



SUMMARY OF BENEFITS

2015 EmblemHealth Essential (HMO),
EmblemHealth VIP (HMO) and
EmblemHealth VIP High Option (HMO).

Nassau

January 1, 2015 - December 31, 2015



EmblemHealth[®]
WHAT CARE FEELS LIKE.

Summary of Benefits

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

You have choices about how to get your Medicare benefits.

One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.

Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **EmblemHealth Essential (HMO), EmblemHealth VIP (HMO) and EmblemHealth VIP High Option (HMO)**).

Tips for Comparing Your Medicare Choices

This Summary of Benefits booklet gives you a summary of what **EmblemHealth Essential (HMO), EmblemHealth VIP (HMO) and EmblemHealth VIP High Option (HMO)** covers and what you pay.

If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.

If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at <http://www.medicare.gov> or get a copy by calling **1-800-MEDICARE** (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Sections in This Booklet

- Things to Know About EmblemHealth Essential (HMO), EmblemHealth VIP (HMO) and EmblemHealth VIP High Option (HMO)
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at **1-877-344-7364**.

Este documento puede estar disponible en un no-Inglés idioma. Para obtener información adicional, llámenos al **1-877-344-7364**.

Things to Know About EmblemHealth Essential (HMO), EmblemHealth VIP (HMO) and EmblemHealth VIP High Option (HMO)

Hours of Operation

You can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.

EmblemHealth Essential (HMO), EmblemHealth VIP (HMO) and EmblemHealth VIP High Option (HMO) Phone Numbers and Website

If you are a member of this plan, call toll-free **1-877-344-7364** (TTY/TTD 711).

If you are not a member of this plan, call toll-free **1-800-447-9169** (TTY/TTD 711).

Our website: <http://www.emblemhealth.com/Our-Plans/Medicare>

Who Can Join?

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

Our service area includes the following counties in New York: Nassau.

Which Doctors, Hospitals, and Pharmacies Can I Use?

EmblemHealth Essential (HMO), EmblemHealth VIP (HMO) and EmblemHealth VIP High Option (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan’s provider and pharmacy directory at our website <http://www.emblemhealth.com/Our-Plans/Medicare>.

Or, call us and we will send you a copy of the provider and pharmacy directories.

What Do We Cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and *more*.

Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.

Our plan members also get *more than what is* covered by Original Medicare. Some of the extra benefits are outlined in this booklet.

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, <http://www.emblemhealth.com/Our-Plans/Medicare>.

Or, call us and we will send you a copy of the formulary.

How Will I Determine My Drug Costs?

Our plan groups each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact EmblemHealth Medicare HMO for details.

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

NASSAU			
BENEFIT	EMBLEMHEALTH ESSENTIAL (HMO)	EMBLEMHEALTH VIP (HMO)	EMBLEMHEALTH VIP HIGH OPTION (HMO)
How much is the monthly premium?	\$28 per month. In addition, you must keep paying your Medicare Part B premium.	\$89 per month. In addition, you must keep paying your Medicare Part B premium.	\$253 per month. In addition, you must keep paying your Medicare Part B premium.
How much is the deductible?	This plan does not have a deductible.	This plan does not have a deductible.	This plan does not have a deductible.
Is there any limit on how much I will pay for my covered services?	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <p>\$6,700 for services you receive from in-network providers.</p> <p>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.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <p>\$6,700 for services you receive from in-network providers.</p> <p>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.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <p>\$6,700 for services you receive from in-network providers.</p> <p>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.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>

Summary of Benefits

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COVERED MEDICAL AND HOSPITAL BENEFITS

