



# 2023 EmblemHealth VIP Medicare Plans

Bronx, Dutchess, Kings, Nassau,  
New York, Orange, Putnam, Queens,  
Richmond, Rockland, Suffolk,  
Sullivan, Ulster, and Westchester

# No matter what your needs, we have a plan for you.

Based on more than 80 years of experience, we know that different people have different needs.

That is why we offer you a choice of EmblemHealth VIP Medicare plans. We want to make it easy for you to select the Medicare plan that is right for you. At EmblemHealth, keeping you healthy is one of our top priorities.

## EmblemHealth VIP Dual Medicare Plans

### EmblemHealth VIP Dual (HMO D-SNP):

This is a Special Needs Plan for people enrolled in both Medicare and full Medicaid. You pay nothing each month for this plan based on your level of Extra Help. You pay **\$0** for covered services in this plan. You will also get benefits Medicare does not cover, like preventive and comprehensive dental, hearing aids, routine eyewear, a **SilverSneakers® membership**, a card with up to **\$130** for over-the-counter (OTC) items including healthy food items depending on where you live, and **10 acupuncture visits** in addition to what Medicare covers.

### EmblemHealth VIP Dual Reserve (HMO D-SNP):

This is a Special Needs Plan for people enrolled in both Medicare and full Medicaid. You pay nothing each month for this plan based on your level of Extra Help. You pay **\$0** for covered services in this plan. You will also get benefits Medicare does not cover, like a debit card with up to **\$150 monthly** for over-the-counter (OTC) items including healthy food items. This plan is available in the Bronx, Kings, New York, and Queens counties.

To join Special Needs Plans, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and Medicaid, and live in our service area.

Our Special Needs Plans (HMO D-SNP) cover beneficiaries with the Medicaid benefit levels below:

Chart for Dual Eligibility	
Criteria	VIP Dual & VIP Dual Reserve
Full New York State Medicaid benefits	✓
QMB-Plus	✓

## EmblemHealth VIP Medicare Plans

EmblemHealth offers many different non-referral plans that give you all the benefits of Original Medicare and more. All EmblemHealth VIP Medicare plans give you service through our VIP Bold or VIP Reserve Network of health care professionals and facilities. One is sure to meet your needs and budget!

**EmblemHealth VIP Reserve Classic (HMO):** You will pay **\$0** each month for the plan. With this plan, you will pay **\$0** to see your primary care doctor and **\$25** to see specialists in-network. You will also get benefits Medicare does not cover, like comprehensive dental, hearing aids, vision, a **SilverSneakers® membership**, and **\$25 a month** for over-the-counter (OTC) items through mail order. This plan is available in the Bronx, Kings, Queens, and New York counties.

**EmblemHealth VIP Essential (HMO):** Depending on where you live, you will pay a low set amount each month (a premium). You will pay **\$0** to see your primary care doctor and **\$45** to see specialists in-network. You will also get benefits Medicare does not cover, like comprehensive dental, hearing aids, vision, and a **SilverSneakers® membership**. This plan is not available in Dutchess, Putnam, Bronx, Kings, New York, and Queens counties.

**EmblemHealth VIP Gold (HMO):** You will pay **\$0** to see your primary care doctor and **\$25** to see specialists in-network. You will also get benefits Medicare does not cover, like comprehensive dental, hearing aids, vision, and a **SilverSneakers® membership**.

**EmblemHealth VIP Gold Plus (HMO):** You will pay **\$0** for many medical services, such as when you see your primary care doctor or specialists, or get urgently needed services. You will also get benefits Medicare does not cover, like comprehensive dental, hearing aids, vision, and a **SilverSneakers® membership**.

