



2025 Summary of Benefits

EmblemHealth VIP Dual Enhanced (HMO D-SNP)

January 1, 2025 – December 31, 2025

Who Can Join?

To join **EmblemHealth VIP Dual Enhanced (HMO D-SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and be a member of the EmblemHealth Enhanced Care or EmblemHealth Enhanced Care Plus plan, and live in our service area.

Our service area includes the following counties in **New York**: Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk, and Westchester.

This plan does not require referrals.

To be enrolled in this Special Needs Plan, you must also be enrolled in one of these Medicaid programs:

- **Full Benefit Dual Eligible (FBDE)**: Full Medicaid benefits.
- **Qualified Medicare Beneficiary – Plus (QMB+)**: Helps pay Medicare Part A and Part B premiums, and other cost-sharing (like deductibles, coinsurance, and copayments), plus full Medicaid benefits.

EmblemHealth VIP Dual Enhanced (HMO D-SNP) is New York’s Integrated Benefits For Dually Eligible Enrollees Program (IB-Dual). If you are a member of the EmblemHealth Enhanced Care or EmblemHealth Enhanced Care Plus plan, when you become Medicare-eligible, you may be enrolled in **EmblemHealth VIP Dual Enhanced (HMO D-SNP)**. This program provides complete set of benefits and services for members with Medicaid and Medicare who do not require long term services and supports. You will receive your Medicaid and Medicare covered services, Medicare prescription drug coverage, plus additional services like fitness benefits through one plan. EmblemHealth will coordinate all your care.

Which Doctors, Hospitals, and Pharmacies Can I Use?

EmblemHealth VIP Dual Enhanced (HMO D-SNP) plan has 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 enrolled in **EmblemHealth VIP Dual Enhanced (HMO D-SNP)** you are able to keep your current EmblemHealth Enhanced Care or Enhanced Care Plus primary care provider (PCP). If your current PCP is not available, you’ll be able to select one or 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.

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](https://www.medicare.gov) or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. If you use a TTY, please call **1-877-486-2048**. If you want to compare our plan with other Medicare Advantage plans we offer, you can visit us at emblemhealth.com/medicare.

Benefit	EmblemHealth VIP Dual Enhanced (HMO D-SNP)
<p>Monthly Plan Premium (The amount you pay for your insurance every month.)</p>	<p>You pay \$0</p> <p>You must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medicaid or another third party.</p>
<p>Deductible (The amount you pay before the plan starts to pay.)</p>	<p>You pay \$0</p>
<p>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.)</p>	<p>\$9,350 yearly for Medicare-covered services you receive from in-network health care professionals and facilities.</p>
<p>Inpatient Hospital Coverage (May require approval.)</p>	<p>You pay \$0</p>
<p>Outpatient Hospital Coverage (May require approval.)</p> <ul style="list-style-type: none"> • Hospital observation: • Outpatient hospital: • Ambulatory surgery center: 	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p>
<p>Doctor Visits (In-office/virtual)</p> <ul style="list-style-type: none"> • Primary care provider (PCP): • Specialists: 	<p>You pay \$0</p> <p>You pay \$0 for annual physical exam.</p> <p>You pay \$0</p>

Benefit	EmblemHealth VIP Dual Enhanced (HMO D-SNP)
<p>Preventive Care (Services that keep you healthy.)</p> <p>Our plan covers many preventive services, including:</p>	<p>You pay \$0</p> <ul style="list-style-type: none"> - Bone mass measurement. - Breast cancer screenings (mammogram). - Cardiovascular screenings. - Cervical and vaginal cancer screening. - Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy). - Depression screenings. - Diabetes screenings. - Prostate cancer screenings (PSA). - Vaccines, including flu shots, hepatitis B shots, pneumococcal shots, and COVID-19 vaccines. - "Welcome to Medicare" preventive visit (one-time). - Yearly "Wellness" visit. <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
<p>Emergency Care</p>	<p>You pay \$0</p> <p>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.</p>
<p>Urgently Needed Services</p>	<p>You pay \$0</p>
<p>Diagnostic Services/Labs/Imaging (May require approval.)</p> <ul style="list-style-type: none"> • Diagnostic radiology services (such as MRIs, CT scans): • Lab services: • Diagnostic tests and procedures: • Outpatient x-rays: • Therapeutic radiology services (such as radiation treatment for cancer): 	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p>