NASSAU			
BENEFIT	EMBLEMHEALTH ESSENTIAL (HMO)	EMBLEMHEALTH VIP (HMO)	EMBLEMHEALTH VIP HIGH OPTION (HMO)
<p>Is there a limit on how much the plan will pay?</p>	<p>Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.</p> <p>HIP Health Plan of New York (HIP) is a HMO plan with a Medicare contract. Enrollment in HIP depends on contract renewal. HIP is an EmblemHealth company.</p>	<p>No. There are no limits on how much our plan will pay.</p> <p>HIP Health Plan of New York (HIP) is a HMO plan with a Medicare contract. Enrollment in HIP depends on contract renewal. HIP is an EmblemHealth company.</p>	<p>No. There are no limits on how much our plan will pay.</p> <p>HIP Health Plan of New York (HIP) is a HMO plan with a Medicare contract. Enrollment in HIP depends on contract renewal. HIP is an EmblemHealth company.</p>
OUTPATIENT CARE AND SERVICES			
Acupuncture and Other Alternative Therapies	Not covered	Not covered	Not covered
Ambulance¹	\$100 copay	\$125 copay	You pay nothing
Chiropractic Care¹	<p>Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position):</p> <p>\$10 copay</p>	<p>Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position):</p> <p>\$20 copay</p>	<p>Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position):</p> <p>You pay nothing</p>

Note: Services with a ¹ may require prior authorization. Services with a ² may require a referral from your doctor.

Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact EmblemHealth Medicare HMO for details.

COVERED MEDICAL AND HOSPITAL BENEFITS

NASSAU			
BENEFIT	EMBLEMHEALTH ESSENTIAL (HMO)	EMBLEMHEALTH VIP (HMO)	EMBLEMHEALTH VIP HIGH OPTION (HMO)
Dental Services	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): You pay nothing</p> <p>Preventive dental services: Cleaning (for up to 1 every six months): You pay nothing Dental X-ray(s) (for up to 1 every six months): You pay nothing Fluoride treatment (for up to 1 every six months): You pay nothing Oral exam (for up to 1 every six months): You pay nothing</p> <p>Dental X-rays (complete series)/1 every 36 months: You pay nothing</p> <p>Please see the Preventive and Comprehensive Dental Coverage brochure for detailed information.</p>	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): \$30 copay</p>	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): You pay nothing</p> <p>Preventive dental services: Cleaning (for up to 1 every six months): You pay nothing Fluoride treatment (for up to 1 every six months): You pay nothing Oral exam (for up to 1 every six months): You pay nothing</p>

Note: Services with a ¹ may require prior authorization. Services with a ² may require a referral from your doctor.

Summary of Benefits

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COVERED MEDICAL AND HOSPITAL BENEFITS

NASSAU			
BENEFIT	EMBLEMHEALTH ESSENTIAL (HMO)	EMBLEMHEALTH VIP (HMO)	EMBLEMHEALTH VIP HIGH OPTION (HMO)
Diabetes Supplies and Services	Diabetes monitoring supplies: You pay nothing	Diabetes monitoring supplies: You pay nothing	Diabetes monitoring supplies: You pay nothing
	Diabetes self-management training: You pay nothing	Diabetes self-management training: You pay nothing	Diabetes self-management training: You pay nothing
	Therapeutic shoes or inserts: You pay nothing	Therapeutic shoes or inserts: You pay nothing	Therapeutic shoes or inserts: You pay nothing
Diagnostic Tests, Lab and Radiology Services, and X-Rays¹	Diagnostic radiology services (such as MRIs, CT scans): \$50 copay	Diagnostic radiology services (such as MRIs, CT scans): \$100 copay	Diagnostic radiology services (such as MRIs, CT scans): You pay nothing
	Diagnostic tests and procedures: You pay nothing	Diagnostic tests and procedures: You pay nothing	Diagnostic tests and procedures: You pay nothing
	Lab services: You pay nothing	Lab services: You pay nothing	Lab services: You pay nothing
	Outpatient X-rays: You pay nothing	Outpatient X-rays: \$25 copay	Outpatient X-rays: You pay nothing

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Summary of Benefits

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COVERED MEDICAL AND HOSPITAL BENEFITS

