2023 Plan Year

Medicare First Look

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EmblemHealth®

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What you need to know for 2023

- **Service Area Reductions**

  VIP Rx Saver: Bronx, Hudson Valley
  VIP Essential: Bronx, Kings, NY and Queens

- **Plan Exits:** VIP Value, VIP Passport Plans, VIP Solutions, VIP Dual Select
- **Plan Reorganization:** VIP Reserve members must be resold to VIP Reserve Classic
- **$0** plan in New York City
- **$0 Tier 1, 2, and 6 generics** through preferred mail order
- ***New*** $0 Tier 6 Select Care Drugs Plus Enhanced Gap Coverage
- **No annual dollar limit** on dental services
- All Emblem VIP products have **no referrals and no network changes**
- 2 provider networks **VIP Bold** and **VIP Reserve**
- **Up to $150 per month** over-the-counter drug benefit for dual eligible plans including food benefit
- **$600** eyewear benefit for VIP Essential Plan Suffolk County
  New **$500** eyewear benefit for VIP Dual Reserve
- ***New*** preventive and comprehensive dental coverage for VIP Dual Reserve
- Enhanced Member Rewards Program

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EmblemHealth VIP Reserve Classic (HMO)

Bronx, Kings, New York, and Queens

Benefit	EmblemHealth VIP Reserve Classic (HMO)
Monthly Premium	$0
Bronx/Kings/New York/Queens	

Primary Care Doctor Office Visit	$0
Specialist Office Visit	$25
Inpatient Hospital	$492 per day for days 1-4
Ambulatory Surgery	$295
Outpatient Lab Services	$0 or $15
Annual Deductible	$0
Maximum Out-of-Pocket (MOOP)	$7,550
Hearing Aid	$750 every three years
Dental Services	Comprehensive and Preventive (no annual dollar limit)
Vision Services	$10 exam plus $600 toward eyewear every two years
SilverSneakers®	Yes
Telehealth	Yes
Teladoc®	$45
Over-the-Counter Items	**$25 per month (mail order only)**

Part D Drug Coverage	**Preferred/Non-Preferred Pharmacy**
Rx Deductible (Tier 3-5)	$325
Preferred Mail Order	$0 Tier 1, 2, and 6 Generics
Tier 1: Preferred Generic Drugs	$2/$7
Tier 2: Generic Drugs	$15/$20
Tier 3: Preferred Brand Drugs*	$42/$47
Tier 4: Non-Preferred Drugs	$95/$100
Tier 5: Specialty Tier	27% of the total cost
Tier 6: Select Care Drugs	**$0/$0 (including coverage gap)**

*$35 for Insulins and $0 eligible vaccines with no deductible

No Referrals Required. VIP Reserve Network

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EmblemHealth VIP Dual Reserve (HMO D-SNP)

Bronx, Kings, New York, and Queens

Benefit	EmblemHealth VIP Dual Reserve (HMO D-SNP)
Monthly Premium	$0

Primary Care Doctor Office Visit	$0
Specialist Office Visit	$0
Inpatient Hospital	$0
Outpatient Lab Services	$0
Ambulatory Surgery	$0
Annual Deductible	$0
Dental Services	Preventive and Comprehensive (no annual dollar limit)
Vision Services	$0 exam plus $500 toward eyewear every year
Over-the-Counter items	$150 per month **includes food Items**
Telehealth	Yes

Part D Drug Coverage Annual Deductible	$0
Tier 1: Preferred Generic Drugs Tier 2: Generic Drugs	$0 - $4.15
Tier 3: Preferred Brand Drugs* Tier 4: Non-Preferred Drugs Tier 5: Specialty Drugs	$0 - $10.35
Tier 6: Select Care Drugs (generic only)	$0

*$0 eligible vaccines with no deductible

No Referrals Required. VIP Reserve Network
Must be FBDE, QMB+ eligible

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EmblemHealth VIP Dual (HMO D-SNP)

Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk **Capital Region:** Albany, Broome, Columbia, Delaware, Greene, Rensselaer, Saratoga, Schenectady, Warren, and Washington, **Hudson Valley:** Dutchess, Orange, Rockland, Putnam, Sullivan, Ulster, and Westchester

Benefit	EmblemHealth VIP Dual (HMO D-SNP)
Monthly Premium	$0
Primary Care Doctor Office Visit	$0
Specialist Office Visit	$0
Inpatient Hospital	$0
Ambulatory Surgery	$0
Outpatient Lab Services	$0
Annual Deductible	$0
Telehealth	Yes
Hearing Aid	$1,500 every 3 years
Dental Services	Preventive and Comprehensive (no annual dollar limit)
Vision Services	$0 exam plus **$500** toward eyewear every 2 years
SilverSneakers®	Yes
Acupuncture (Supplemental)	10 visits
Over-the-Counter Items	**Includes food items** **$130** per month — Bronx, Kings, New York, Queens **$110** per month — Nassau, Richmond, Hudson Valley, & Capital Region **$60** per month — Suffolk
Part D Drug Coverage Annual Deductible	$0
Tier 1: Preferred Generic Drugs Tier 2: Generic Drugs	$0 - $4.15
Tier 3: Preferred Brand Drugs* Tier 4: Non-Preferred Drugs Tier 5: Specialty Drugs	$0 - $10.35
Tier 6: Select Care Drugs (generic only)	$0

*$0 eligible vaccines with no deductible

No Referrals Required. VIP Bold Network
Must be FBDE, QMB+ eligible

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EmblemHealth VIP Rx Saver (HMO)

Capital Region: Albany, Broome, Columbia, Delaware, Greene, Rensselaer, Saratoga, Schenectady, Warren, and Washington

Benefit	EmblemHealth VIP Rx Saver (HMO)
Monthly Premium	
Capital Region: Albany, Broome, Columbia, Delaware, Greene, Rensselaer, Saratoga, Schenectady, Warren, and Washington	$0
Primary Care Doctor Office Visit	$5
Specialist Office Visit	$40
Inpatient Hospital	$350 per day for days 1-5
Ambulatory Surgery	$225
Outpatient Lab Services	$0 or $15
Annual Deductible	$0
Maximum Out-of-Pocket (MOOP)	$7,550
Hearing Aid	$600 every three years
Dental Services	Comprehensive and Preventive (no annual dollar limit)
Vision Services	$10 exam plus **$400** toward eyewear every year
SilverSneakers®	Yes
Telehealth	Yes
Teladoc®	$45
Over-the-Counter Items	**$25 per month (mail order only)**
Part D Drug Coverage Rx Deductible (Tier 4-5) Preferred Mail Order Tier 1: Preferred Generic Drugs Tier 2: Generic Drugs Tier 3: Preferred Brand Drugs* Tier 4: Non-Preferred Drugs Tier 5: Specialty Tier Tier 6: Select Care Drugs	**Preferred/Non-Preferred Pharmacy** $395 $0 Tier 1, 2, and 6 Generics $2/$7 $15/$20 $42/$47 $95/$100 25% of the total cost **$0/$0 (including coverage gap)**

*$35 for Insulins and $0 eligible vaccines with no deductible

No Referrals Required. VIP Bold Network

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EmblemHealth VIP Essential (HMO)

Nassau, Orange, Richmond, Rockland, Suffolk, Sullivan, Ulster, and Westchester

Benefit	EmblemHealth VIP Essential (HMO)
Monthly Premium	May be reduced based on Low-Income Subsidy (LIS) level
Nassau/Richmond	**$51**
Suffolk	**$32**
Westchester/Orange /Rockland/ Sullivan/Ulster	**$65**