Benefit	EmblemHealth VIP Dual Enhanced (HMO D-SNP)
<p>Hearing Services</p> <ul style="list-style-type: none"> • Exam to diagnose and treat hearing and balance issues: • Routine hearing exam (one every year): • Hearing aid fitting/evaluation (one every year): • Hearing aids (limited to two, both ears combined): 	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>Our plan pays up to \$300 allowance every three years.</p>
<p>Dental Services Medicare-Covered Dental Services:</p> <p>Preventive Dental Services</p> <ul style="list-style-type: none"> • Cleaning (one every six months): • Dental x-ray(s) (one every six months): • Fluoride treatment (one every six months): • Oral exam (one every six months): <p>Comprehensive Dental Services (May require approval.)</p> <ul style="list-style-type: none"> • Restorative Services: • Endodontics, Periodontics, Extractions: • Prosthodontics, Oral/Maxillofacial Surgery, Implants and Maintenance: 	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p>

Benefit	EmblemHealth VIP Dual Enhanced (HMO D-SNP)
<p>Vision Services</p> <ul style="list-style-type: none"> • Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): • Routine eye exam (one every year): • Eyeglasses (frames and lenses) or contact lenses: • Eyeglasses (frames and lenses) or contact lenses after cataract surgery: 	<p>You pay \$0</p> <p>You pay \$0</p> <p>Up to \$300 plan limit every two years. Unlimited up to allowance. Routine eyewear must be dispensed by EyeMed participating providers. For participating providers, please visit emblemhealth.com/medicare and click “Find a Doctor.” Or, call toll-free at 844-790-3878 (TTY: 711).</p> <p>You pay \$0</p>
<p>Mental Health Services (May require approval.)</p> <ul style="list-style-type: none"> • Inpatient visit: • Outpatient group therapy visit: • Outpatient individual therapy visit (In-office/virtual): 	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p>
<p>Skilled Nursing Facility (SNF) (May require approval.)</p>	<p>You pay \$0 per day for days one through 100.</p> <p>Our plan covers up to 100 days in a SNF per benefit period.</p>
<p>Physical and Speech Therapy</p>	<p>You pay \$0</p>
<p>Ambulance (May require approval; not waived if admitted.)</p> <ul style="list-style-type: none"> • Ground: • Air: 	<p>You pay \$0</p> <p>You pay \$0</p>

Benefit	EmblemHealth VIP Dual Enhanced (HMO D-SNP)
Transportation	Not covered.
<p>Medicare Part B Drugs Chemotherapy drugs and other Part B drugs (may require approval): These drugs may require step therapy and/or prior approval.</p>	You pay \$0

Prescription Drugs for EmblemHealth VIP Dual Enhanced (HMO D-SNP)

Medicare Part D Drugs

As a member of **EmblemHealth VIP Dual Enhanced (HMO D-SNP)**, you are automatically enrolled in Medicare Part D. You must have Medicare and full Medicaid to enroll in this plan. Because you have full Medicaid, you automatically qualify for Extra Help.

This means that you will receive help in paying for your Medicare Part D premium (the amount you pay for insurance every month), yearly deductible (the amount you pay before your plan starts to pay), and prescription drug copays (the amount you pay for a drug), as applicable.

Part D Prescription Drug Cost-Sharing for a 30-Day Supply of Covered Drugs

How much you pay depends on what stage of the benefit you are in and your level of Extra Help.

Tier Name	Initial Coverage (\$0 – \$2,000)	Catastrophic Coverage
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.	\$0

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

Catastrophic Coverage

After your year-to-date out-of-pocket costs reach **\$2,000**, you will pay nothing for covered Part D drugs.

Your cost will not change regardless of where you purchase your Part D prescription drugs. This includes our retail pharmacies, mail order, long-term care, or home infusion. See your Evidence of Coverage (EOC) for more information about your prescription drug coverage.

The Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December). This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.

All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. Because you qualify for Extra Help, participating in the Medicare Prescription Payment Plan may not be the best choice for you. Contact us or visit **medicare.gov** for more information.

Additional Benefits

Benefit	EmblemHealth VIP Dual Enhanced (HMO D-SNP)
<p>Acupuncture (May require approval.)</p>	<p>You pay \$0 for up to 20 visits for chronic low back pain every year (maximum of 12 visits in 90 days).</p> <p>You pay \$0 for up to 10 visits for conditions other than chronic low back pain.</p>
<p>Chiropractic Care Manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position):</p>	<p>You pay \$0</p>
<p>Foot Care</p> <ul style="list-style-type: none"> • Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: • Routine foot care (up to four visits every year): 	<p>You pay \$0</p> <p>Foot care includes removal of calluses and corns, and trimming of nails.</p> <p>You pay \$0</p>
<p>Home Health Care (May require approval.)</p>	<p>You pay \$0</p>
<p>Hospice</p>	<p>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.</p>
<p>Medical Equipment/Supplies</p> <p>Durable Medical Equipment (DME) (wheelchairs, oxygen, etc.): (May require approval.)</p> <p>Prosthetic Devices (braces, artificial limbs, etc.) (May require approval.)</p> <ul style="list-style-type: none"> • Prosthetic devices: • Related medical supplies: <p>Diabetes Supplies and Services</p> <ul style="list-style-type: none"> • Diabetes monitoring supplies: • Diabetes self-management training: • Therapeutic shoes or inserts: 	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p>

