



2022 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 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 (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 either **\$0** each month or a 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 and Putnam counties.

EmblemHealth VIP Value (HMO): You will pay nothing each month for the plan — a “**\$0** premium.” With EmblemHealth VIP Value, you will pay **\$15** to see your primary care doctor and **\$50** to see specialists in-network. You will also get benefits Medicare does not cover, like **\$450** yearly for routine eyewear. This plan offers Optional Supplemental Benefits — where you have the option to add **SilverSneakers® fitness** and/or comprehensive dental benefits at a low cost. This plan is not available in the Bronx, Kings, Putnam, and Sullivan counties.

EmblemHealth VIP Passport NYC (HMO): You will pay **\$34.90** each month for the plan. With this plan, you will pay **\$15** to see your primary care doctor and **\$50** to see specialists in-network. You will also get benefits Medicare does not cover, like comprehensive dental, hearing aids, **\$500** yearly for routine eyewear, and a **SilverSneakers® membership**. This plan is available in the Bronx, Kings, New York, and Queens counties.

EmblemHealth VIP Passport (HMO): You will pay **\$34.40** each month for the plan. With this plan, you will pay **\$5** to see your primary care doctor and **\$40** to see specialists in-network. You will also get benefits Medicare does not cover, like comprehensive dental, hearing aids, **\$500** yearly for routine eyewear, and a **SilverSneakers® membership**. This plan is available in Nassau, Suffolk, Dutchess, Orange, Rockland, Putnam, Sullivan, Ulster, and Westchester counties.

EmblemHealth VIP Rx Saver (HMO): You will pay **\$5** to see your primary care doctor and **\$40** to see specialists in-network. This plan does not have an annual deductible on Tier 1, Tier 2, and Tier 3 prescription drugs. In addition, you will 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, Dutchess, Orange, Rockland, Putnam, Sullivan, Ulster, and Westchester 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 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 **\$120** for over-the-counter (OTC) and **new** food items depending on where you live, and **10 acupuncture visits** in addition to what Medicare covers.

EmblemHealth VIP Dual Select (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 comprehensive dental, hearing aids, vision, a card with up to **\$60 monthly** for over-the-counter (OTC) items, and **10 acupuncture visits** in addition to what Medicare covers. This plan is not available in Richmond county.

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 **\$147 monthly** for over-the-counter (OTC) and **new** food items. This plan is available in the Bronx, Kings, New York, and Queens counties.

EmblemHealth VIP Solutions (HMO D-SNP):

This plan is a special needs plan for people enrolled in both Medicare and who have partial and/or full Medicaid. You may pay **\$0-\$42.40** each month for this plan based on your level of Extra Help. You may pay **\$0** or low copays (the fixed amount you pay for health services) depending on your level of Medicaid for covered services in this plan. You will also get benefits Medicare does not cover, like preventive dental, hearing aids, vision, and **10 acupuncture visits** in addition to what Medicare covers.

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 Select & VIP Dual Reserve	VIP Solutions
Full New York State Medicaid benefits	✓	✓
QMB		✓
QMB-Plus	✓	✓
SLMB		✓
SLMB-Plus	✓	✓
QI-1		✓



EmblemHealth VIP Medicare Plans

	EmblemHealth VIP Reserve (HMO)	EmblemHealth VIP Essential (HMO) ⁸
Monthly Premium - The amount you pay for your insurance every month		
Bronx/Kings/New York/Queens	\$0	\$0
Richmond/Nassau	N/A	\$55
Suffolk		\$33.60
Westchester/Orange/Rockland/Dutchess/Putnam/Sullivan/Ulster		\$69 (limited counties)
What Our Plan Covers		
	VIP Reserve Network	VIP Bold Network
Primary Care Doctor Visit	\$0	\$0
Specialist Doctor Visit	\$25	\$45
Preventive Care (Services that keep you healthy)	\$0	\$0
Urgent Care	\$65	\$65
Emergency Room	\$90	\$90
Inpatient Hospital Coverage	\$492 per day 1-4	\$492 per day 1-4
Lab Services ¹	\$0 or \$15	\$0 or \$15
Foot Care	\$40	\$40
X-Rays	\$40	\$40
Dental Services (No annual dollar limit)	Comprehensive and Preventive	Comprehensive and Preventive
Hearing Aid	Up to \$750 every 3 years	Up to \$900 every 3 years
Routine Eyewear ² (Maximum limit)	Up to \$200 every year	Up to \$200 every year
Prescription Drugs	Yes	Yes
Extra Benefits		
24-Hour Nurse Hotline	Yes	Yes
SilverSneakers [®]	Yes	Yes
Acupuncture ⁴	Yes	Yes
Teladoc [®]	\$45	\$45
Telehealth ⁷	Yes	Yes
Over-the-Counter Items	\$25 per month mail order only	Not Covered

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

² Copay (the fixed amount you pay for health services) may apply for eye exam.