Primary Care Doctor Office Visit	$0
Specialist Office Visit	$45
Inpatient Hospital	$492 per day for days 1-4
Ambulatory Surgery	$295
Outpatient Lab Services	$0 or $15
Annual Deductible	$0
Maximum Out-of-Pocket (MOOP)	$7,550
Hearing Aid	$900 every three years
Dental Services	Comprehensive and Preventive (no annual dollar limit)
Vision Services	$10 exam plus $200 toward eyewear every year/**$600** toward eyewear every two years (Suffolk)
SilverSneakers®	Yes
Telehealth	Yes
Teladoc®	$45
Part D Drug Coverage Rx Deductible (Tier 3-5) Preferred Mail Order Tier 1: Preferred Generic Drugs Tier 2: Generic Drugs Tier 3: Preferred Brand Drugs* Tier 4: Non-Preferred Drugs Tier 5: Specialty Tier Tier 6: Select Care Drugs	**Preferred/Non-Preferred Pharmacy** $325 $0 Tier 1, 2, and 6 Generics $2/$7 $15/$20 $42/$47 $95/$100 27% of the total cost **$0/$0 (including coverage gap)**

*$35 for Insulins and $0 eligible vaccines with no deductible

No Referrals Required. VIP Bold Network

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EmblemHealth VIP Gold (HMO) and EmblemHealth VIP Gold Plus (HMO)

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

Benefit	EmblemHealth VIP Gold (HMO)	EmblemHealth VIP Gold Plus (HMO)
Monthly Premium	**May be reduced based on Low-Income Subsidy (LIS) level**	**May be reduced based on Low-Income Subsidy (LIS) level**
Bronx/Kings/New York/Queens	**$93**	**$254**
Nassau/Richmond	**$121**	**$254**
Suffolk	**$237**	**$254**
Dutchess/Orange/Putnam/Rockland/ Sullivan/Ulster/Westchester	**$240**	**$254**
Primary Care Doctor Office Visit	$0	$0
Specialist Office Visit	$25	$0
Inpatient Hospital	$290 per day for days 1-7	$195 per day for days 1-10
Ambulatory Surgery	$225	$225
Outpatient Lab Services	$0 or $15	$0 or $15
Annual Deductible	$0	$0
Maximum Out-of-Pocket (MOOP)	$7,550	$7,550
Hearing Aid	$2,400 every three years	$3,000 every three years
Dental Services	Comprehensive and Preventive (no annual dollar limit)	Comprehensive and Preventive (no annual dollar limit)
Vision Services	$0 eye exam plus $300 toward eyewear every year	$0 exam plus $150 toward eyewear every year
SilverSneakers®	Yes	Yes
Telehealth	Yes	Yes
Teladoc®	$45	$45
Part D Drug Coverage	**Preferred/Non-Preferred Pharmacy**	
Rx Deductible (Tier 3-5)	$200	
Preferred Mail Order	$0 Tier 1, 2, and 6 Generics	
Tier 1: Preferred Generic Drugs	$2/$7	
Tier 2: Generic Drugs	$10/$20	
Tier 3: Preferred Brand Drugs*	$40/$47	
Tier 4: Non-Preferred Drugs	$95/$100	
Tier 5: Specialty Tier	29% of the total cost	
Tier 6: Select Care Drugs	**$0/$0 (including coverage gap)**	

*$35 for Insulins and $0 eligible vaccines with no deductible

No Referrals Required. VIP Bold Network

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2023 EmblemHealth VIP Reserve Network

The EmblemHealth VIP Reserve Network is our most affordable network with access to top providers in the region:

- AdvantageCare Physicians
- Balance Medical IPA, Inc.
- BronxDocs
- CAIPA
- HealthCare Partners, IPA
- Montefiore
- Mount Sinai
- New York Eye and Ear Infirmary
- New York-Presbyterian
- Rendr Care
- And more.

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BronxDocs: A Unique System of Health Care Delivery in Bronx, NY

The BronxDocs Ecosystem Health Care Model

- 7-10,000 Square Feet State of the Art MULTISPECIALTY CENTERS
- Focus on Adult and SENIOR PRIMARY CARE
- All Specialties and Diagnostics
- *Senior Care Center of Excellence*
- GUARANTEED PRIMARY CARE Appointment: NEXT DAY
- GUARANTEED SPECIALTY & DIAGNOSTIC Appointments: ONE WEEK
- Same Day WALK-IN CARE; Avoid ER or Urgent Care visits!!
- TELEMEDICINE; EASY-TO-USE INTERFACE FOR SENIORS

Dental Work NY/BronxDocs offering Preventive and Comprehensive dental services at the 326 East 149th Street location.

