2024 Summary of Benefits
EmblemHealth VIP Gold (HMO) and EmblemHealth VIP Gold Plus (HMO)

January 1, 2024 – December 31, 2024

WHO CAN JOIN?

To join **EmblemHealth VIP Gold (HMO)** or **EmblemHealth VIP Gold Plus (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area for **EmblemHealth VIP Gold (HMO)** includes the following counties in **New York**: Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk, Westchester.

Our service area for **EmblemHealth VIP Gold Plus (HMO)** includes the following counties in **New York**: Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Sullivan, Ulster, Westchester.

These plans do not require referrals.

WHICH DOCTORS, HOSPITALS, AND PHARMACIES CAN I USE?

EmblemHealth VIP Gold (HMO) and **EmblemHealth VIP Gold Plus (HMO)** plans have 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 **EmblemHealth VIP Gold (HMO)** or **EmblemHealth VIP Gold Plus (HMO)** plans, you must choose a primary care provider (PCP) in the VIP Bold 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.

In most situations you must 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 directories 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 Oct. 1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m. From April 1 to Sept. 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. Or visit us at our website, emblemhealth.com/medicare.

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**) (TTY: **1-877-486-2048**), 24 hours a day, seven days a week. If you want to compare our plan with other Medicare Advantage plans we offer, you can visit us at **emblemhealth.com/medicare**.

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EMBLEMHEALTH VIP GOLD (HMO) MONTHLY PLAN PREMIUM (THE AMOUNT YOU PAY FOR YOUR INSURANCE EVERY MONTH)		
	Your Level of Extra Help	
COUNTIES	0% (Full Premium)	100%
Bronx, Kings, New York, Queens	$82.00	$33.30
Nassau, Richmond	$112.00	$63.30
Suffolk, Westchester	$219.00	$170.30

EMBLEMHEALTH VIP GOLD PLUS (HMO)		
COUNTIES	0% (Full Premium)	100%
Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Sullivan, Ulster, Westchester	$241.00	$192.30

You must continue to pay your Medicare Part B premium.

BENEFIT	EMBLEMHEALTH VIP GOLD (HMO)	EMBLEMHEALTH VIP GOLD PLUS (HMO)
DEDUCTIBLE (The amount you pay before your plan starts to pay.)	This plan does not have a deductible for covered medical services.	This plan does not have a deductible for covered medical services.
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.)	$8,850 yearly for services you receive from in-network health care professionals and facilities. 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. Our plan has a coverage limit every year for certain in-network benefits. Please call us for the services that apply.	$8,850 yearly for services you receive from in-network health care professionals and facilities. 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. Our plan has a coverage limit every year for certain in-network benefits. Please call us for the services that apply.
INPATIENT HOSPITAL COVERAGE (May require approval.)	Our plan covers an unlimited number of days for an inpatient hospital admission. You pay $290 per day for days 1 through 7. You pay $0 per day for days 8 and beyond.	Our plan covers an unlimited number of days for an inpatient hospital admission. You pay $195 per day for days 1 through 10. You pay $0 per day for days 11 and beyond.
OUTPATIENT HOSPITAL COVERAGE (May require approval.)		
• Hospital observation:	You pay $275	You pay $275
• Outpatient hospital:	You pay $295	You pay $295
• Ambulatory surgery center:	You pay $225	You pay $225
DOCTOR VISITS (In-office/virtual)		
• Primary care provider:	You pay $0 You pay $0 for annual physical.	You pay $0 You pay $0 for annual physical.
• Specialists:	You pay $25	You pay $0

BENEFIT	EMBLEMHEALTH VIP GOLD (HMO)	EMBLEMHEALTH VIP GOLD PLUS (HMO)
PREVENTIVE CARE (Services that keep you healthy.) Our plan covers many preventive services, including:	You pay $0 – Bone mass measurement. – Breast cancer screening (mammogram). – Cardiovascular screening. – Cervical and vaginal cancer screening. – Colorectal cancer screening (colonoscopy, fecal occult blood test, flexible sigmoidoscopy). – Depression screening. – Diabetes screening. – Prostate cancer screening (PSA). – Vaccines, including flu shots, hepatitis B shots, pneumococcal shots, and COVID-19 vaccines. – “Welcome to Medicare” preventive visit (one-time). – Yearly “Wellness” visit. And all additional preventive services approved by Medicare during the contract year will be covered.	You pay $0 – Bone mass measurement. – Breast cancer screening (mammogram). – Cardiovascular screening. – Cervical and vaginal cancer screening. – Colorectal cancer screening (colonoscopy, fecal occult blood test, flexible sigmoidoscopy). – Depression screening. – Diabetes screening. – Prostate cancer screening (PSA). – Vaccines, including flu shots, hepatitis B shots, pneumococcal shots, and COVID-19 vaccines. – "Welcome to Medicare" preventive visit (one-time). – Yearly "Wellness" visit. And all additional preventive services approved by Medicare during the contract year will be covered.
EMERGENCY CARE	You pay $100 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 Coverage” section of this booklet for other costs.	You pay $100 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 Coverage” section of this booklet for other costs.
URGENTLY NEEDED SERVICES	You pay $35	You pay $0