³ This plan is not available in the Bronx, Kings, Putnam, and Sullivan.

⁴ You get up to 20 visits per year to treat chronic low back pain.

EmblemHealth VIP Value (HMO)³	EmblemHealth VIP Passport (HMO)	EmblemHealth VIP Passport NYC (HMO)
(Premiums may be reduced based on your level of Extra Help)		
\$0	N/A	\$34.90
	\$34.40 (Nassau only)	N/A
	\$34.40	N/A
	\$34.40	N/A

VIP Bold Network	VIP Bold Network	VIP Bold Network
\$15	\$5	\$15
\$50	\$40	\$50
\$0	\$0	\$0
\$65	\$65	\$30
\$90	\$90	\$90
\$393 per day 1-5	\$393 per day 1-5	\$393 per day 1-5
\$0 or \$15	\$0 or \$15	\$0 or \$15
\$50	\$35	\$40
\$35	\$30	\$30
Preventive Covered; Comprehensive Optional Supplemental Benefits ⁵	Comprehensive and Preventive	Comprehensive and Preventive
Not Covered	Up to \$350 every year	Up to \$350 every year
Up to \$450 every year	Up to \$500 every year	Up to \$500 every year
Yes	Yes	Yes
Yes	Yes	Yes
Optional Supplemental Benefits ⁶	Yes	Yes
Yes	Yes	Yes
\$45	\$45	\$45
Yes	Yes	Yes
Not Covered	Not Covered	Not Covered

⁵ Comprehensive Dental Optional Supplemental Benefit monthly premium is \$12.50.

⁶ SilverSneakers® Optional Supplemental Benefit monthly premium is \$15.00.

⁷ Telehealth benefit is the same copay as PCP and Specialist visits.

⁸ This plan is not available in Dutchess and Putnam.

EmblemHealth VIP Medicare Plans

	EmblemHealth VIP Rx Saver (HMO) ³
Monthly Premium - The amount you pay for your insurance every month	
Bronx/Kings/New York/Queens	\$49 (Bronx only)
Richmond/Nassau	N/A
Suffolk	N/A
Westchester/Orange/Rockland/Dutchess/ Putnam/Sullivan/Ulster	\$49
What Our Plan Covers	
	VIP Bold Network
Primary Care Doctor Visit	\$5
Specialist Doctor Visit	\$40
Preventive Care (Services that keep you healthy)	\$0
Urgent Care	\$50
Emergency Room	\$90
Inpatient Hospital Coverage	\$350 per day 1-5
Lab Services ¹	\$0 or \$15
Foot Care	\$40
X-Rays ¹	\$40
Dental Services (No annual dollar limit)	Comprehensive and Preventive
Hearing Aid	Up to \$600 every 3 years
Routine Eyewear ² (Maximum limit)	Up to \$240 every year
Prescription Drugs	Yes
Extra Benefits	
24-Hour Nurse Hotline	Yes
SilverSneakers [®]	Yes
Acupuncture ⁴	Yes
Teladoc [®]	\$45
Telehealth ⁵	Yes
Over-the-Counter Items	\$25 per month mail order only

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

² Copay (the fixed amount you pay for health services) may apply for eye exam.

³ This plan is only available in the Bronx, Westchester, and Hudson Valley.

EmblemHealth VIP Gold (HMO)	EmblemHealth VIP Gold Plus (HMO)
\$97	\$261
\$124.50	
\$256	
\$244	
VIP Bold Network	VIP Bold Network
\$0	\$0
\$25	\$0
\$0	\$0
\$35	\$0
\$90	\$90
\$290 per day 1-7	\$195 per day 1-10
\$0 or \$15	\$0 or \$15
\$25	\$0
\$25 or 20%	\$0 or 20%
Comprehensive and Preventive	Comprehensive and Preventive
Up to \$2,400 every 3 years	Up to \$3,000 every 3 years
Up to \$300 every year	Up to \$150 every year
Yes	Yes
\$45	\$45
Yes	Yes
Not Covered	Not Covered

⁴ You get up to 20 visits for chronic low back pain each year.