# EmblemHealth VIP Medicare Special Needs (HMO D-SNP) Plans



	EmblemHealth VIP Dual (HMO D-SNP)	EmblemHealth VIP Dual Reserve (HMO D-SNP)
<b>Monthly Premium – The amount you pay for your insurance every month</b> (Premiums may be reduced based on your level of Extra Help)		
Bronx/Kings/New York/Queens	\$0	\$0
Richmond/Nassau		Not Offered
Suffolk		Not Offered
Hudson Valley: Westchester/Orange/Rockland/Dutchess/Putnam/Sullivan/Ulster		Not Offered
<b>What Our Plan Covers</b>		
	VIP Bold Network	VIP Reserve Network
Primary Care Doctor Visit	\$0	\$0
Specialist Doctor Visit	\$0	\$0
Preventive Care (services that keep you healthy)	\$0	\$0
Urgent Care	\$0	\$0
Emergency Room	\$0	\$0
Inpatient Hospital Coverage	\$0	\$0
Lab Services <sup>1</sup>	\$0	\$0
X-Rays	\$0	\$0
Foot Care	\$0	\$0
Dental Services (no annual dollar limit)	Comprehensive & Preventive	Comprehensive & Preventive
Hearing Aid	Up to \$1,500 every 3 years	Not Covered
Routine Eyewear (maximum limit)	Up to \$500 every 2 years	Up to \$500 every year
Prescription Drugs	Yes	Yes
<b>Extra Benefits</b>		
24-Hour Nurse Hotline	Yes	Yes
SilverSneakers®	Yes	Not Covered
Acupuncture <sup>2</sup>	Yes. Plus 10 additional visits yearly at no cost	Yes
Telehealth <sup>3</sup>	Yes	Yes
Over-the-Counter Items	<b>Includes Healthy Food</b> <ul style="list-style-type: none"> <li>\$130 per month in the Bronx, Kings, New York, and Queens counties</li> <li>\$110 per month in Nassau, Richmond, and Hudson Valley counties</li> <li>\$60 per month in Suffolk county</li> </ul>	<b>Includes Healthy Food</b> \$150 per month



## Over-the-Counter (OTC) Benefit

Many of our plans include an OTC allowance to spend on eligible items. Eligible health items include:

- Allergy, sinus, and combination liquids and tablets
- Cough, cold, and flu liquids and tablets
- Denture/dental care (floss, toothbrush, toothpaste, and denture care)
- Elevated toilet seats and accessories
- And more!

Some plans allow members to use their OTC benefit to also buy fresh, nutritious, and healthy foods from a store or pharmacy participating in the OTC Network. These items may include:

- Hot and cold cereal
- Dairy products (milk, cheese, butter)
- Dry foods (beans, fruits, pasta) and frozen foods
- Eggs and egg substitutes
- Fresh food boxes (mixed produce, fruits, and vegetables)
- Meat (poultry, beef, sausage, lunch meat)
- Rice, whole grains, and soup.
- And more!

Check the chart below to find your plan and information on how to use your OTC benefit:

Plan Name	OTC Items by Mail Order	OTC Items in Retail Stores	OTC Items and Healthy Foods	OTC Cards
VIP Dual (HMO D-SNP)	✓	✓	✓	✓
VIP Dual Reserve (HMO D-SNP)	✓	✓	✓	✓
VIP Reserve Classic (HMO)	✓			

<sup>1</sup> Lower cost when provided in a doctor's office or free-standing facility.

<sup>2</sup> You get up to 20 visits for chronic low back pain each year.

<sup>3</sup> Telehealth visit copays are the same as PCP and specialist visits.

