



Making the Most of Your 2019 EmblemHealth Benefits

City of New York Employees, Non-Medicare-Eligible Retirees,
and Medicare-Eligible Retirees





Dear City of New York Employee or Retiree,

Are you thinking about choosing EmblemHealth? Already an EmblemHealth member? This brochure gives you a summary of each of our plans. We offer a number of options to help you and your family stay healthy and live better.

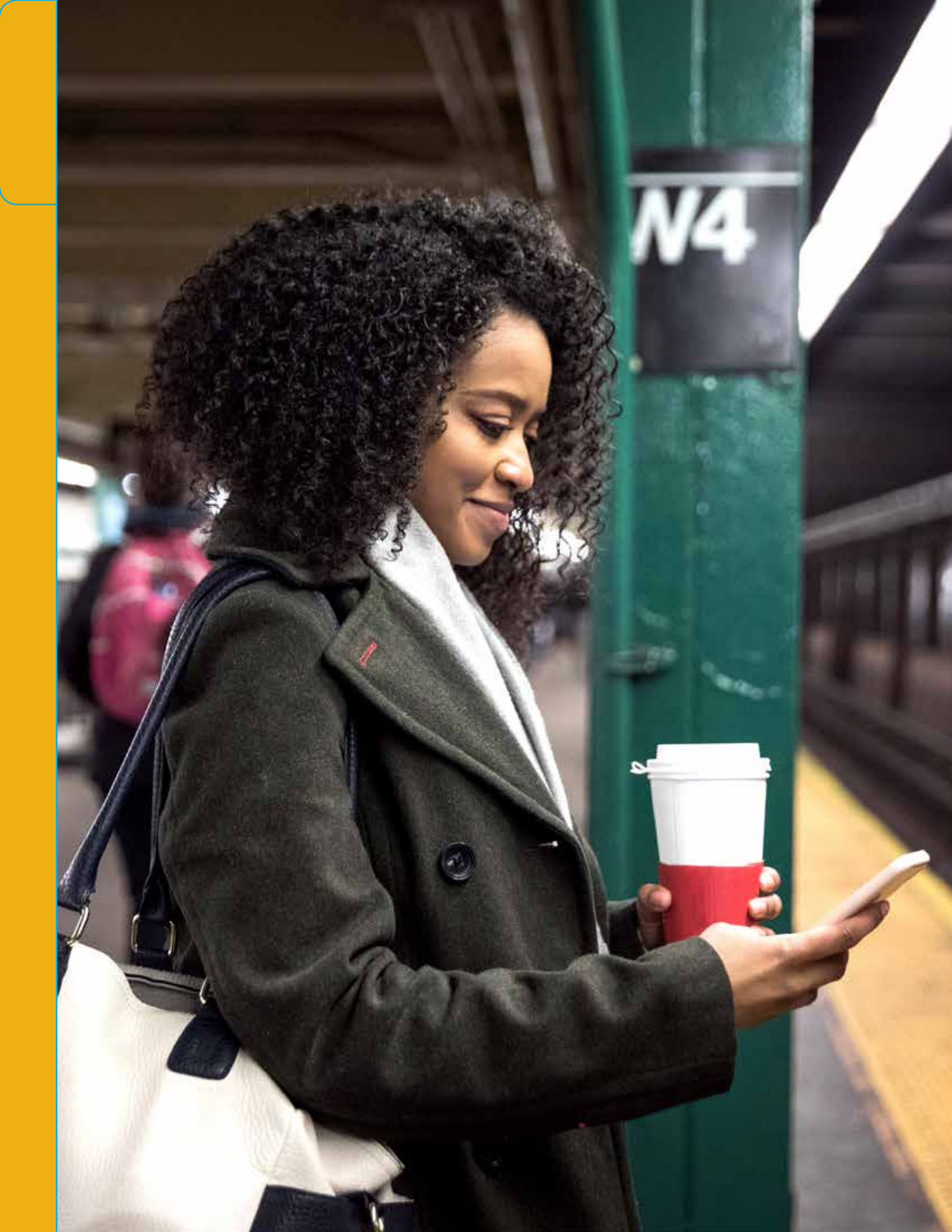
Our plans give you access to a diverse network of health care professionals who serve where you work and live. Our HMO Preferred plan has a dedicated Gold Line offering concierge service, access to top hospitals for oncology and orthopedics, and a wellness plan that rewards you for your healthy habits.

Our partnership with AdvantageCare Physicians (ACPNY) connects you to primary care doctors and specialists to help you manage your care. Since 1938, we've had one purpose — to provide affordable health care coverage to keep people strong for years to come, so that they can be there for the ones who matter most. We are proud to serve the needs of New York employees and retirees.

Sincerely,

A handwritten signature in black ink, appearing to read "George Babitsch". The signature is fluid and cursive, with the first name "George" and last name "Babitsch" clearly distinguishable.

George Babitsch
Senior Vice President, Commercial Markets



2019 Plans for City of New York Employees and Retirees

HIP HMO Preferred ⁺	GHI CBP ⁺⁺⁺
HIP Prime [®] POS ⁺	GHI Senior Care ⁺⁺⁺
GHI HMO ⁺	GHI Medicare Part D Prescription Drug Plans ^{****}
Vytra ⁺	DC37 Med-Team (DC37 members only) ⁺⁺
VIP [®] Premier (HMO) Medicare ⁺	

Grandfathered Plans

Some health plans in this booklet may be grandfathered plans. This means that members in these plans can keep some of their basic health coverage the way it was before the Affordable Care Act (ACA) was passed.

