



2025 EmblemHealth VIP Medicare Plans

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

Based on more than 85 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 Gold (HMO): You will pay **\$0** to see your primary care provider (PCP) 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 provider (PCP) 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 Rx Saver (HMO): You will pay **\$0** each month for the plan. You will pay **\$0** to see your primary care provider (PCP) and **\$25** to see specialists in network. You will also get benefits Medicare does not cover, like comprehensive dental, **\$70** monthly over-the-counter (OTC) items, hearing aids, vision, and a **SilverSneakers® membership**.

Plan availability varies by county.

EmblemHealth VIP Dual Medicare Plans

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 preventive and comprehensive dental, routine eyewear, and a debit card with up to **\$20 monthly** for over-the-counter (OTC) items.

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 **\$60** for over-the-counter (OTC) items depending on where you live, 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 Reserve and VIP Dual
Full New York State Medicaid benefits	✓
QMB-Plus	✓

EmblemHealth VIP Medicare Plans

Monthly Premium - The amount you pay for your insurance every month.	EmblemHealth VIP Gold (HMO) (Premiums may be reduced based on your level of Extra Help.)
Kings	\$54
Bronx/New York/Queens	\$95
Richmond/Nassau	\$125 (Nassau only)
Suffolk/Westchester	\$201
Orange/Rockland/Dutchess/ Putnam/Sullivan/Ulster	N/A
Albany/Broome/Columbia/Delaware/Greene/Rensselaer/ Saratoga/Schenectady/Warren/Washington	N/A
What Our Plan Covers	VIP Bold Network
Primary care provider (PCP) visit	\$0
Specialist visit	\$25
Preventive care (services that keep you healthy)	\$0
Urgent care	\$35
Emergency care within the U.S./outside the U.S. ¹	\$110/\$110
Inpatient hospital coverage	\$290 per day for days 1-7 \$0 days 8 and beyond
Lab services ²	\$0 or \$15
Foot care	\$25
X-rays ²	\$25 or 20%
Dental services (no annual dollar limit)	Comprehensive & Preventive
Hearing aids	Up to \$2,400 every 3 years
Routine eyewear	Up to \$300 every year
Prescription drugs	Yes
Extra Benefits	
24-hour nurse hotline	Yes
SilverSneakers®	Yes
Acupuncture ³	Yes
Teladoc®	\$0
Telehealth ⁴	Yes
Over-the-counter items	Not covered

¹ Subject to limitations.

² Lower cost when provided in a doctor's office or independent facility.

³ You get up to 20 visits per year to treat chronic low back pain.

⁴ Telehealth benefit is the same copay as PCP and specialist visits.

EmblemHealth VIP Gold Plus (HMO)	EmblemHealth VIP Rx Saver (HMO)
(Premiums may be reduced based on your level of Extra Help.)	
	N/A
	N/A
\$223	N/A
	N/A
	N/A
N/A	\$0

VIP Bold Network	VIP Bold Network
\$0	\$0
\$0	\$25
\$0	\$0
\$0	\$45
\$110/\$0	\$110/\$0
\$195 per day for days 1-10 \$0 days 11 and beyond	\$325 per day for days 1-4 \$0 days 5 and beyond
\$0 or \$15	\$0 or \$15
\$0	\$25
\$0 or 20%	\$25 or 20%
Comprehensive & Preventive	Comprehensive & Preventive
Up to \$3,000 every 3 years	Up to \$3,000 every 3 years
Up to \$150 every year	Up to \$750 every year
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
\$0	\$0
Yes	Yes
Not covered	\$70 per month

EmblemHealth VIP Medicare Special Needs Plans

	EmblemHealth VIP Dual Reserve (HMO D-SNP)	EmblemHealth VIP Dual (HMO D-SNP)
Monthly Premium – The amount you pay for your insurance every month. (Premiums below include full Extra Help.)		
Bronx/Kings/New York/Queens	\$0	\$0
Richmond/Nassau/Suffolk	N/A	\$0
Hudson Valley: Westchester/Orange/Rockland/ Dutchess/Putnam/Sullivan/Ulster	N/A	\$0
Capital Region: Albany/Broome/Columbia/ Delaware/Greene/Rensselaer/Saratoga/ Schenectady/Warren/Washington	N/A	\$0
What Our Plan Covers		
	VIP Reserve Network	VIP Bold Network
Primary care provider (PCP) visit	\$0	\$0
Specialist 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 ¹	\$0	\$0
X-rays	\$0	\$0
Foot care	\$0	\$0
Dental services (no annual dollar limit)	Comprehensive & Preventive	Comprehensive & Preventive
Hearing aids	Not covered	Up to \$300 every 3 years
Routine eyewear (maximum limit)	Up to \$500 every year	Up to \$300 every 2 years
Prescription drugs	Yes	Yes
Extra Benefits		
24-Hour nurse hotline	Yes	Yes
SilverSneakers®	Not covered	Yes
Acupuncture ²	Yes	Yes. Plus 10 additional visits yearly at no cost
Telehealth ³	\$0	\$0
Teladoc®	\$0	\$0
Over-the-counter items	\$20 per month	<ul style="list-style-type: none"> • \$20 per month in the Bronx, Kings, New York, and Queens counties. • \$60 per month in Nassau, Suffolk, Richmond, Hudson Valley, and Capital Region.

