIP SOLUTIONS (HMO D-SNP)
<p><b>Ambulance</b> (may require approval; not waived if admitted)</p> <ul style="list-style-type: none"> <li>• Ground:</li> <li>• Air:</li> </ul>	<p>You pay \$0 or \$225</p> <p>You pay \$0 or 20% coinsurance</p>
<p><b>Transportation</b></p>	<p>Not covered</p>

# Prescription Drugs for EmblemHealth VIP Solutions (HMO D-SNP)

## MEDICARE PART B DRUGS

- Chemotherapy drugs: You pay \$0 or 20% coinsurance
- Other Part B drugs: You pay \$0 or 20% coinsurance

## MEDICARE PART D DRUGS

As a member of **EmblemHealth VIP Solutions (HMO D-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.

### 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 **\$89** 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 an 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 \$6,350  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 \$3.60/\$8.95 or 5% of the cost.	
Category 1 (100%)	\$3.60/\$8.95	\$0	\$0
Category 2 (100%)	\$1.30/\$3.90	\$0	\$0
Category 3 (100%)	\$0 (Institutional)	\$0	\$0
Category 4 (100%)	\$89 deductible and 15% of the cost	\$3.60/\$8.95	\$0
Category 4 (75%)	\$89 deductible and 15% of the cost	\$3.60/\$8.95	
Category 4 (50%)	\$89 deductible and 15% of the cost	\$3.60/\$8.95	
Category 4 (25%)	\$89 deductible and 15% of the cost	\$3.60/\$8.95	

30-DAY SUPPLY	
Generics	Brands
Generics: You pay \$0 or \$1.30 or \$3.60 or 15% of the cost	Brands: You pay \$0 or \$3.90 or \$8.95 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 **\$6,350**, depending on your level of extra help, you will pay \$0 for all drugs or \$3.60 for generic and preferred brand drugs that are multi-source, or \$8.95 for all others.

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](http://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)**. 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 **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 SOLUTIONS (HMO D-SNP)
<b>Acupuncture</b>	Not covered
<b>Chiropractic Care</b> (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 or \$20
<b>Foot Care</b> (podiatry services may require permission from your doctor) <ul style="list-style-type: none"> <li>• Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions:</li> <li>• Routine foot care (for up to 4 visits every year):</li> </ul>	You pay \$0 or \$40  Not covered
<b>Home Health Care</b> (may require approval)	You pay \$0
<b>Hospice</b>	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.
<b>Medical Equipment/Supplies</b>  Durable Medical Equipment (wheelchairs, oxygen, etc., may require approval):  Prosthetic Devices (braces, artificial limbs, etc., may require approval): <ul style="list-style-type: none"> <li>• Prosthetic devices:</li> <li>• Related medical supplies:</li> </ul> Diabetes Supplies and Services: <ul style="list-style-type: none"> <li>• Diabetes monitoring supplies:</li> <li>• Diabetes self-management training:</li> <li>• Therapeutic shoes or inserts:</li> </ul>	You pay \$0 or 20% coinsurance  You pay \$0 or 20% coinsurance You pay \$0 or 20% coinsurance  You pay \$0 You pay \$0 You pay \$0 or 20% coinsurance

## Additional Benefits (Continued)

BENEFIT	EMBLEMHEALTH VIP SOLUTIONS (HMO D-SNP)
<b>Renal Dialysis</b>	You pay \$0 or 20% coinsurance
<b>Wellness Programs</b> <ul style="list-style-type: none"> <li>• Fitness:</li> <li>• Hotline:</li> </ul>	Not covered 24-Hour Nurse Hotline
<b>Outpatient Substance Abuse</b> (may require approval) <ul style="list-style-type: none"> <li>• Group therapy visit:</li> <li>• Individual therapy visit:</li> </ul>	You pay \$0 or \$40 You pay \$0 or \$40
<b>Over-the-Counter Items</b>	Not covered
<b>Worldwide Emergency and Urgent Coverage</b>	You pay \$0 or \$90 \$0 if admitted in one day (not waived if admitted within 1 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.

### **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 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 **\$350** every year 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 with a \$200 allowance every year.

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

**SUMMARY OF MEDICAID-COVERED BENEFITS FOR CONTRACT H5991, PLAN 002**

**EmblemHealth VIP Solutions (HMO D-SNP) Members Extra Products and Services**

**EmblemHealth VIP Solutions (HMO D-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.

Please present both your **EmblemHealth VIP Solutions (HMO D-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.