NASSAU			
BENEFIT	EMBLEMHEALTH ESSENTIAL (HMO)	EMBLEMHEALTH VIP (HMO)	EMBLEMHEALTH VIP HIGH OPTION (HMO)
Diagnostic Tests, Lab and Radiology Services, and X-Rays¹ (continued)	<p>Therapeutic radiology services (such as radiation treatment for cancer):</p> <p>\$50 copay</p> <p>If these services are provided in the course of a PCP office visit the PCP copayment applies. If services are provided in the course of a specialist office visit the specialist copayment applies.</p>	<p>Therapeutic radiology services (such as radiation treatment for cancer):</p> <p>\$50 copay</p> <p>If these services are provided in the course of a PCP office visit the PCP copayment applies. If services are provided in the course of a specialist office visit the specialist copayment applies.</p>	<p>Therapeutic radiology services (such as radiation treatment for cancer):</p> <p>You pay nothing</p> <p>If these services are provided in the course of a PCP office visit the PCP copayment applies. If services are provided in the course of a specialist office visit the specialist copayment applies.</p>
Doctor's Office Visits²	<p>Primary care physician visit:</p> <p>You pay nothing</p> <p>Specialist visit:</p> <p>\$10 copay</p>	<p>Primary care physician visit:</p> <p>\$20 copay</p> <p>Specialist visit:</p> <p>\$30 copay</p>	<p>Primary care physician visit:</p> <p>You pay nothing</p> <p>Specialist visit:</p> <p>You pay nothing</p>
Durable Medical Equipment (wheelchairs, oxygen, etc.¹)	20% of the cost	20% of the cost	You pay nothing
Emergency Care	\$65 copay	\$65 copay	You pay nothing

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Summary of Benefits

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COVERED MEDICAL AND HOSPITAL BENEFITS

NASSAU			
BENEFIT	EMBLEMHEALTH ESSENTIAL (HMO)	EMBLEMHEALTH VIP (HMO)	EMBLEMHEALTH VIP HIGH OPTION (HMO)
Emergency Care (continued)	If you are admitted to the hospital within 1 day, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.	If you are admitted to the hospital within 1 day, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.	
Foot Care (podiatry services)²	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$10 copay	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$30 copay	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: You pay nothing
	Routine foot care (for up to 4 visit(s) every year): \$10 copay	Routine foot care (for up to 4 visit(s) every year): \$30 copay	Routine foot care (for up to 4 visit(s) every year): You pay nothing
Hearing Services²	Foot care includes removal of calluses, corns and trimming of nails.	Foot care includes removal of calluses, corns and trimming of nails.	Foot care includes removal of calluses, corns and trimming of nails.
	Exam to diagnose and treat hearing and balance issues: \$10 copay	Exam to diagnose and treat hearing and balance issues: \$30 copay	Exam to diagnose and treat hearing and balance issues: You pay nothing
	Routine hearing exam (for up to 1 every year): \$10 copay	Routine hearing exam (for up to 1 every year): \$30 copay	Routine hearing exam (for up to 1 every year): You pay nothing

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COVERED MEDICAL AND HOSPITAL BENEFITS

NASSAU			
BENEFIT	EMBLEMHEALTH ESSENTIAL (HMO)	EMBLEMHEALTH VIP (HMO)	EMBLEMHEALTH VIP HIGH OPTION (HMO)
Hearing Services² (continued)	<p>Hearing aid fitting/evaluation (for up to 1 every year): \$10 copay</p> <p>Hearing aid: You pay nothing</p> <p>Our plan pays up to \$600 every year for hearing aids.</p>		
Home Health Care¹	You pay nothing	You pay nothing	You pay nothing
Mental Health Care¹	<p>Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p>	<p>Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p>	<p>Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p>

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Summary of Benefits

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COVERED MEDICAL AND HOSPITAL BENEFITS