¹ Lower cost when provided in a doctor's office or independent facility.

² You get up to 20 visits for chronic low back pain each year.

³ Telehealth visit copays are the same as PCP and specialist visits.

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!

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 Card
VIP Dual Reserve (HMO D-SNP)	✓	✓	✓
VIP Dual (HMO D-SNP)	✓	✓	✓
VIP Rx Saver (HMO)	✓	✓	✓

OTC benefit amount must be used within the benefit frequency and will not roll over.

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

Scan QR Code to view Convey mail order catalog:





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

Tier 2: Generic

Tier 3: Preferred Brand

Tier 4: Non-Preferred Drugs

Tier 5: Specialty

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 pharmacy 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 Jan. 1 of each year.

Stage 1 – Deductible

This is the amount you will need to pay before your plan pays. There is no deductible for insulins and most Part D vaccines.

Stage 2 – Initial Coverage Limit

In this stage, you and the plan share the costs of some of the covered drugs until your year-to-date out-of-pocket costs reach **\$2,000**. Out-of-pocket costs include what you paid when you get covered Part D prescription drugs, any payments for your drugs made by family or friends and payments made for your drugs by Extra Help from Medicare, an employer or union health plan, TRICARE, Indian Health Service, AIDS drug assistance programs, charities, and most State Pharmaceutical Assistance Programs (SPAPs).

You pay no more than \$35 for a one-month supply of covered insulin and \$0 for most adult Part D vaccines, including shingles, and some travel vaccines.

Stage 3 – Catastrophic Coverage

After your year-to-date out-of-pocket costs exceed **\$2,000** in 2025, you pay \$0.

EmblemHealth Prescription Drug Coverage

Included in VIP Medicare Plans

	EmblemHealth VIP Gold (HMO) EmblemHealth VIP Gold Plus (HMO)	EmblemHealth VIP Rx Saver (HMO)
	Preferred/Standard Pharmacy	Preferred/Standard Pharmacy
Annual Deductible	\$200 (applies to Tier 3, Tier 4, and Tier 5 drugs only)	\$395 (applies to Tier 4 and Tier 5 drugs only)
Initial Coverage Stage	\$2,000	
Preferred Mail Order	\$0 copay for Tier 1, Tier 2, and Tier 6 drugs	
Tier 1: Preferred Generic	\$2/\$7	
Tier 2: Generic	\$10/\$20	\$15/\$20
Tier 3: Preferred Brand	\$40/\$47	\$42/\$47
Tier 4: Non-Preferred Drugs	\$95/\$100	
Tier 5: Specialty	29%	25%
Tier 6: Select Care Drugs	\$0	
Catastrophic Coverage (After your year-to-date out-of-pocket costs reach \$2,000.)	\$0	

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

Prescription Drug Coverage Included in EmblemHealth D-SNP Plans

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

Annual Deductible	\$0
Initial Coverage (\$0-\$2,000)	
All Formulary Drugs	Generic Drugs: \$0/\$1.60/\$4.90 Brand Drugs: \$0/\$4.80/\$12.15 The amount you pay depends on your level of Extra Help. Please refer to your Low-Income Subsidy (LIS) Rider for more information on what you pay.
Catastrophic Coverage (over \$2,000)	

\$0 for most adult Part D vaccines, including shingles, and some travel vaccines.

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** (TTY: **800-325-0778**) from 8 a.m. to 7 p.m., Monday through Friday.

Your level of Extra Help	EmblemHealth VIP Gold (HMO) –Kings
0% (full premium)	\$54.00
100%	\$29.50

Your level of Extra Help	EmblemHealth VIP Gold (HMO) – Bronx/New York/Queens	EmblemHealth VIP Gold (HMO) – Nassau
0% (full premium)	\$95.00	\$125.00
100%	\$70.50	\$100.50

Your level of Extra Help	EmblemHealth VIP Gold (HMO) – Suffolk/Westchester
0% (full premium)	\$201.00
100%	\$166.50

Your level of Extra Help	EmblemHealth VIP Gold Plus (HMO) – All Counties
0% (full premium)	\$223.00
100%	\$154.80

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 more than \$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*	\$100
Initial Health Assessment (HA)*	\$50
Member Portal Registration	\$25
Sign-up for Paperless	\$50

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

For more information, visit emblemhealth.com/medicare-rewards.

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

All 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 Reline/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
Alveoloplasty 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

*VIP Dual Reserve (HMO D-SNP) and VIP Dual (HMO D-SNP) have \$0 copays for covered services.



Take the next step to better manage your health care.

Simply call **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.

Visit us online at emblemhealth.com/medicare.

Health Insurance Plan of Greater New York (HIP) is an HMO plan with a Medicare contract and a 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. Free language assistance services are available at **800-447-9169** (TTY: **711**). You can get this information for free in other formats, such as large print. Call our toll-free number at **800-447-9169** (TTY: **711**).

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Y0026_204997_M Accepted 09/14/2024

86-6796-25 9/24