Additional Benefits (Continued)

Benefit	EmblemHealth VIP Dual Enhanced (HMO D-SNP)
Renal Dialysis	You pay \$0
Wellness Programs <ul style="list-style-type: none"> • Fitness: • Nurse Hotline: • Teladoc®: 	<p>SilverSneakers® — You pay \$0</p> <p>You pay \$0</p> <p>Includes Nurse hotline 24 hours, seven days a week. Members can speak confidentially one-on-one with a registered nurse at any time.</p> <p>Nurses are trained in telephone triage and will provide clinical support for everyday health issues and questions. Call 877-444-7988 (TTY: 711) for nonemergency health and medical questions.</p> <p>You pay \$0</p>
Outpatient Substance Abuse (May require approval.) <ul style="list-style-type: none"> • Group therapy visit: • Individual therapy visit (In-office/virtual): 	<p>You pay \$0</p> <p>You pay \$0</p>
Over-the-Counter (OTC) Items (The amount does not roll over from month to month.)	<p>\$20 per month if you live in Bronx, Brooklyn, Queens, or New York counties.</p> <p>\$60 per month if you live in Nassau, Richmond, Suffolk, and Westchester counties.</p>
Worldwide Emergency and Urgent Coverage There is a combined \$50,000 annual limit for emergency care, urgent care, and ground emergent ambulance services outside of the United States. You are not covered for air ambulance services outside the United States. See page 7 for additional cost-sharing information for ambulance services.	You pay \$0

Summary of Medicaid-Covered Benefits

EmblemHealth VIP Dual Enhanced (HMO D-SNP) has a contract with the New York State Department of Health. Enrollment in this plan is limited to members who get Medicaid and Medicare through EmblemHealth. We will cover your Medicare cost-sharing and Medicaid benefits you received through Enhanced Care or Enhanced Care Plus.

Please remember to always show both your **EmblemHealth VIP Dual Enhanced (HMO D-SNP)** member ID card and your New York State-issued Medicaid card to get the Medicaid-covered services listed below. Your provider will need this information to cover your share of the costs and get benefits that may only be covered by Medicaid.

Benefit

- Adult Day Health Care
- AIDS Adult Day Health Care
- Audiology, Hearing Aids Services and Products
- Buprenorphine Prescribers
- Care Coordination for the HARP Program and HARP-Eligible Enrollees in the HIV SNP Program
- Community Psychiatric Support and Treatment (Adult CPST)
- Consumer Directed Personal Assistance Services
- Court-Ordered Services
- Crisis Intervention Services
- Dental Services
- Durable Medical Equipment (DME)
- Education Support Services
- Emergency Services
- Emergency Transportation
- Eye Care and Low Vision Services
- Family Planning and Reproductive Health Services
- Family Support and Training
- Foot Care Services
- Habilitation Services
- Home Delivered Meals
- Home Health Services
- Inpatient Hospital Services
- Inpatient Stay Pending Alternate Level of Medical Care
- Intensive Crisis Respite
- Intensive Supported Employment
- Laboratory Services
- Medical Social Services
- Mental Health Services including inpatient care over 190 days
- Midwifery Services
- Non-Emergency Transportation
- Nurse Practitioner Services
- Observation Services
- Ongoing Supported Employment
- Peer Supports
- Personal Care Services
- Personal Emergency Response System (PERS)
- Physician Services
- Prescription and Non-Prescription (OTC) Drugs, Medical Supplies, and Enteral Formula are covered by NYRx, the Medicaid pharmacy program.
- Preventive Health Services
- Pre-vocational Services
- Private Duty Nursing Services (Community Based)
- Prosthetic/Orthotic Services/
Orthopedic Footwear
- Psychosocial Rehabilitation
- Radiology Services
- Rehabilitation Services
- Renal Dialysis
- Residential Health Care Facility (Nursing Home) Services (RHCF) — only available for Medicaid and Medicaid Managed Care members
- Short-Term Crisis Respite
- Smoking Cessation Products
- Substance Use Disorder Services
- Transitional Employment
- Tuberculosis Directly Observed Therapy



Health Insurance Plan of Greater New York (HIP) is an 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. For more information, contact the plan.

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2025 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**), from Oct. 1 to March 31, seven days a week from 8 a.m. to 8 p.m. From April 1 to Sept. 30, Monday through Saturday from 8 a.m. to 8 p.m.

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).
- This plan is a dual eligible Special Needs Plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.