



**VIP PREMIER MEDICARE HMO PLAN**  
**2018 Summary of Benefits**  
**For Medicare-Eligible Retirees Residing in**  
**Manhattan, Brooklyn, Bronx, Staten Island, Queens,**  
**Nassau, Suffolk, Westchester, Orange & Rockland**  
**Counties**

Benefits	2018 Medicare Plan
<b>Deductible</b>	You pay \$0
<b>Maximum out-of-pocket Responsibility.</b> (Does not include prescription drugs.)	You pay no more than \$6,700 annually. (Includes copay and other costs for medical services for the year.)
<b>Inpatient coverage</b>	You pay \$50 per day for days 1 through 5. You pay \$0 per day for days 6 and beyond.

Outpatient Coverage	
<b>Ambulatory surgery</b>	You pay \$50
<b>Outpatient surgery</b>	You pay \$150
<b>Renal dialysis</b>	You pay 10% of the cost

Doctor Visits	
<b>Primary</b>	You pay \$0 per visit
<b>Specialist</b>	You pay \$10 per visit
<b>Routine foot care</b> (Up to 4 visits per year)	You pay \$10 per visit
<b>Chiropractic care</b>	You pay \$10 per visit

<b>Preventive care</b> (e.g., annual physical exam, flu & pneumonia vaccines)	You pay \$0 Other preventive services are available.
--	---

<b>Emergency care</b>	You pay \$75 per visit. If you're admitted to the hospital within one day, you do not have to pay \$75.
<b>Urgently needed services</b>	You pay \$10 per visit

Diagnostic Services/Labs/Imaging	
<b>Diagnostic services including MRI's, MRA's, PET, and CAT scans</b>	You pay \$50
<b>Lab tests</b>	You pay \$0
<b>X-ray</b>	You pay \$10
<b>Radiation therapy</b>	You pay \$50

Hearing Services	
<b>Medicare covered hearing exam</b>	You pay \$10
<b>Routine hearing exam</b> (One routine hearing exam per year)	You pay \$10
<b>Hearing aid</b>	Plan pays (up to \$500) or a \$500 credit toward the purchase of a hearing aid every 36 months.



**VIP PREMIER MEDICARE HMO PLAN**  
**2018 Summary of Benefits**  
**For Medicare-Eligible Retirees Residing in**  
**Manhattan, Brooklyn, Bronx, Staten Island, Queens,**  
**Nassau, Suffolk, Westchester, Orange & Rockland**  
**Counties**

Dental Services	
<b>Preventive</b>	Not Covered
<b>Comprehensive</b>	Not Covered
<b>Dental Discount</b>	\$5 for one examination (comprehensive or periodic) every 6 months. \$10 per visit for one prophylaxis (cleaning) every 6 months. Additional services, including but not limited to X-rays, fillings, crowns or dentures will be provided at a discounted rate subject to a fee schedule.
Vision Services	
<b>Routine vision exam</b> (One routine vision exam per year)	You pay \$15
<b>Medicare covered eyewear</b>	You pay \$0
<b>Routine eyewear</b> (One pair of eyeglasses or contact lenses per year when you choose from a select group of frames at a participating optical provider.)	You pay \$0

Mental Health Services	
<b>Inpatient</b> No limit in a general hospital; 190-day lifetime limit in a psychiatric facility	You pay \$50 per day for days 1 through 5. You pay \$0 per day for days 6 through 90
<b>Outpatient therapy</b>	You pay \$10 per visit

Skilled Nursing Services	
<b>Skilled nursing care</b> Up to 100 days per benefit period	You pay \$0 per day for days 1 through 20. You pay \$50 per day for days 21 through 100

Alcohol and Substance Abuse Care	
<b>Inpatient:</b> based on medical necessity, up to Medicare limits	You pay \$50 per days 1 through 5. You pay \$0 per day for days 6 through 90
<b>Inpatient Detoxification</b>	You pay \$50 per day for days 1 through 5. You pay \$0 per day for days 6 and beyond.
<b>Outpatient therapy</b>	You pay \$10 per visit

Therapy	
<b>Physical therapy</b>	You pay \$10 per visit
<b>Speech therapy</b>	You pay \$10 per visit
<b>Occupational therapy</b>	You pay \$10 per visit
<b>Cardiac/pulmonary rehabilitation</b>	You pay \$10 per visit



**VIP PREMIER MEDICARE HMO PLAN**  
**2018 Summary of Benefits**  
**For Medicare-Eligible Retirees Residing in**  
**Manhattan, Brooklyn, Bronx, Staten Island, Queens,**  
**Nassau, Suffolk, Westchester, Orange & Rockland**  
**Counties**

Transportation	
<b>Ambulance</b> (Non-emergent ambulance transportation requires authorization)	You pay \$50 per service.
<b>Routine transportation</b> (For end-stage renal disease/kidney related diseases to/from dialysis centers only)	Not Covered

<b>Part B Drugs</b>	You pay 10% of the cost
---------------------	-------------------------