⁵ Telehealth visit copays are the same as PCP and Specialist visits.

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

	EmblemHealth VIP Dual (HMO D-SNP)
Monthly Premium – The amount you pay for your insurance every month	
Bronx/Kings/New York/Queens	\$0
Richmond/Nassau	
Suffolk	
Hudson Valley: Westchester/Orange/Rockland/Dutchess/Putnam/Sullivan/Ulster	
What Our Plan Covers	
	VIP Bold Network
Primary Care Doctor Visit	\$0
Specialist Doctor Visit	\$0
Preventive Care (Services that keep you healthy)	\$0
Urgent Care	\$0
Emergency Room	\$0
Inpatient Hospital Coverage	\$0
Lab Services ¹	\$0
X-Rays	\$0
Foot Care	\$0
Dental Services (No annual dollar limit)	Comprehensive and Preventive
Hearing Aid ²	Up to \$150 or \$300 every 3 years depending on where you live
Routine Eyewear (Maximum limit)	Up to \$50, \$200 every 2 years or \$550 every 3 years depending on where you live
Prescription Drugs	Yes
Extra Benefits	
24-Hour Nurse Hotline	Yes
SilverSneakers®	Yes
Acupuncture ³	Yes Plus 10 additional visits yearly at no cost
Telehealth ⁴	Yes
Over-the-Counter Items	Includes Healthy Food <ul style="list-style-type: none"> • \$120 per month in the Bronx, Kings, New York, and Queens counties • \$100 per month in Nassau, Richmond, and Hudson Valley counties • \$50 per month in Suffolk county

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

² Suffolk hearing aid benefit \$150 every 3 years and all other \$300 every 3 years



EmblemHealth VIP Dual Select (HMO D-SNP)	EmblemHealth VIP Dual Reserve (HMO D-SNP)	EmblemHealth VIP Solutions (HMO D-SNP) ⁵
(Premiums may be reduced based on your level of Extra Help)		
\$0	\$0	\$0-\$42.40
\$0 (Nassau only)	N/A	\$0-\$42.40
\$0	N/A	\$0-\$42.40
\$0	N/A	\$0-\$42.40

VIP Bold Network	VIP Reserve Network	VIP Bold Network
\$0	\$0	\$0
\$0	\$0	\$0 or \$30
\$0	\$0	\$0
\$0	\$0	\$0 or \$30
\$0	\$0	\$0 or \$90
\$0	\$0	\$0 or \$310 per day 1-6
\$0	\$0	\$0 or \$15
\$0	\$0	\$0 or 20%
\$0	\$0	\$0 or \$40
Comprehensive	Not Covered	Preventive
Up to \$750 every year	Not Covered	Up to \$350 every year
Up to \$100 every year	Not Covered	Up to \$200 every year
Yes	Yes	Yes
Yes	Yes	Yes
Not Covered	Not Covered	Not Covered
Yes Plus 10 additional visits yearly at no cost	Yes	Yes Plus 10 additional visits yearly at no cost
Yes	Yes	Yes
\$60 per month	Includes Healthy Food \$147 per month	Not Covered

³ You get up to 20 visits for chronic lower back pain each year.

⁴ Telehealth visit copays are the same as PCP and Specialist visits.

⁵ Full Medicaid assistance beneficiaries pay lower co-payment.



EmblemHealth Prescription Drug Coverage

Prescription Drug Tiers (levels)

Many EmblemHealth HMO plans with prescription drug coverage have a formulary with five 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

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 preferred mail order pharmacy like Express Scripts. Using preferred mail order will save you time and money. On most plans you will pay \$0 for generic drugs in Tier 1 and 2 when you use 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 2022. 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 exceed **\$7,050** in 2022. True out-of-pocket costs include the costs you have paid plus the brand-name drug manufacturer discount.

Stage 4 – Catastrophic Coverage

After your true out-of-pocket costs exceed \$7,050 in 2022, you pay the greater of:

- 5% of the cost, or
- \$3.95 copay for generic drugs and a \$9.85 copay for all other drugs.

