

Quick Start Guide to Your Benefits

HMO Qualified Health Plan

Welcome to the EmblemHealth HMO Qualified Health plan. We are here to help you get the most from your health care benefits. Here's what you need to know to get started:

Your Network and Your Doctor

You have in-network coverage only. As an HMO member, you must choose a primary care provider (PCP) who participates with the Prime Network. This doctor will coordinate your care. Your benefits will be covered only if you see health care professionals in this network. If you see someone outside the network, you may have to pay the costs yourself. Emergency services that you receive in a hospital (e.g., hospital emergency room) are covered in- and out-of-network. A network is a group of health care professionals and facilities that contract with EmblemHealth. They provide covered products and services to members.

Be sure to check with your doctors to see if they participate in the Prime Network at all locations. You can use our online directory to find a list of participating professionals. For more information about the network and your plan, see "How Your Coverage Works" in your contract.

Choose a Network Doctor

- Sign in to your member portal at my.emblemhealth.com. (Don't have an account yet? Click "Register" at the bottom of the page to set one up.)
- Go to the "Find Care" tab. The portal automatically has your plan and network information selected.
- You can choose any criteria for your search, and the results will only include providers available in your selected plan or network. You'll see a list of providers, view their profiles, contact information, and more.

You can also search as a Guest under Find a Doctor at my.emblemhealth.com. Members may request a paper directory by calling the Customer Service number on your ID card. A representative will be happy to help.

Referrals*

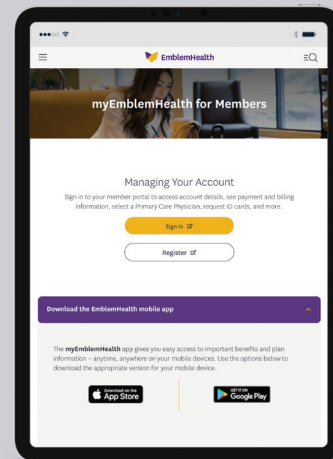
You need written or electronic permission from your PCP before receiving specialist care. This is called a referral. Specialists are doctors such as allergists and dermatologists who provide services other than primary care. You do not need a referral for the following services:

- Primary and preventive care.
- Preventive and primary obstetric and gynecologic care.
- Chiropractic services.
- Refractive eye exams from an optometrist. This is covered for dependents/children until the end of the month they turn 19.
- Outpatient mental health services.
- Diabetic eye exams from an ophthalmologist.

*Small Group H.S.A compatible plans do not require a referral to see a specialist.



myEmblemHealth: Our member portal



Go paperless! Keep your health care information online in one secure, convenient place. To update your paperless preferences:

- Sign in to your account at my.emblemhealth.com.
- Click your name in the top right corner and select 'My Profile.' (If you're using a mobile device, tap the Menu option.)
- Click the 'Communication Preferences' tab.
- From there, click the 'Edit' button to make changes.

Note: We may be required to send you some documents by mail or some documents electronically, no matter your preference.

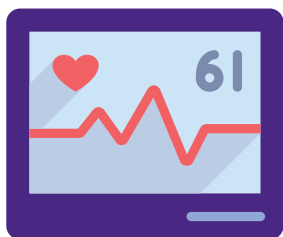
If you're new to the portal, simply go to my.emblemhealth.com, click **Register**, and fill in the required information. Once your account is validated, follow the steps to create a new username and password. You'll be able to see your plan benefits, find doctors and hospitals, choose a PCP, request a member ID card, and much more.

On the go? Download our mobile app for your Android or iOS devices at my.emblemhealth.com/app.



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HMO Qualified Health Plan



Check out the Health Assessment (HA) tool on our member portal. Once you're signed in, click Health and Wellness. Use the "Get Started" button under Wellness Program to visit your WellSpark Health portal. Use the "Take Your Health Assessment" tile to find and complete your assessment.

This tool gives you a "snapshot" of your current health based on how you answer the questions. You will get a personalized report with tips for improving and maintaining your health, and preventing serious illness.

Your results are confidential, but you can share them with your doctor when talking about your health care.

Need a Doctor? Consider AdvantageCare Physicians

AdvantageCare Physicians (ACPNY), part of the EmblemHealth family of companies, is a primary and specialty care practice that cares for the whole you. This means ACPNY doctors and providers consider the physical, mental, and lifestyle factors that affect your health.

ACPNY has offices in all five boroughs (includes BronxDocs, an affiliate of ACPNY) and on Long Island. They offer convenient hours and same- and next-day appointments in many offices, along with related services, such as lab and radiology. Go to acpny.com to see a full list of services and locations.

Plus, ACPNY offers services that improve your care experience, including easy referrals. You'll leave your office visit with a printed, approved referral in-hand. And, your referring specialist will already have it when you arrive for your appointment. It's that easy.