<b>Benefit</b>	<b>Fee-for-Service Medicaid Benefits</b>	<b>EmblemHealth VIP Solutions (HMO D-SNP) – Medicare Benefits with Medicaid Fee-for-Service</b>
<p><b>Ambulance Services</b> Medically necessary ambulance services</p>	Covered	You pay \$0 or \$90
<p><b>Durable Medical Equipment</b> 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"> <li>• can withstand repeated use for a protracted period of time;</li> <li>• are primarily and customarily used for medical purposes;</li> <li>• 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.</li> </ul>	Covered	Non-Medicare items covered by Medicaid Fee-for-Service
<p><b>Emergency Care</b></p>	Covered	You pay \$0 or \$90
<p><b>Dialysis (Kidney)</b></p>	Covered	You pay \$0 or 20%

Benefit	Fee-for-Service Medicaid Benefits	EmblemHealth VIP Solutions (HMO D-SNP) – Medicare Benefits with Medicaid Fee-for-Service
<p><b>Hearing Services</b></p> <p>Services include:</p> <ul style="list-style-type: none"> <li>• hearing aid selecting, fitting, and dispensing;</li> <li>• hearing aid checks following dispensing, conformity evaluations, and hearing aid repairs;</li> <li>• audiology services including examinations and testing, hearing aid evaluations, and hearing aid prescriptions;</li> <li>• hearing aid products including hearing aids, ear molds, special fittings, and placement parts.</li> </ul>	Covered	You pay \$0 or \$40
<p><b>Home Health Agency Care</b></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"> <li>• physical therapist to supervise maintenance program for patients who have reached their maximum restorative potential</li> <li>• nurse to pre-fill syringes for disabled individuals with diabetes</li> </ul>	Covered	You pay \$0
<p><b>Inpatient Hospital Care (Including Substance Abuse and Rehabilitation Services)</b></p>	Covered	You pay \$0 or \$310 for days 1-6 and \$0 for days 7+
<p><b>Inpatient Mental Health Care</b></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 or \$1,763 per admission
<p><b>Outpatient Diagnostic Tests and Therapeutic Services and Supplies</b></p>	Covered	You \$0 or \$15 for diagnostic tests and; \$0 or 20% for therapeutic services
<p><b>Outpatient Mental Health Care</b></p> <p>Individual and group therapy visits.</p>	Covered	You pay \$0 or \$40

Benefit	Fee-for-Service Medicaid Benefits	EmblemHealth VIP Solutions (HMO D-SNP) – Medicare Benefits with Medicaid Fee-for-Service
<p><b>Outpatient Rehabilitation Services</b>            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 or \$40
<p><b>Outpatient Substance Abuse Care</b>            Individual and group therapy visits.</p>	Covered	You pay \$0 or \$40
<p><b>Outpatient Surgery, Including Services Provided at Hospital Facilities and Ambulatory Surgical Centers</b></p>	Covered	You pay \$0 or \$195 for each Medicare-covered ambulatory surgical center visit  You pay \$0 or \$295 for each Medicare-covered outpatient facility visit
<p><b>Prosthetic Devices, Medical and Surgical Supplies, Enteral and Parenteral Formula</b>            As a dual eligible member, you may be entitled to additional Medicaid-coverage prosthetics, orthotics, and orthopedic footwear.             Enteral formula limited to nasogastric, jejunostomy, or gastrostomy tube feeding; or treatment of an inborn error of metabolism.</p>	Covered	You pay \$0 or 20%
<p><b>Skilled Nursing Facility (SNF) Care</b>            Days beyond Medicare 100-day limit.</p>	Medicaid covers additional days beyond Medicare limit.	You pay \$0 per day for days 1-20 and \$178 per day for days 21-100
<p><b>Routine Transportation</b>            Transportation essential for an enrollee to obtain necessary medical care and services under the plan’s benefits or Medicaid Fee-for-Service.             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



Benefit	Fee-for-Service Medicaid Benefits	EmblemHealth VIP Solutions (HMO D-SNP) – Medicare Benefits with Medicaid Fee-for-Service
<b>Urgently Needed Care</b>	Covered	You pay \$0 or \$30
<b>Dental</b> 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.	Covered	Preventive covered No annual limit

Health Insurance Plan of Greater New York (HIP) is an HMO/HMO-POS/HMO D-SNP 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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# 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](https://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/coinsurance may change on January 1, 2021.
- 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.

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.