BENEFIT	EMBLEMHEALTH VIP GOLD (HMO)	EMBLEMHEALTH VIP GOLD PLUS (HMO)
DIAGNOSTIC SERVICES/ LABS/IMAGING (Lower costs when provided in a doctor's office or freestanding facility. May require approval.)		
• Diagnostic radiology services (such as MRIs, CT scans):	You pay 20% of the cost.	You pay 20% of the cost.
• Lab services:	You pay $0 or $15	You pay $0 or $15
• Diagnostic tests and procedures:	You pay $0 or $45	You pay $0 or $45
• Outpatient x-rays:	You pay $25 or 20% of the cost.	You pay $0 or 20% of the cost.
• Therapeutic radiology services (such as radiation treatment for cancer):	You pay 20% of the cost.	You pay 20% of the cost.
HEARING SERVICES		
• Exam to diagnose and treat hearing and balance issues:	You pay $25	You pay $0
• Routine hearing exam (one every year):	You pay $0	You pay $0
• Hearing aid fitting/ evaluation (one every year):	You pay $0	You pay $0
• Hearing aids (limited to two, one for each ear):	Our plan pays up to $2,400 every three years for hearing aids.	Our plan pays up to $3,000 every three years for hearing aids.

BENEFIT	EMBLEMHEALTH VIP GOLD (HMO)	EMBLEMHEALTH VIP GOLD PLUS (HMO)
DENTAL SERVICES		
No Annual Dollar Limit.		
Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth):	You pay $0	You pay $0
• Cleaning (one every six months):	You pay $0	You pay $0
• Standard dental x-ray(s) (one every six months):	You pay $0	You pay $0
• Fluoride treatment (one every six months):	You pay $0	You pay $0
• Oral exam (one every six months):	You pay $0	You pay $0
Comprehensive Dental Services (may require approval):		
• Restorative services:	You pay $0 - $125 Based on procedure.	You pay $0 - $125 Based on procedure.
• Endodontics:	You pay $0 - $20 Based on procedure.	You pay $0 - $20 Based on procedure.
• Periodontics:	You pay $0 - $150 Based on procedure.	You pay $0 - $150 Based on procedure.
• Extractions:	You pay $0 - $50 Based on procedure.	You pay $0 - $50 Based on procedure.
• Prosthodontics, other oral/maxillofacial surgery, other services:	You pay $0 - $150 Based on procedure.	You pay $0 - $150 Based on procedure.

BENEFIT	EMBLEMHEALTH VIP GOLD (HMO)	EMBLEMHEALTH VIP GOLD PLUS (HMO)
VISION SERVICES		
• Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening):	You pay $25	You pay $0
• Routine eye exam (one every year):	You pay $0	You pay $0
Routine eyewear:		
• Eyeglasses (frames and lenses) or contact lenses:	One pair up to $300 plan limit every year.	One pair up to $150 plan limit every year.
• Eyeglasses (frames and lenses) or contact lenses after cataract surgery:	You pay $25	You pay $0
MENTAL HEALTH SERVICES (May require approval.)		
• Inpatient visit:	You pay $0 Our plan covers up to 90 days per inpatient mental health admission. Our plan also covers 60 “lifetime reserve days” as long as the stay is covered under the plan. Our plan covers up to 190 days in a lifetime for inpatient mental health services in a psychiatric hospital. The 190-day limit does not apply to mental health services provided in a psychiatric unit of a general hospital.	You pay $0 Our plan covers up to 90 days per inpatient mental health admission. Our plan also covers 60 “lifetime reserve days” as long as the stay is covered under the plan. Our plan covers up to 190 days in a lifetime for inpatient mental health services in a psychiatric hospital. The 190-day limit does not apply to mental health services provided in a psychiatric unit of a general hospital.
• Outpatient group therapy visit:	You pay $25	You pay $0
• Outpatient individual therapy visit (in-office/virtual):	You pay $25	You pay $0

BENEFIT	EMBLEMHEALTH VIP GOLD (HMO)	EMBLEMHEALTH VIP GOLD PLUS (HMO)
SKILLED NURSING FACILITY (SNF) (May require approval.)	Our plan covers up to 100 days in a SNF. You pay $0 per day for days one through 20. You pay $203 per day for days 21 through 100.	Our plan covers up to 100 days in a SNF. You pay $0 per day for days one through 20. You pay $203 per day for days 21 through 100.
PHYSICAL THERAPY (May require approval.) Physical therapy, and speech and language therapy visit:	You pay $25	You pay $0
AMBULANCE (May require approval, not waived if admitted.) • Ground: • Air:	You pay $100 You pay 20% of the cost.	You pay $75 You pay 20% of the cost.
TRANSPORTATION	Not covered.	Not covered.