Other Benefits	
<b>Durable Medical Equipment (DME)*</b>	You pay 10% of the cost
<b>Home Health Care (non-custodial)</b>	You pay \$0
<b>Hospice Care</b> Provided by Medicare-certified hospice. Covered for 180 days plus unlimited 60-day extension if Medicare guidelines are met.	Covered By Medicare
<b>Private Duty Nursing</b>	Not Covered
<b>Over the Counter Medication (OTC)</b>	Not Covered
<b>Fitness Benefit</b>	Not Covered

Prescription Drugs			
Deductible	You pay \$0		
	Preferred Retail Rx 30-day supply**	Standard Retail Rx 30-day supply	Mail Order 90-day supply
<b>Initial coverage</b>			
Tier 1: Preferred generic	You pay \$0	You pay \$5	You pay \$0
Tier 2: Generic	You pay \$10	You pay \$15	You pay \$30
Tier 3: Preferred brand	You pay \$40	You pay \$47	You pay \$120
Tier 4: Non-preferred Drug	You pay 23%	You pay 25%	You pay 23%
Tier 5: Specialty tier	You pay 33%	You pay 33%	You pay 33%
<b>Coverage Gap:</b> You pay the copays and coinsurance listed above until reaching catastrophic coverage.			
<b>Catastrophic Coverage:</b> When you reach \$5,000 of true out-of-pocket (TrOOP) costs for the calendar year, you will pay the greater of \$3.35 copay for generic, \$8.35 copay for brand, or 5% coinsurance.			



VIP PREMIER MEDICARE HMO PLAN  
2018 Summary of Benefits  
For Medicare-Eligible Retirees Residing in  
Manhattan, Brooklyn, Bronx, Staten Island, Queens,  
Nassau, Suffolk, Westchester, Orange & Rockland  
Counties

Footnotes

*\*Durable Medical Equipment must be medically necessary, in accordance with Medicare guidelines and prescribed by a HIP participating medical provider, to be covered. Please note prior approval for customized Durable Medical Equipment must be obtained through the CMP program.*

*\*\*Member receives reduced cost-sharing when filling prescriptions at a Preferred Pharmacy.*

*All services covered in this benefit summary are subject to medical necessity.*

**Your pharmacy benefit will be made up of two plans**

*Your benefit consists of a primary Medicare Advantage plan and a secondary supplemental plan for the Coverage Gap Stage only. Your pharmacy will only need to submit your prescription once to the Emblem Health Premier (HMO) Medicare Plan. During the Coverage Gap Stage, if your prescription is identified as an applicable drug – typically brand-name drugs – the prescription will automatically process under the secondary supplemental coverage. This ensures the correct copayment is applied to your prescription in all stages of the benefit. All of the information needed to process your prescription is included on your member ID card. To ensure your coverage is applied correctly, present your ID card each time you fill a prescription. For more information on the Medicare Coverage Gap Discount Program refer to the benefits description above. This benefit design does not apply if you are receiving Extra Help from Medicare.*

*HIP Health Plan of New York (HIP) is an HMO plan with a Medicare contract. Enrollment in HIP depends on contract renewal. HIP is an EmblemHealth company. Enrolled members must use HIP participating providers for all medical and hospital services except for emergency care or urgently needed care. If you receive medical or hospital care that is not provided or authorized by HIP (other than emergency care or urgently needed care as defined in your contract) neither HIP nor Medicare will pay for that service and you will be responsible for the full payment for the care you received. This benefit package is subject to change annually at the plan's contracted renewal time with the Centers for Medicare & Medicaid Services. (CMS) (Effective 01-01-18 through 12-31-18).*

*The information contained in the Summary is intended to provide a general overview of the benefits available in the Medicare HMO Plan. For an actual description of your benefits including exclusions, limitations or specific conditions that may modify the benefits described in this Summary see your 2018 Medicare EOC. In the event of a discrepancy between the information contained in this Summary and the provisions of your 2018 Medicare EOC, the specific provisions of the EOC shall prevail over the overview provided in this Summary.*

*This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.*



**VIP PREMIER MEDICARE HMO PLAN  
2018 Summary of Benefits  
For Medicare-Eligible Retirees Residing in  
Manhattan, Brooklyn, Bronx, Staten Island, Queens,  
Nassau, Suffolk, Westchester, Orange & Rockland  
Counties**

*Call Customer Service at 1-877-344-7364, seven days a week, from 8 am to 8 pm, (TTY: 711) or you can visit us at [emblemhealth.com/medicare](http://emblemhealth.com/medicare)*

*Call Customer Service at 1-877-344-7364, seven days a week, from 8 am to 8 pm, to request a copy of the EOC (TTY: 711).*

*This information is available for free in other languages. Please call our customer service number at 877-344-7364 (TTY 711), seven days a week, 8 a.m. to 8 p.m.*

*ATTENTION: If you speak other languages, language assistance services, free of charge, are available to you. Call 877-344-7364 (TTY 711), seven days a week, 8 a.m. to 8 p.m.  
ATENCIÓN: Si usted habla español, tiene a su disposición, gratis, servicios de ayuda para idiomas. Llame al 877-344-7364 (TTY 711).*