To see a full listing of doctors and facilities in your network, sign in to your member portal at my.emblemhealth.com and click "Find Care."

Prior Approval

Some inpatient and outpatient services require prior approval by EmblemHealth before you receive them. Your network doctor will contact EmblemHealth to take care of this for you. Examples of these services are: inpatient non-emergency procedures; outpatient surgery; home health care; hospice care; and outpatient physical, occupational, and speech therapies. See your plan information for a full list of services that require prior approval.

Preventive Care

In-network preventive care services described in your Contract are covered in full and not subject to any cost-sharing when you use a Prime Network professional. These services include routine checkups, immunizations, gynecologic exams, mammograms, well-baby care, and prescription birth control for women.

Your Deductible

A deductible is the amount you pay before your plan starts to pay. Some services, like checkups, don't require a deductible. For others, once you reach this amount, your plan shares the costs for your care. Your Schedule of Benefits has more details.

Keep Your Costs Down

Because out-of-network services (except emergency care) are not covered, seeing doctors and using hospitals only in the Prime Network helps to keep your costs lower. If you need a procedure and it's not an emergency, be sure the doctor or place where you are being treated has contacted us for approval first.

After you meet the deductible, you may have either a copay or coinsurance. A copay is the amount you pay for health services each time you use them. Coinsurance is the percentage you pay for health services, after your deductible, when your insurance plan begins to pay. These will depend on where you get care. Check your Schedule of Benefits for details.

What You Pay: Maximum

Copays, coinsurance, and deductibles go toward the maximum you pay. Once you reach this limit, your plan pays for in-network services in full.

Lab Tests: LabCorp and Quest Diagnostics

LabCorp and Quest Diagnostics are our preferred labs. If you have lab tests in your doctor's office, make sure they are sent to either LabCorp or Quest Diagnostics. If you need to go to LabCorp for tests, you can set up an appointment online at labcorp.com/labs-and-appointments. For Quest, appointments can be set up online at questdiagnostics.com/appointment or by calling **888-277-8772**. No appointment? Both LabCorp and Quest Diagnostics welcome walk-ins.

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HMO Qualified Health Plan

Pharmacy

Your plan covers a wide range of prescription drugs. Visit emblemhealth.com/resources/pharmacy/drugs-covered to see a list of covered drugs under your plan's formulary.

This plan has a three-tier design. This means your copays are usually lowest when you use generic drugs (Tier 1), higher when you use brand-name drugs on the formulary (Tier 2), and highest when you use brand-name drugs not on the formulary (Tier 3).

Telemedicine: \$0 Copay

Your plan covers online consultations between you and health care professionals who participate in our telemedicine program for non-emergency medical conditions. Based on your plan's start or renewal date, telemedicine copays for a doctor will be \$0. To get started, visit emblemhealth.com/live-well/plan-benefits/telehealth or search "Teladoc" to download the iOS or Android app.

Vision

Vision services are administered by EyeMed with CPS Optical. To reach an EyeMed Customer Service representative, call **877-324-6211** (TTY: **711**), Monday to Saturday, 7:30 a.m. to 11 p.m. or Sunday, 11 a.m. to 8 p.m. You can find more information on EyeMed's website at eyemed.com.

Dental Benefits

Dental services are administered by Healthplex. To reach a Healthplex Customer Service representative, call **855-932-3292** (TTY: **800-662-1220**), Monday to Friday, 8 a.m. to 6 p.m. You can find more information on Healthplex's website at healthplex.com/member.

Prime Tristate Access*

EmblemHealth has expanded our Prime Network to include both the QualCare network in New Jersey and ConnectiCare's network in Connecticut. With our enhanced Prime Network, members have more convenience and access to over 125,000 providers across the tristate region. The Prime Network covers the five boroughs of New York City (the Bronx, Brooklyn, Manhattan, Queens, and Staten Island), plus Nassau, Suffolk, Orange, Rockland, and Westchester counties, and upstate areas that stretch north of Albany. The ConnectiCare HMO Network covers all eight counties in the state of Connecticut. The QualCare HMO Network covers all 21 counties across the State of New Jersey.

Neighborhood Care Provides Support and Wellness in the Neighborhood

EmblemHealth Neighborhood Care locations provide in-person customer support, help finding community resources, and health and wellness programs.

From learning a language to fitness classes, diabetes management and much more, these services are available at no cost! Visit emblemhealth.com/neighborhood for locations and hours.

Questions? Call the Customer Service number on the back of your member ID card (TTY: 711), Monday to Friday, 8 a.m. through 6 p.m (excluding major holidays).

*Tristate access is only available to Small Group membership.