# EmblemHealth VIP Medicare Plans

	EmblemHealth VIP Reserve Classic (HMO)	EmblemHealth VIP Essential (HMO) <sup>4</sup>	EmblemHealth VIP Gold (HMO)	EmblemHealth VIP Gold Plus (HMO)
<b>Monthly Premium – The amount you pay for your insurance every month.</b>	(Premiums may be reduced based on your level of Extra Help.)			
Bronx/Kings/New York/Queens	\$0	N/A	\$93	\$254
Richmond/Nassau	Not Offered	\$51	\$121	
Suffolk		\$32	\$237	
Westchester/Orange/Rockland/Dutchess/ Putnam/Sullivan/Ulster		\$65 (limited counties)	\$240	
<b>What Our Plan Covers</b>	<b>VIP Reserve Network</b>	<b>VIP Bold Network</b>	<b>VIP Bold Network</b>	<b>VIP Bold Network</b>
Primary Care Doctor Visit	\$0	\$0	\$0	\$0
Specialist Doctor Visit	\$25	\$45	\$25	\$0
Preventive Care (services that keep you healthy)	\$0	\$0	\$0	\$0
Urgent Care	\$60	\$60	\$35	\$0
Emergency Room	\$95	\$95	\$95	\$95
Inpatient Hospital Coverage	\$492 per days 1-4 \$0 days 5 and beyond	\$492 per days 1-4 \$0 days 5 and beyond	\$290 per days 1-7 \$0 days 8 and beyond	\$195 per days 1-10 \$0 days 11 and beyond
Lab Services <sup>1</sup>	\$0 or \$15	\$0 or \$15	\$0 or \$15	\$0 or \$15
Foot Care	\$40	\$40	\$25	\$0
X-Rays	\$40	\$40	\$25 or 20%	\$0 or 20%
Dental Services (no annual dollar limit)	Comprehensive and Preventive	Comprehensive and Preventive	Comprehensive and Preventive	Comprehensive and Preventive
Hearing Aids	Up to \$750 every 3 years	Up to \$900 every 3 years	Up to \$2,400 every 3 years	Up to \$3,000 every 3 years
Routine Eyewear	Up to \$600 every 2 years	Up to \$200 every year / Up to \$600 every 2 years (Suffolk only)	Up to \$300 every year	Up to \$150 every year
Prescription Drugs	Yes	Yes	Yes	Yes
<b>Extra Benefits</b>				
24-Hour Nurse Hotline	Yes	Yes	Yes	Yes
SilverSneakers®	Yes	Yes	Yes	Yes
Acupuncture <sup>2</sup>	Yes	Yes	Yes	Yes
Teladoc®	\$45	\$45	\$45	\$45
Telehealth <sup>3</sup>	Yes	Yes	Yes	Yes
Over-the-Counter Items	\$25 per month mail order only	Not Covered	Not Covered	Not Covered

<sup>1</sup> Lower cost when provided in a doctor's office or free-standing facility.

<sup>2</sup> You get up to 20 visits per year to treat chronic low back pain.

<sup>3</sup> Telehealth benefit is the same copay as PCP and specialist visits.

<sup>4</sup> This plan is not available in Dutchess, Putnam, Bronx, Kings, New York, and Queens counties.



# EmblemHealth Prescription Drug Coverage

## Prescription Drug Tiers (levels)

Many EmblemHealth HMO plans with prescription drug coverage have a formulary with six tiers:

**Tier 1:** Preferred Generic Drugs

**Tier 2:** Generic Drugs

**Tier 3:** Preferred Brand Drugs

**Tier 4:** Non-Preferred Drugs

**Tier 5:** Specialty Tier Drugs

**Tier 6:** Select Care Drugs

## Where to buy your prescription drugs

There are more than 35,000 pharmacies in the EmblemHealth network, including many national chain pharmacies. Pharmacies in our network include “standard” pharmacies and “preferred” pharmacies.

The cost of covered drugs will be lower if you use a preferred pharmacy. Preferred pharmacies include, but are not limited to: Duane Reade, Rite Aid, Walgreens, Walmart, and more.

You can also purchase covered drugs using our mail order pharmacies, including a preferred mail order pharmacy like Express Scripts. Using a preferred mail order will save you time and money. On most plans, you will pay \$0 for generic drugs in Tiers 1, 2, and 6 when you use a preferred mail order pharmacy.

## The prescription drug cycle

What you pay for your covered prescription drugs depends on what stage of the drug benefit cycle you are in. The federal government created these stages and each year sets a dollar limit within each stage. The amount you pay for your covered prescriptions may be different, depending on which stage you are in, and a new cycle begins on January 1 of each year.

### Stage 1 – Deductible

This is the amount you will need to pay before your plan pays.

### Stage 2 – Initial Coverage Limit

You pay copays (the fixed amount you pay for drugs) and/or coinsurance (the percentage you pay for drugs) for covered drugs until your total drug costs exceed the initial coverage limit set by that plan in 2023. Total drug costs include what you have paid plus what EmblemHealth has paid since the beginning of the year.