Specialties			Diagnostics and Procedures
Cardiology	Physical Medicine	General Dentistry	PFT
Vascular Disease	Physical Therapy	Endodontics	Nuclear Camera and Nuclear Cardiology
Women's Health/GYN	Non-Opioid Pain Management	Prosthodontics	Ophthalmology: Diagnostics & Laser Procedures
			Cardiac Rehab
Pulmonology	Dermatology	Oral Surgery	Sonography
Ophthalmology	Internal Medicine	Orthodontics	Echocardiography
Orthopedics	Pediatrics	Periodontics	Ultrasound
Podiatry	Nephrology/Chronic Kidney		Visual Screening
Urology	Disease		Diabetic Eye Care
Gastroenterology	Neurology		

BronxDocs Locations

326 East 149th Street • 932 Southern Boulevard • 2044 Westchester Avenue

Contact

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High-Touch, High-Quality Medical Care

BRONX DOCS
Powered by AdvantageCare Physicians

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2023 EmblemHealth VIP Bold Network

The EmblemHealth VIP Bold Network is our largest individual plan with access to top providers in the region:

- AdvantageCare Physicians
- Balance Medical IPA, Inc.
- BronxDocs
- CAIPA
- Crystal Run Healthcare®
- Essen Medical Associates, P.C.
- HealthCare Partners, IPA
- Montefiore
- Mount Sinai
- New York Eye and Ear Infirmary
- New York-Presbyterian
- Northwell Health
- NYC Health and Hospitals
- Rendr Care
- And many more.

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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)	$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	$26.10

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)	$93.00	$121.00	$237.00	$240.00
25%	$83.30	$111.30	$227.30	$230.30
50%	$73.50	$101.50	$217.50	$220.50
75%	$63.80	$91.80	$207.80	$210.80
100%	$54.10	$82.10	$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

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Our Benefit Partners

DENTAL:

healthplex

HEARING:

nations hearing

VISION:

EyeMed with CPSOPTICAL

FITNESS:

SilverSneakers® by Tivity Health

OVER-THE-COUNTER:

nationsOTC

OTC Network®

convey™

(VIP Dual & VIP Dual Reserve (HMO D-SNP) mail order)

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Preferred Pharmacy Network

EmblemHealth's preferred pharmacy network includes:

- Duane Reade
- Rite Aid
- Walgreens
- Walmart
- And more

EmblemHealth's Medicare preferred mail order is managed by Express Scripts, Inc. (ESI). **$0 copay for Tier 1, 2, and 6* generics through preferred mail order.**

EmblemHealth's Formulary:

- **3,561** of the most utilized drugs are on formulary.
- **79** of the top **100** most utilized drugs are on the lowest tiers, Tier 1 and Tier 2.
- **81** of the top **100** most utilized drugs are on the same tier or lower than competitors.
- **All** of the top **100** most utilized drugs have no PA or ST requirements.

*Tier 6 Select Care drugs - $0 copay including coverage gap (retail & mail order)

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Tier 6 Select Care Drugs

Includes Diabetic, Hypertension, and High Cholesterol Drugs

Amlodipine-Valsartan
Atorvastatin Calcium
Benazepril Hcl
Benazepril Hcl-Hctz
Enalapril Maleate
Enalapril Maleate/Hctz
Fosinopril Sodium
Glimepiride
Glipizide
Glipizide Er
Glipizide Xl
Glipizide-Metformin
Irbesartan
Irbesartan-Hydrochlorothiazide
Lisinopril
Lisinopril-Hctz
Losartan Potassium
Losartan-Hydrochlorothiazide
Lovastatin
Metformin Hcl
Metformin Hcl Er
Pioglitazone Hcl
Pravastatin Sodium
Quinapril
Ramipril
Rosuvastatin Calcium
Simvastatin
Trandolapril
Valsartan
Valsartan-Hydrochlorothiazide