MEDICARE PART B DRUGS	
CHEMOTHERAPY DRUGS AND OTHER PART B DRUGS: (May require approval.) These drugs may require step therapy and/or prior approval.	You pay 0% to 10% based on Part B rebatable adjustment for Part B drugs in the home. You pay 0% to 20% based on Part B rebatable adjustment for Part B drugs dispensed at a retail pharmacy, mail order pharmacy, physician office, and outpatient facility. You pay no more than $35 for one-month supply of insulin.

Prescription Drugs for EmblemHealth VIP Gold (HMO) and EmblemHealth VIP Gold Plus (HMO)

MEDICARE PART D DRUG COVERAGE

Our plan groups each drug into one of six "tiers" (levels). You will need to use the formulary (list of covered drugs) to find what tier a drug is in.

How much you pay for your prescription drugs depends on what tier your drug is in and what stage of the benefit you are in. There are four stages in your Part D prescription drug coverage.

FOUR STAGES OF DRUG COVERAGE

Deductible

The deductible is the amount you pay before your plan starts to pay. This deductible is for retail and home delivery.

There is no deductible for Tier 1 (Preferred Generic), Tier 2 (Generic), and Tier 6 (Select Care Drugs), insulins and most vaccines.

There is a **$200** deductible for Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drugs), and Tier 5 (Specialty) drugs.

Initial Coverage

After you've reached the deductible, you'll enter the initial coverage stage.

In this stage, you and the plan share the costs of some of the covered drugs until your total drug costs, including deductible, reach **$5,030**. The total drug costs paid by both you and our Part D plan will help you reach the coverage gap.

Retail Cost-Sharing

Tier	EmblemHealth VIP Gold (HMO) and EmblemHealth VIP Gold Plus (HMO)				
	Deductible	Initial Coverage $0-$5,030 30-Day Supply		Coverage Gap Over $5,030	Catastrophic Coverage Over $8,000
	You pay	Preferred	Standard	You pay	You pay
Tier 1: Preferred Generic	$0	$2	$7	25%	$0
Tier 2: Generic	$0	$10	$20	25%	$0
Tier 3: Preferred Brand	$200	$40	$47	25%	$0
Tier 4: Non-Preferred Drugs	$200	$95	$100	25%	$0
Tier 5: Specialty	$200	29%	29%	25%	$0
Tier 6: Select Care Drugs	$0	$0	$0	$0	$0

You pay no deductible and no more than $35 for one-month supply of covered insulins and $0 for most adult Part D vaccines, including shingles, tetanus and travel vaccines.

Prescription Drugs for EmblemHealth VIP Gold (HMO) and EmblemHealth VIP Gold Plus (HMO)

Preferred Mail Order Cost-Sharing

Tier	EmblemHealth VIP Gold (HMO) and EmblemHealth VIP Gold Plus (HMO)		
	Deductible	Initial Coverage $0-$5,030	
Monthly Supply	**You pay**	**30-day supply**	**90-day supply**
Tier 1: Preferred Generic	$0	$0	$0
Tier 2: Generic	$0	$0	$0
Tier 3: Preferred Brand	$200	$40	$120
Tier 4: Non-Preferred Drugs	$200	$95	$285
Tier 5: Specialty	$200	29%	Not available in a long-term supply
Tier 6: Select Care Drugs	$0	$0	$0

You pay no deductible and no more than $35 for one-month supply of covered insulins and $0 for most adult Part D vaccines, including shingles, tetanus and travel vaccines.

If you live in a long-term care facility or use a non-preferred mail order pharmacy, you pay the same as at a standard retail pharmacy.

Coverage Gap

The coverage gap (also called the "donut hole") starts after the total yearly drug cost (along with what our plan has paid and what you have paid) reaches **$5,030**.

While in the coverage gap, you pay $0 for Select Care Drugs (Tier 6) no more than $35 for one-month supply of covered insulins, $0 for most adult Part D vaccines, and 25% of the plan's cost for all other drugs. The 70% discount for brand-name drugs paid by the drug manufacturer, combined with 25% you pay, count toward your true out-of-pocket (TrOOP) costs. This helps you get out of the coverage gap. **Not everyone will reach the coverage gap.**

Catastrophic Coverage

After your yearly true out-of-pocket (TrOOP) drug costs reach **$8,000**, your cost will be $0.

