

EmblemHealth Medicare HMO Plans

Nassau

MEDICAL PLANS	EmblemHealth Essential (HMO) ²	EmblemHealth VIP (HMO)	EmblemHealth VIP High Option (HMO) ²	EmblemHealth Dual Eligible (HMO SNP)
Monthly Premium	\$0	\$69	\$222.50	\$0 – \$34 ⁵
Annual Deductible¹	\$0	\$0	\$0	\$0
Annual In-Network Out-of-Pocket Limit	\$3,400	\$3,400	\$3,400	\$3,400
Primary Care Physician Office Visit	\$0	\$15	\$0	\$0
Specialist Office Visit³	\$10	\$25	\$0	\$0
Prescription Drug	Yes	Yes	Yes	Yes
Annual Wellness Visit	\$0	\$0	\$0	\$0
Preventive Immunization and Screening	\$0	\$0	\$0	\$0
Urgent Care	\$10	\$25	\$0	\$0
Outpatient Services/Surgery	\$50	\$150	\$0	\$0
Emergency Room	\$65	\$65	\$0	\$0
Inpatient Hospital	\$130 per day 1 – 7	\$200 per day 1 – 7	\$0 per admission	\$0
Outpatient Lab Services/Diagnostic Tests	\$0	\$0	\$0	\$0
Podiatry⁴	\$10	\$25	\$0	\$0

You must continue to pay your Medicare Part B premium.

You must use plan providers except in emergency or urgent care situations or for out-of-area renal dialysis. If you obtain routine care from out-of-network providers neither Medicare nor EmblemHealth Medicare HMO will be responsible for the costs.

Exclusions and limitations may apply based on the plan. For more information call the number listed on the back cover.

¹ By joining an EmblemHealth Medicare HMO Plan, you will not be subject to the Medicare annual deductible for medical services.

² Members of this plan must use the PCPs from the Essential network which is part of our larger HMO network.

³ Referrals required for specialist visits.

⁴ Podiatry is a Medicare-covered benefit for medically necessary foot care. In addition, members are also covered for up to 4 visits a year, 1 routine visit per year for Dual Eligible plan. Authorization rules may apply.

⁵ Premium is based on LIS level.

EmblemHealth Prescription Drug Coverage Included		in HMO Medical Plans		
PART D DRUG COVERAGE	EmblemHealth Essential (HMO)	EmblemHealth VIP (HMO)	EmblemHealth VIP High Option (HMO)	EmblemHealth Dual Eligible (HMO SNP)
Annual Deductible	\$0	\$0	\$0	\$0 – \$63 ¹
Initial Coverage Limit¹ (Total Drug Cost Paid by Member and Plan)	\$2,850	\$2,850	\$2,850	\$2,850 ¹
Tier 1: Preferred Generic Medications	\$2	\$2	\$2	\$0 – \$2.55 ¹
Tier 2: Non-Preferred Generic Medications	\$10	\$10	\$10	\$0 – \$2.55 ¹
Tier 3: Preferred Brand Medications	\$35	\$35	\$35	\$0 – \$6.35 ¹
Tier 4: Non-Preferred Brand/Generic Medications	\$95	\$95	\$95	\$0 – \$6.35 ¹
Tier 5: Specialty Brand/Generic Medications	25% coinsurance	25% coinsurance	25% coinsurance	\$0 – \$6.35 ¹
Coverage During Coverage Gap (Generic Drugs Only)	No	No	No	No coverage gap ¹
Catastrophic Drug Coverage (After Your Out-of-Pocket Cost Reaches \$4,550) Generic and Brand Drugs Treated as Generic		The greater of \$2.55 or 5% coinsurance for generic drugs		
All Other Drugs		The greater of a \$6.35 copay for all other drugs, or 5% coinsurance		
Over-the-Counter Drugs	No	No	No	\$540 annual based on per-month basis

EmblemHealth Medicare PPO publishes a formulary annually. You can see the formulary at www.emblemhealth.com/medicare. The prescription drug coverage offered through Medicare plans provides national in-network prescription coverage. This means that you will pay the same amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance, when you travel).

Eligible beneficiaries must use in-network pharmacies to access their prescription drug benefit, except under non-routine circumstances, and quantity limitations and restrictions may apply.

Tier medication prices are based on a 30-day supply when purchased from an in-network pharmacy. Mail Order is also available and can be ordered for 30-day, 60-day and 90-day supplies.

¹ Prescription drug copays, coinsurance and deductibles may vary based on income. Copayment will be based on Low Income Subsidy (LIS) as determined by the Social Security Administration. With LIS the maximum annual deductible is \$63, if applicable. Beneficiaries receiving partial LIS may pay a 15% coinsurance.

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for extra help, call **1-800-MEDICARE** (1-800-633-4227). TTY users should call **1-877-486-2048**, 24 hours a day/7 days a week; The Social Security Office at **1-800-772-1213** between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, **1-800-325-0778**; or Your State Medicaid Office.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for up to seventy-five (75) percent or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office or call **1-800-MEDICARE** (1-800-633-4227), 24 hours per day, 7 days per week. TTY users should call **1-877-486-2048**.