### Stage 3 – Coverage Gap (also known as the donut hole)

You pay copays and/or coinsurance for covered drugs until your true out-of-pocket costs reach **\$7,400** in 2023. True out-of-pocket costs include the costs you have paid plus the brand-name drug manufacturer discounts.

### Stage 4 – Catastrophic Coverage

After your true out-of-pocket costs exceed \$7,400 in 2023, you pay the greater of:

- 5% of the cost, or
- \$4.15 copay for generic and other multi-source drugs and a \$10.35 copay for all other drugs.

# EmblemHealth Prescription Drug Coverage

## Included in VIP Medicare Plans

	EmblemHealth VIP Essential (HMO)	EmblemHealth VIP Reserve Classic (HMO)	EmblemHealth VIP Gold (HMO) EmblemHealth VIP Gold Plus (HMO)
	Preferred/Standard Pharmacy	Preferred/Standard Pharmacy	Preferred/Standard Pharmacy
<b>Annual Deductible*</b>	\$325 (applies to Tier 3, Tier 4, and Tier 5 drugs only)	\$325 (applies to Tier 3, Tier 4, and Tier 5 drugs only)	\$200 (applies to Tier 3, Tier 4, and Tier 5 drugs only)
<b>Initial Coverage</b>	<b>\$4,480</b>	<b>\$4,660</b>	<b>\$4,355</b>
Preferred Mail Order	\$0 copay Tier 1, Tier 2, and Tier 6 generic	\$0 copay Tier 1, Tier 2, and Tier 6 generic	\$0 copay for Tier 1, Tier 2, and Tier 6 generic
Tier 1: Preferred Generic Drugs	\$2/\$7	\$2/\$7	\$2/\$7
Tier 2: Generic Drugs	\$15/\$20	\$15/\$20	\$10/\$20
Tier 3: Preferred Brand Drugs*	\$42/\$47	\$42/\$47	\$40/\$47
Tier 4: Non-Preferred Drugs	\$95/\$100	\$95/\$100	\$95/\$100
Tier 5: Specialty Drugs	27% coinsurance	27% coinsurance	29% coinsurance
Tier 6: Select Care Drugs	\$0	\$0	\$0
<b>Coverage Gap</b>	<b>\$4,480 - \$7,400</b>	<b>\$4,660 - \$7,400</b>	<b>\$4,355 - \$7,400</b>
Tier 1: Preferred Generic Drugs		25% coinsurance	
Tier 2: Generic Drugs		25% coinsurance	
Tier 3: Preferred Brand Drugs*		25% coinsurance	
Tier 4: Non-Preferred Drugs		25% coinsurance	
Tier 5: Specialty Drugs		25% coinsurance	
Tier 6: Select Care Drugs		\$0	
<b>Catastrophic Drug Coverage</b> (after your out-of-pocket cost reaches \$7,400)			
<b>Generic and Preferred Multisource Drugs</b>		\$4.15 or 5% coinsurance	
<b>Brand Drugs</b>		\$10.35 or 5% coinsurance	

\*\$35 for insulins and \$0 eligible vaccines with no deductible.

## Prescription Drug Coverage Included in EmblemHealth D-SNP Plans

- EmblemHealth VIP Dual (HMO D-SNP)
- EmblemHealth VIP Dual Reserve (HMO D-SNP)

**Annual Deductible** \$0

### Initial Coverage (\$0-\$4,660) & Coverage Gap (\$4,660-\$7,400)

**Tier 1: Preferred Generic Drugs** \$0 - \$4.15 (depending on your level of Extra Help)

**Tier 2: Generic Drugs**

**Tier 3: Preferred Brand Drugs\***

**Tier 4: Non-Preferred Drugs** \$0 - \$10.35 (depending on your level of Extra Help)

**Tier 5: Specialty Drugs**

**Tier 6: Select Care Drugs** \$0

### Catastrophic Coverage (Over \$7,400)

**All Formulary Drugs** \$0

\*\$0 eligible vaccines with no deductible.

EmblemHealth VIP Dual (HMO D-SNP), EmblemHealth VIP Dual Reserve (HMO D-SNP), and EmblemHealth VIP Reserve Classic (HMO) plans have an over-the-counter (OTC) benefit that can save you money and help you stay well. This benefit allows you to purchase medicine, health and wellness-related items, first-aid supplies, and other qualifying items. Depending on your plan, you can use your OTC benefit card at participating retail locations or you can order your covered items online, by phone, or through mail order.

