

Summary of Benefits

EmblemHealth VIP Dual Select (HMO D-SNP)

January 1, 2020 – December 31, 2020

Who can join?

To join **EmblemHealth VIP Dual Select (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 – 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 – Plus (SLMB – Plus):** Payment of your Medicare Part B premiums and full Medicaid benefits.

This plan does not require a referral.

Which doctors, hospitals, and pharmacies can I use?

EmblemHealth VIP Dual Select 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 Dual Select** 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. 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.

SUMMARY OF MEDICARE-COVERED BENEFITS

BENEFIT	EMBLEMHEALTH VIP DUAL SELECT (HMO D-SNP)
<p>Monthly Plan Premium (The amount you pay for your insurance every month.)</p>	<p>You pay \$0</p> <p>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>You pay \$0</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 \$0</p>
<p>Outpatient Hospital Coverage (may require approval)</p> <ul style="list-style-type: none"> • Ambulatory surgery 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 Care Doctor: • Specialists (may require permission from your primary care doctor): 	<p>You pay \$0</p> <p>You pay \$0</p>

BENEFIT	EMBLEMHEALTH VIP DUAL SELECT (HMO D-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"> – Bone mass measurement – Breast cancer screenings (mammogram) – Cardiovascular screenings – Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) – Depression screenings – Diabetes screenings – Prostate cancer screenings (PSA) – 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>
<p>Diagnostic Services/Labs/Imaging (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 \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p>

BENEFIT	EMBLEMHEALTH VIP DUAL SELECT (HMO D-SNP)
<p>Hearing Services (may require approval)</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 \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>Our plan pays up to \$750 every year for hearing aids.</p>
<p>Dental Services</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>Not covered</p> <p>Not covered</p> <p>Not covered</p> <p>Not covered</p> <p>Not covered</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p>
<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 \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>One pair up to \$100 plan limit every year</p> <p>You pay \$0</p>

Prescription Drugs for EmblemHealth VIP Dual Select (HMO D-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 Select (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.

Part D Prescription Drug Cost Sharing for a 30-day supply of covered drugs

Cost shares may change when entering another phase of the Part D benefit.

Tier Name	Initial Coverage Stage	Coverage Gap Stage	Catastrophic Coverage Stage
All Formulary Drugs	Generic Drugs: \$0 to \$3.60 Brand Drugs: \$0 to \$8.95 The amount you pay is determined by the prescription and your low-income subsidy. Please refer to your LIS Rider and/or Evidence of Coverage for more information on what you pay.		\$0

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 (Continued)

BENEFIT	EMBLEMHEALTH VIP DUAL SELECT (HMO D-SNP)
Renal Dialysis	You pay \$0
Wellness Programs <ul style="list-style-type: none"> • Fitness: • Hotline: 	Not covered 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	\$50 per month
Worldwide Emergency and Urgent Coverage	You pay \$0

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 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 **\$750** every year for hearing aids.

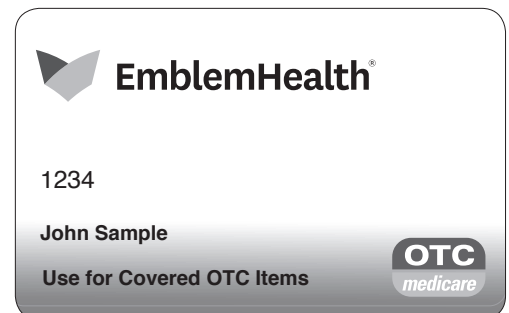
Vision Services

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 \$100 allowance.

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

Over-The-Counter (OTC) Items

As a member of **EmblemHealth's VIP Dual Select (HMO D-SNP)** plan, you will get an OTC Medicare card with a \$50 monthly benefit when you enroll in the plan. You can use this debit card to buy covered items from any OTC network pharmacy.



SUMMARY OF MEDICAID-COVERED BENEFITS FOR CONTRACT H5991, PLAN 001

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

EmblemHealth VIP Dual Select (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 Dual Select (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.

Benefit	Fee-for-Service Medicaid Benefits	EmblemHealth VIP Dual Select (HMO D-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 Select (HMO D-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; • 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

Benefit	Fee-for-Service Medicaid Benefits	EmblemHealth VIP Dual Select (HMO D-SNP) – Medicare Benefits with Medicaid Fee-for-Service
<p>Outpatient Rehabilitation Services 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
<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	You pay \$0 for each Medicare-covered ambulatory surgical center visit You pay \$0 for each Medicare-covered outpatient facility visit
<p>Prosthetic Devices, Medical and Surgical Supplies, Enteral and Parenteral Formula 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
<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 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 condition 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

Benefit	Fee-for-Service Medicaid Benefits	EmblemHealth VIP Dual Select (HMO D-SNP) – Medicare Benefits with Medicaid Fee-for-Service
<p>Dental</p> <p>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.</p>	Covered	Comprehensive covered

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 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.