NASSAU			
BENEFIT	EMBLEMHEALTH ESSENTIAL (HMO)	EMBLEMHEALTH VIP (HMO)	EMBLEMHEALTH VIP HIGH OPTION (HMO)
Mental Health Care¹ (continued)	Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.	Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.	Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.
	You pay nothing	You pay nothing	You pay nothing
	Outpatient group therapy visit: \$10 copay	Outpatient group therapy visit: \$30 copay	Outpatient group therapy visit: You pay nothing
Outpatient Rehabilitation^{1,2}	Outpatient individual therapy visit: \$10 copay	Outpatient individual therapy visit: \$30 copay	Outpatient individual therapy visit: You pay nothing
	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$10 copay	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$30 copay	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): You pay nothing
	Occupational therapy visit: \$10 copay	Occupational therapy visit: \$30 copay	Occupational therapy visit: You pay nothing

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COVERED MEDICAL AND HOSPITAL BENEFITS

NASSAU			
BENEFIT	EMBLEMHEALTH ESSENTIAL (HMO)	EMBLEMHEALTH VIP (HMO)	EMBLEMHEALTH VIP HIGH OPTION (HMO)
Outpatient Rehabilitation^{1,2} (continued)	Physical therapy and speech and language therapy visit: \$10 copay	Physical therapy and speech and language therapy visit: \$30 copay	Physical therapy and speech and language therapy visit: You pay nothing
Outpatient Substance Abuse¹	Group therapy visit: \$10 copay	Group therapy visit: \$30 copay	Group therapy visit: You pay nothing
	Individual therapy visit: \$10 copay	Individual therapy visit: \$30 copay	Individual therapy visit: You pay nothing
Outpatient Surgery¹	Ambulatory surgical center: \$50 copay	Ambulatory surgical center: \$50 copay	Ambulatory surgical center: You pay nothing
	Outpatient hospital: \$0-175 copay, depending on the service	Outpatient hospital: \$0-250 copay, depending on the service	Outpatient hospital: You pay nothing
Over-the-Counter Items	Not Covered	Not Covered	Not Covered
Prosthetic Devices (braces, artificial limbs, etc.)¹	Prosthetic devices: 20% of the cost	Prosthetic devices: 20% of the cost	Prosthetic devices: You pay nothing
	Related medical supplies: 20% of the cost	Related medical supplies: 20% of the cost	Related medical supplies: You pay nothing
Renal Dialysis	20% of the cost	20% of the cost	You pay nothing

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Summary of Benefits

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COVERED MEDICAL AND HOSPITAL BENEFITS

NASSAU			
BENEFIT	EMBLEMHEALTH ESSENTIAL (HMO)	EMBLEMHEALTH VIP (HMO)	EMBLEMHEALTH VIP HIGH OPTION (HMO)
Transportation	Not covered	Not covered	Not covered
Urgent Care	\$15 copay	\$35 copay	You pay nothing
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): You pay nothing	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): You pay nothing	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): You pay nothing
	Routine eye exam (for up to 1 every year): You pay nothing	Routine eye exam (for up to 1 every year): \$30 copay	Routine eye exam (for up to 1 every year): You pay nothing
	Contact lenses (for up to 1 every two years): You pay nothing	Contact lenses (for up to 1 every year): \$40 copay	Contact lenses (for up to 1 every year): You pay nothing
	Eyeglasses (frames and lenses) (for up to 1 every two years): You pay nothing	Eyeglasses (frames and lenses) (for up to 1 every year): \$40 copay	Eyeglasses (frames and lenses) (for up to 1 every year): You pay nothing
	Eyeglasses or contact lenses after cataract surgery: \$40 copay	Eyeglasses or contact lenses after cataract surgery: \$40 copay	Eyeglasses or contact lenses after cataract surgery: You pay nothing
	Eyeglasses or contact lenses subject to a limited Davis Vision selection.	Eyeglasses or contact lenses subject to a limited Davis Vision selection.	Eyeglasses or contact lenses subject to a limited Davis Vision selection.