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2023 $35 Covered Insulins

- FIASP FLEXTOUCH U-100 INSULIN
- FIASP PENFILL U-100 INSULIN
- FIASP U-100 INSULIN
- LANTUS SOLOSTAR U-100 INSULIN
- LANTUS U-100 INSULIN
- NOVOLIN 70/30 U-100 INSULIN
- NOVOLIN 70-30 FLEXPEN U-100
- NOVOLIN N FLEXPEN
- NOVOLIN N NPH U-100 INSULIN
- NOVOLIN R FLEXPEN
- NOVOLIN R REGULAR U-100 INSULN
- NOVOLOG FLEXPEN U-100 INSULIN
- NOVOLOG MIX 70-30 U-100 INSULN
- NOVOLOG MIX 70-30FLEXPEN U-100
- NOVOLOG PENFILL U-100 INSULIN
- NOVOLOG U-100 INSULIN ASPART
- TOUJEO MAX U-300 SOLOSTAR
- TOUJEO SOLOSTAR U-300 INSULIN

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$0 Eligible Vaccines

- ACTHIB VACCINE WITH DILUENT
- ADACEL TDAP SYRINGE
- ADACEL TDAP VIAL
- BEXSERO PREFILLED SYRINGE
- BOOSTRIX TDAP VACCINE SYRINGE
- BOOSTRIX TDAP VACCINE VIAL
- ENGERIX-B 20 MCG/ML SYRN
- ENGERIX-B 20 MCG/ML VIAL
- ENGERIX-B PEDI 10 MCG/0.5 SYRN
- GARDASIL 9 SYRINGE
- GARDASIL 9 VIAL
- HAVRIX 1,440 UNIT/ML SYRINGE
- HAVRIX 720 UNIT/0.5 ML SYRINGE
- HIBERIX VACCINE WITH DILUENT
- MENACTRA VIAL
- MENQUADFI VIAL
- MENVEO A-C-Y-W-135-DIP VIAL KT
- M-M-R II VACCINE VIAL
- PEDVAXHIB VACCINE VIAL
- RECOMBIVAX HB 10 MCG/ML SYR
- RECOMBIVAX HB 10 MCG/ML VIAL
- RECOMBIVAX HB 40 MCG/ML VIAL
- RECOMBIVAX HB 5 MCG/0.5 ML SYR
- RECOMBIVAX HB 5 MCG/0.5 ML VL
- SHINGRIX VIAL KIT
- TDVAX VIAL
- TENIVAC SYRINGE
- TENIVAC VIAL
- TRUMENBA 120 MCG/0.5 ML VACCIN
- TWINRIX VACCINE SYRINGE
- VAQTA 25 UNITS/0.5 ML SYRINGE
- VAQTA 25 UNITS/0.5 ML VIAL
- VAQTA 50 UNITS/ML SYRINGE
- VAQTA 50 UNITS/ML VIAL
- VARIVAX VACCINE VIAL
- VARIVAX VACCINE WITH DILUENT
- ZOSTAVAX VIAL

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EmblemHealth Member Rewards

Members can earn over $100 for getting health services that they need (examples are listed below). Once they join the program, they can see additional services that can earn rewards.

Member Rewards Program	
Preventive Measures	**Reward**
Initial New to Medicare Annual Wellness Visit*	$50
Initial Health Assessment (HA)*	$15
PCP Visit (once a year)	$10
EmblemHealth Member Portal Registration	$15
EmblemHealth Reward Portal Registration	$10

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 (MTM) Program) for getting monthly diabetes, hypertension, or cholesterol prescriptions. You can earn rewards for each prescription refill of Select Care Drugs (Tier 6).

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

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EmblemHealth Offers Brokers

- Local dedicated broker support team
- Online commissions
- Broker portal enhancements — single sign-on capability, electronic applications, ability to upload documents, ***new*** electronic SOA, and order sales materials.
- HRA commission bonus — **$50** for D-SNP plans
- DocuSign capability
- Book of Business Maintenance

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EmblemHealth®

We look forward to a successful 2023 and beyond.

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