Get Help Paying for Your Prescription Drugs Extra Help

Extra Help is a free Medicare program and is known as Low-Income Subsidy (LIS). It helps people with low or limited income and resources pay Medicare Part D drug plan costs.

What do you get with Extra Help?

- Payment of 75% or more of your drug costs. These include your monthly premium for prescription drugs **(the amount you pay each month)**.
- Payment of your annual deductible **(the amount you pay before your plan starts to pay)**.
- Payment of coinsurance costs **(the percentage you pay for your prescription drugs)**.
- No coverage gap.

You automatically qualify for Extra Help if:

- You have full Medicaid coverage.
- You get help from your state Medicaid program to pay your Part B premiums in a Medicare savings program.
- You get supplemental security income (SSI) benefits.

Many other people with low or limited income also qualify for Extra Help and don't know it!

There is no cost to apply. Contact your local Social Security office or call Social Security at **800-772-1213** (TTY: **800-325-0778**). You can also apply online at **ssa.gov/benefits/medicare/prescriptionhelp/**.

Additional Benefits

BENEFIT	EMBLEMHEALTH VIP GOLD (HMO)	EMBLEMHEALTH VIP GOLD PLUS (HMO)
ACUPUNCTURE (May require approval.)	You pay $10 for up to 20 visits for chronic low back pain every year (maximum of 12 visits in 90 days).	You pay $10 for up to 20 visits for chronic low back pain every year (maximum of 12 visits in 90 days).
CHIROPRACTIC CARE (May require approval.) Manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position):	You pay $10	You pay $0
FOOT CARE • Foot exams and treatment if you have diabetes-related nerve damage and/or meet some conditions: • Routine foot care (for up to four visits every year):	You pay $25 You pay $25 Foot care includes removal of calluses and corns, and trimming of nails.	You pay $0 You pay $0 Foot care includes removal of calluses and corns, and trimming of nails.
HOME HEALTH CARE (May require approval.)	You pay $0	You pay $0
HOSPICE	You pay $0 for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please call us for more details.	You pay $0 for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please call us for more details.

Additional Benefits (Continued)

BENEFIT	EMBLEMHEALTH VIP GOLD (HMO)	EMBLEMHEALTH VIP GOLD PLUS (HMO)
MEDICAL EQUIPMENT/SUPPLIES		
Durable medical equipment (wheelchairs, oxygen, etc.) (may require approval):	You pay 20% of the cost.	You pay 20% of the cost.
Prosthetic devices (braces, artificial limbs, etc.) (may require approval):		
• Prosthetic devices:	You pay 20% of the cost.	You pay 20% of the cost.
• Related medical supplies:	You pay 20% of the cost.	You pay 20% of the cost.
Diabetes supplies and services:		
• Diabetes monitoring supplies:	You pay $0. Our plan only covers FreeStyle®, Precision® and LifeScan®/ One Touch® brands of glucose monitors and test strips.	You pay $0. Our plan only covers FreeStyle®, Precision® and LifeScan®/ One Touch® brands of glucose monitors and test strips.
• Diabetes self-management training:	You pay $0	You pay $0
• Therapeutic shoes or inserts:	You pay $0	You pay $0
RENAL DIALYSIS	You pay 20% of the cost.	You pay 20% of the cost.
WELLNESS PROGRAMS		
• Fitness:	SilverSneakers® — You pay $0	SilverSneakers® — You pay $0
• Hotline:	24-Hour Nurse Hotline — You pay $0	24-Hour Nurse Hotline — You pay $0
• Teladoc®:	You pay $0	You pay $0
OUTPATIENT SUBSTANCE ABUSE (May require approval.)		
• Group therapy visit:	You pay $25	You pay $0
• Individual therapy visit (in-office/virtual):	You pay $25	You pay $0

Additional Benefits (Continued)

BENEFIT	EMBLEMHEALTH VIP GOLD (HMO)	EMBLEMHEALTH VIP GOLD PLUS (HMO)
WORLDWIDE EMERGENCY AND URGENT CARE COVERAGE You are not covered for air ambulance services outside the United States. See page I - 8 for additional cost-sharing information for ambulance services.	You pay $100 You pay $0 if admitted in one day.	You pay $100 You pay $0 if admitted in one day.

2024 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 a.m. to 8 p.m., seven days a week.

Understanding the Benefits

- [ ] The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. 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.
- [ ] Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- [ ] **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- [ ] 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, 2025.
- [ ] 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).