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Summary of Benefits

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COVERED MEDICAL AND HOSPITAL BENEFITS

NASSAU			
BENEFIT	EMBLEMHEALTH ESSENTIAL (HMO)	EMBLEMHEALTH VIP (HMO)	EMBLEMHEALTH VIP HIGH OPTION (HMO)
Preventive Care	<p>You pay nothing</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colonoscopy • Colorectal cancer screenings • Depression screening • Diabetes screenings • Fecal occult blood test • Flexible sigmoidoscopy • HIV screening • Medical nutrition therapy services 	<p>You pay nothing</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colonoscopy • Colorectal cancer screenings • Depression screening • Diabetes screenings • Fecal occult blood test • Flexible sigmoidoscopy • HIV screening • Medical nutrition therapy services 	<p>You pay nothing</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colonoscopy • Colorectal cancer screenings • Depression screening • Diabetes screenings • Fecal occult blood test • Flexible sigmoidoscopy • HIV screening • Medical nutrition therapy services

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Summary of Benefits

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COVERED MEDICAL AND HOSPITAL BENEFITS

NASSAU			
BENEFIT	EMBLEMHEALTH ESSENTIAL (HMO)	EMBLEMHEALTH VIP (HMO)	EMBLEMHEALTH VIP HIGH OPTION (HMO)
Preventive Care (continued)	<ul style="list-style-type: none"> • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • "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>	<ul style="list-style-type: none"> • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • "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>	<ul style="list-style-type: none"> • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • "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>
Hospice	<p>You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.</p>	<p>You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.</p>	<p>You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.</p>

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COVERED MEDICAL AND HOSPITAL BENEFITS

NASSAU			
BENEFIT	EMBLEMHEALTH ESSENTIAL (HMO)	EMBLEMHEALTH VIP (HMO)	EMBLEMHEALTH VIP HIGH OPTION (HMO)
INPATIENT CARE			
Inpatient Hospital Care¹	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>\$175 copay per day for days 1 through 7</p> <p>You pay nothing per day for days 8 through 90</p> <p>You pay nothing per day for days 91 and beyond</p>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>\$250 copay per day for days 1 through 7</p> <p>You pay nothing per day for days 8 through 90</p> <p>You pay nothing per day for days 91 and beyond</p>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>You pay nothing</p>
Inpatient Mental Health Care	<p>For inpatient mental health care, see the "Mental Health Care" section of this booklet.</p>	<p>For inpatient mental health care, see the "Mental Health Care" section of this booklet.</p>	<p>For inpatient mental health care, see the "Mental Health Care" section of this booklet.</p>
Skilled Nursing Facility (SNF)¹	<p>Our plan covers up to 100 days in a SNF.</p> <p>\$0 copay per day for days 1 through 20</p> <p>\$155 copay per day for days 21 through 100</p>	<p>Our plan covers up to 100 days in a SNF.</p> <p>\$0 copay per day for days 1 through 20</p> <p>\$155 copay per day for days 21 through 100</p>	<p>Our plan covers up to 100 days in a SNF.</p> <p>You pay nothing</p>

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Summary of Benefits

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PRESCRIPTION DRUG BENEFITS

NASSAU			
BENEFIT	EMBLEMHEALTH ESSENTIAL (HMO)	EMBLEMHEALTH VIP (HMO)	EMBLEMHEALTH VIP HIGH OPTION (HMO)
How much do I pay?	For Part B drugs such as chemotherapy drugs ¹ : 20% of the cost Other Part B drugs ¹ : 20% of the cost	For Part B drugs such as chemotherapy drugs ¹ : 20% of the cost Other Part B drugs ¹ : 20% of the cost	For Part B drugs such as chemotherapy drugs ¹ : 20% of the cost Other Part B drugs ¹ : 20% of the cost

Note: Services with a ¹ may require prior authorization. Services with a ² may require a referral from your doctor.