EmblemHealth Prescription Drug Coverage

Included in VIP Medicare Plans

	EmblemHealth VIP Essential (HMO)	EmblemHealth VIP Value (HMO)	EmblemHealth VIP Passport (HMO)	EmblemHealth VIP Reserve (HMO)	EmblemHealth VIP Passport NYC (HMO)
	Preferred/Standard Pharmacy		Preferred/Standard Pharmacy		
Annual Deductible	\$325 (applies to Tier 3, Tier 4, and Tier 5 drugs only)		\$350 (applies to Tier 4 and Tier 5 drugs only)		
Initial Coverage	\$4,275		\$4,300		
Preferred Mail Order	\$0 copay Tier 1 and Tier 2 Generic		\$0 copay Tier 1 and Tier 2 Generic		
Tier 1: Preferred Generic Drugs	\$2/\$7		\$2/\$7		
Tier 2: Generic Drugs	\$15/\$20		\$15/\$20		
Tier 3: Preferred Brand Drugs	\$42/\$47		\$42/\$47		
Tier 4: Non-Preferred Drugs	\$95/\$100		\$95/\$100		
Tier 5: Specialty Drugs	27% coinsurance		27% coinsurance		
Coverage Gap	\$4,275-\$7,050		\$4,300-\$7,050		
All Tiers during Coverage Gap	25%		25%		
Catastrophic Drug Coverage (After your out-of-pocket cost reaches \$7,050)					
Generic and Preferred Multisource Drugs Are Treated As Generic			\$3.95 or 5% coinsurance f		
Brand Drugs			\$9.85 or 5% coins		

EmblemHealth VIP Rx Saver (HMO), EmblemHealth VIP Dual (HMO D-SNP), EmblemHealth VIP Dual Select (HMO D-SNP), EmblemHealth VIP Dual Reserve (HMO D-SNP), and EmblemHealth VIP Reserve (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](https://www.emblemhealth.com/otc).

	EmblemHealth VIP Gold (HMO)
EmblemHealth VIP Rx Saver (HMO)	EmblemHealth VIP Gold Plus (HMO)
Preferred/Standard Pharmacy	Preferred/Standard Pharmacy
\$395 (applies to Tier 4 and Tier 5 drugs only)	\$200 (applies to Tier 3, Tier 4, and Tier 5 drugs only)
\$4,345	\$4,150
\$0 copay Tier 1 and Tier 2 Generic	\$0 copay Tier 1 and Tier 2 Generic
\$2/\$7	\$2/\$7
\$15/\$20	\$10/\$20
\$42/\$47	\$40/\$47
\$95/\$100	\$95/\$100
25% coinsurance	29% coinsurance
\$4,345-\$7,050	\$4,150-\$7,050
25%	25%
or generic drugs.	
insurance.	

Prescription Drug Coverage Included in EmblemHealth D-SNP Plans

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

Annual Deductible \$0-\$99

Initial Coverage (\$0-\$4,430) & Coverage Gap (\$4,430-\$7,050)

All Formulary Drugs Generics: \$0/\$1.35/\$3.95/15%
Brands: \$0/\$4.00/\$9.85/15%

Depending on your level of Extra Help

Catastrophic Coverage (Over \$7,050)

All Formulary Drugs \$0



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, 7 am to 7 pm. If you use a TTY, please call **800-325-0778**.

Your level of Extra Help	EmblemHealth VIP Essential (HMO) - Richmond/Nassau	EmblemHealth VIP Essential (HMO) - Suffolk	EmblemHealth VIP Essential (HMO) - Orange/Rockland/Sullivan/Ulster/Westchester
0% (Full Premium)	\$55.00	\$33.60	\$69.00
25%	\$46.20	\$25.20	\$60.20
50%	\$37.50	\$16.80	\$51.50
75%	\$28.70	\$8.40	\$42.70
100%	\$20.00	\$0.00	\$34.00

Your level of Extra Help	EmblemHealth VIP Rx Saver (HMO) - Bronx/Westchester
0% (Full Premium)	\$49.00
25%	\$40.40
50%	\$31.80
75%	\$23.20
100%	\$14.60