For more information, visit [emblemhealth.com/otc](http://emblemhealth.com/otc).



## Low-Income Subsidy (LIS) Premium Reduction

If you get Extra Help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get Extra Help from Medicare. The amount of Extra Help will determine your total monthly plan premium as a member of our plan. For more information about LIS, please call Social Security at **800-772-1213**, Monday through Friday, 8 a.m. to 7 p.m. If you use a TTY, please call **800-325-0778**.

Your level of Extra Help	EmblemHealth VIP Essential (HMO) - Nassau/Richmond	EmblemHealth VIP Essential (HMO) - Suffolk	EmblemHealth VIP Essential (HMO) - Orange/Rockland/Sullivan/Ulster/Westchester
0% (Full Premium)	\$51.00	\$32.00	\$65.00
25%	\$41.30	\$24.00	\$55.30
50%	\$31.50	\$16.00	\$45.50
75%	\$21.80	\$8.00	\$35.80
100%	\$12.10	\$0.00	\$26.10

Your level of Extra Help	EmblemHealth VIP Gold (HMO) - Bronx/Kings/New York/Queens	EmblemHealth VIP Gold (HMO) - Nassau/Richmond
0% (Full Premium)	\$93.00	\$121.00
25%	\$83.30	\$111.30
50%	\$73.50	\$101.50
75%	\$63.80	\$91.80
100%	\$54.10	\$82.10

Your level of Extra Help	EmblemHealth VIP Gold (HMO) - Suffolk	EmblemHealth VIP Gold (HMO) - Dutchess/Orange/Putnam/Rockland/Sullivan/Ulster/Westchester
0% (Full Premium)	\$237.00	\$240.00
25%	\$227.30	\$230.30
50%	\$217.50	\$220.50
75%	\$207.80	\$210.80
100%	\$198.10	\$201.10

Your level of Extra Help	EmblemHealth VIP Gold Plus (HMO) - All Counties
0% (Full Premium)	\$254.00
25%	\$244.30
50%	\$234.50
75%	\$224.80
100%	\$215.10



## Services That Put You First — EmblemHealth Medicare Connect Concierge

EmblemHealth Medicare Connect Concierge is the one phone number you call when you need help solving your health care needs.

When you call EmblemHealth Medicare Connect Concierge, we can help you:

- Make a doctor's appointment.
- Coordinate prior approvals.
- Answer benefit questions.
- Arrange Medicaid transportation.
- Confirm your over-the-counter (OTC) balance.
- And more!

And, we won't transfer you. EmblemHealth Medicare Connect Concierge representatives will stay on the line and arrange three-way calls to help you.



## The EmblemHealth Member Rewards Program

**It pays to take care of yourself.**

You deserve to be rewarded for making smart choices about your health. You can earn over \$100 for getting health services you need. Once you join the program, you'll see what services can earn you rewards.

### Member Rewards Program

Preventive Measures	Reward
Initial New-to-Medicare Annual Wellness Visit*	\$50
Initial Health Assessment (HA)*	\$15
Annual PCP visit	\$10
Member Portal Registration	\$15
Reward Portal Registration	\$10
Sign-up for paperless	\$15

\*You must complete your visit or assessment within 90 days of your enrollment.

VIP Dual and VIP Dual Reserve members can earn up to an additional \$370 a year (eligible after completing a consult with a clinical pharmacist in our Medication Therapy Management Program (MTM) for getting monthly diabetes, hypertension, or cholesterol prescriptions. You can earn rewards for each prescription refill of Select Care Drugs (Tier 6).





## Take the next step to better manage your health care.

Simply call **800-447-9169 (TTY: 711)**. From October 1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m.

Visit us online at [emblemhealth.com/medicare](https://emblemhealth.com/medicare).

Health Insurance Plan of Greater New York (HIP) is an HMO/HMO D-SNP plan with a Medicare contract and a contract with the New York State Department of Health. Enrollment in HIP depends on contract renewal. HIP is an EmblemHealth company.

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