PRESCRIPTION DRUG INFORMATION FOR ALL EMBLEMHEALTH HMO PLANS

Indicated below is the prescription drug information for **EmblemHealth Essential (HMO)**, **EmblemHealth VIP (HMO)** and **EmblemHealth VIP High Option (HMO)** plans for Nassau County in 2015.

Initial Coverage

You pay the following until your total yearly drug costs reach \$2,960. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.

Standard Retail Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0	\$0	\$0
Tier 2 (Non-Preferred Generic)	\$10 copay	\$20 copay	\$30 copay
Tier 3 (Preferred Brand)	\$40 copay	\$80 copay	\$120 copay
Tier 4 (Non-Preferred Brand)	\$95 copay	\$190 copay	\$285 copay
Tier 5 (Specialty Tier)	33% of the cost	33% of the cost	33% of the cost

Standard Mail Order Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0	\$0	\$0
Tier 2 (Non-Preferred Generic)	\$10 copay	\$20 copay	\$30 copay
Tier 3 (Preferred Brand)	\$40 copay	\$80 copay	\$120 copay
Tier 4 (Non-Preferred Brand)	\$95 copay	\$190 copay	\$285 copay
Tier 5 (Specialty Tier)	33% of the cost	33% of the cost	33% of the cost

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

Coverage Gap

Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$2,960.

After you enter the coverage gap, you pay 45% of the plan’s cost for covered brand name drugs and 65% of the plan’s cost for covered generic drugs until your costs total \$4,700, which is the end of the coverage gap. Not everyone will enter the coverage gap.

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,700, you pay the greater of: 5% of the cost, or \$2.65 copay for generic (including brand drugs treated as generic) and a \$6.60 copayment for all other drugs.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-877-344-7364**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-877-344-7364**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-877-344-7364**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-877-344-7364**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-877-344-7364**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-877-344-7364**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-877-344-7364** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-877-344-7364**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-877-344-7364** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-877-344-7364**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: اني دلد لودأال لودج وأ ؤحصلاب قلعتت ؤلئسأ ي أنع ؤباجإلل ؤيناجملا يروفلا مچرتملا تامدخ مدقن اننإ. ؤيبرعلا ؤدحتي ام صخش موقيسي **1-877-344-7364** لعل انب لاصتالا يوس كي لسي، يروف مچرتم لعل لوصحلل ؤيناجم ؤمدخ هؤه. كتدعاسمب.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-877-344-7364**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-877-344-7364**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

(Continued)

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-877-344-7364**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-877-344-7364**. Ta usługa jest bezpłatna.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-877-344-7364** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますごじます。通訳をご用命になるには、**1-877-344-7364**にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



EmblemHealth[®]
WHAT CARE FEELS LIKE.

The Plans described herein are offered by Health Insurance Plan of Greater New York/ EmblemHealth Medicare HMO a Medicare Advantage organization with an annually renewed Medicare contract. The availability of coverage beyond the current contract year (2015) is not guaranteed.

The benefit information provided is a brief summary, not a complete description of benefits. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change on January 1 of each year.

Anyone with Medicare Parts A & B who reside in Nassau County may apply for EmblemHealth Medicare HMO with/without drug coverage. Beneficiaries must continue to pay their Medicare Part B premium (and Part A, if applicable), if not otherwise paid for under Medicaid or by another third party. Prior authorization may be needed for certain in network services. Please refer to your Evidence of Coverage for complete details on participating provider networks and obtaining prior authorizations. The Medicare Prescription Drug Benefit is only available to members of the Medicare Advantage-Prescription Drug (MA-PD) Plan. If a beneficiary is already enrolled in an MA-PD plan, the enrollee must receive their Medicare Prescription Drug benefit through that plan.

The person discussing plan options with you is either employed by or contracted with EmblemHealth Medicare HMO. The person may be compensated based on your enrollment in a plan.

HIP Health Plan of New York (HIP) is a HMO plan with a Medicare contract. Enrollment in HIP depends on contract renewal. HIP is an EmblemHealth company. For more information, contact the plan.