Your level of Extra Help	EmblemHealth VIP Gold (HMO) - Bronx/Kings/New York/Queens	EmblemHealth VIP Gold (HMO) - Richmond/Nassau	EmblemHealth VIP Gold (HMO) - Suffolk	EmblemHealth VIP Gold (HMO) - Westchester/Orange/Rockland/Dutchess/Putnam/Sullivan/Ulster
0% (Full Premium)	\$97.00	\$124.50	\$256.00	\$244.00
25%	\$86.40	\$113.90	\$245.40	\$233.40
50%	\$75.80	\$103.30	\$234.80	\$222.80
75%	\$65.20	\$92.70	\$224.20	\$212.20
100%	\$54.60	\$82.10	\$213.60	\$201.60

Your level of Extra Help	EmblemHealth VIP Passport (HMO) All Counties	EmblemHealth VIP Passport NYC (HMO) All Counties	EmblemHealth VIP Gold Plus (HMO) All Counties	EmblemHealth VIP Solutions (HMO D-SNP) All Counties
0% (Full Premium)	\$34.40	\$34.90	\$261.00	\$42.40
25%	\$25.80	\$26.20	\$250.40	\$31.80
50%	\$17.20	\$17.40	\$239.80	\$21.20
75%	\$8.60	\$8.70	\$229.20	\$10.60
100%	\$0.00	\$0.00	\$218.60	\$0.00

Services that Put You First — EmblemHealth’s 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 \$100 (or possibly more) 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
Annual Wellness Visit*	\$50
Health Risk Assessment (HRA)*	\$25
Annual PCP visit	\$25

* You must complete your assessment/visit within 90 days of your enrollment

Fitness Program

It's never too late to add exercise to your life!



SilverSneakers® is a fitness program for seniors that comes free with qualifying Medicare health plans, like those offered by EmblemHealth. SilverSneakers® can help you live a healthier, more active life.

Learn more at silversneakers.com.

Preventive and Comprehensive Dental

Most 2022 EmblemHealth Medicare Advantage plans include the preventive and comprehensive dental services below at no extra monthly cost. There is no annual dollar limit (prior authorization may be required).

Services	What You Pay
Preventive Dental Benefits	
Routine cleaning/1 every 6 months	You pay \$0
Fluoride application; Fluoride treatment/1 every 6 months	You pay \$0
Single-tooth x-rays; Bitewing x-rays/1 every 6 months	You pay \$0
Periodic oral exam; Limited oral exam/1 every 6 months	You pay \$0
Comprehensive Dental Benefits	
Restorative	
Fillings/1 every 24 months	You pay \$0
Recement crown (covered after 6 months)	You pay \$0
Prefabricated stainless steel crowns/1 every 60 months	You pay \$0
Post and core in addition to crown/1 every 60 months	You pay \$0
Inlay/Onlay and single crown restoration/1 every 60 months	You pay \$125
Endodontic/Periodontic/Extractions	
Therapeutic pulpotomy/1 per lifetime	You pay \$0
Root canal (molar)/1 per permanent tooth per lifetime	You pay \$20
Root canal (except molar)/1 per lifetime	You pay \$0
Gingivectomy/Gingivoplasty per quadrant/1 every 36 months	You pay \$20
Osseous surgery - (1-3 teeth) per quadrant/1 every 60 months	You pay \$75
Osseous surgery - (4 or more teeth) per quadrant/1 every 60 months	You pay \$150
Periodontal maintenance/1 every 36 months	You pay \$0
Apicoectomy/Periradicular services/1 per lifetime	You pay \$20
Scaling and root planing/1 every 36 months per quadrant	You pay \$0
Prosthodontics, Oral/Maxillofacial	
Complete or partial denture/1 every 60 months	You pay \$150
Complete denture repair/1 every 12 months	You pay \$0
Complete denture rebase and relines/1 every 36 months	You pay \$0
Fixed partial denture pontics, retainers, recement/1 every 60 months	You pay \$150
Extraction or removal of tooth - soft tissue/1 per lifetime	You pay \$0
Removal of bony impacted tooth/1 per lifetime	You pay \$50
Other surgical procedures/1 per lifetime	You pay \$50
Alveoplasty without extraction - per quadrant/1 every 12 months	You pay \$0
Excision, incision and other repair procedures	You pay \$50
Vestibuloplasty - 1 arch per lifetime	You pay \$50



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 am to 8 pm. From April 1 to September 30, you can call us Monday through Friday from 8 am to 8 pm.

Visit us online at **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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