EmblemHealth's HIP Prime POS plan, GHI HMO plan, and Vytra plan are "grandfathered health plans" under the Patient Protection and Affordable Care Act. As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. However, being a grandfathered health plan means that the plan may not include certain Affordable Care Act consumer protections that apply to other plans. For example, providing preventive health services without cost-sharing may not be included in a grandfathered plan.

Grandfathered health plans must still comply with certain other consumer protections in the Affordable Care Act, such as the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator. You may also contact the U.S. Department of Health and Human Services at hhs.gov.

⁺These plans are underwritten by Health Insurance Plan of Greater New York (HIP).

⁺⁺These plans are underwritten by GHI Group Health Incorporated (GHI).

* Hospitalization coverage for GHI CBP and GHI Senior Care is underwritten and administered by Empire BlueCross BlueShield, not GHI.

** GHI Medicare Part D Prescription Drug Plans are only available as optional riders with enrollment in GHI Senior Care or GHI HMO Medicare Senior Supplement.

Common Terms

We know that health insurance can be difficult to understand. Here are some key words you'll see throughout this brochure.

Coinsurance — A percent of the bill you pay after your plan starts to pay for health services. You will usually have to pay a deductible first, then a percent of the cost after that.

Copay — An amount you pay for health services.

Coverage — The benefits and services available to you from your health insurance plan.

Deductible — The amount you pay each year before your plan starts to pay for health services.

Network — A group of health care professionals or facilities that contract with EmblemHealth. They provide covered products and services to members. You'll usually pay less when you use this network.

Non-preferred doctor — A doctor who is in our network, but is not a preferred doctor.

Preferred doctor — A doctor in our network you can see for a lower copay than other doctors in the same network depending on the plan you select.

Premium — The amount you pay for insurance every month.

Preventive services — Certain routine health care services, like annual visits, shots, screenings, and tests. These services can prevent illnesses or find conditions before they become serious.

Primary Care Physician (PCP) — The doctor who provides your everyday care. They are usually not a specialist.

Referral — Permission from your primary doctor to see a specialist.

Specialist — A doctor who specializes in caring for and treating certain illnesses.

How to Enroll

Thank you for choosing us. To sign up for your plan, complete the NYC Health Benefits Application:

- Go to **nyc.gov/olr**.
- Click on the *Health Ben* tab at the top of the page.
- Click either *Employee* or *Retiree*.
- Click *Forms and Downloads* in the left-hand column.
- Select *Health Benefits Application*.

Follow the steps carefully. We will send you a welcome packet and member ID card once you are enrolled.

How to Keep Your EmblemHealth Plan

If you already have the plan that is right for you, you don't need to do anything. We will renew your plan. If you have questions, see your NYC Summary Plan Description.

- Go to **nyc.gov/olr**.
- Click on the *Health Ben* tab at the top of the page.
- Click the *Summary of Plans* tab.
- Click *View the Full Summary Plan Description (SPD)* in the left-hand column.

Need help choosing a plan? Let us help you. Call us at **800-447-6929 (TTY: 711)**. A Customer Service representative will be happy to help. You can also visit **emblemhealth.com/city**.

How to Find a Doctor

We make it easy to find the right doctor for you.

- Go to **emblemhealth.com/city-find-a-doctor**.
- Choose the plan you want.
- Search for a doctor by name, location, or specialty. You can also search for an AdvantageCare Physicians doctor.

Go Paperless — Your Health Information is Just a Click Away

Go to **emblemhealth.com/sign-in** to register on our secure website: *myEmblemHealth*. You will be able to review your health benefits and claims, view communications from us in your secure Message Center, download member ID cards, use our Health Manager Tools to better manage your health, and more.



Health Manager Tools

When you register for *myEmblemHealth*, you'll be able to:

- Complete a health assessment (HA) to get a picture of your health. Other adults on your plan can also complete their HAs.
- Keep a personal health record, including your medical claims history, in one secure place.
- Use our Treatment Cost Calculator to estimate how much a common service or condition will cost. These estimates are based on your particular benefits and coverage information.

EmblemHealth Mobile App

As an EmblemHealth member, you can download this handy, free mobile app. It can help you manage your health care and practice healthy habits.

The *myEmblemHealth* mobile app puts useful benefit and plan information right at your fingertips. Sign in to securely manage your health benefits whenever and wherever you want.

How to Get Questions Answered

If you are a current EmblemHealth member and have questions about your plan, please call the Customer Service number for the plan you are enrolled in below. A representative will be happy to help.

HIP HMO Preferred Gold Line plan: 833-CNY-GOLD (833-269-4653) (TTY: 711)
HIP Prime POS plan: 800-447-8255 (TTY: 711)
Vytra plan: 866-409-0999 (TTY: 711)
GHI CBP and DC37 Med-Team plans: 800-624-2414 (TTY: 711)
GHI HMO plan: 877-244-4466 (TTY: 711)
VIP Premier (HMO) Medicare plan: 877-344-7364 (TTY: 711)
GHI Senior Care plan: 800-624-2414 (TTY: 711)

AdvantageCare Physicians

EmblemHealth, one of the nation's largest nonprofit health insurers, and AdvantageCare Physicians, one of the largest primary and specialty physician group practices in the New York area, are partners in providing quality, personalized care to New Yorkers. Through AdvantageCare Physicians' 36 medical offices, EmblemHealth members have access to top primary care doctors, specialists, and a personal care team. For more information, visit acpny.com or call us at **646-680-3000**.

Every doctor at AdvantageCare Physicians is in our network, so you don't have to worry about out-of-network costs. They are also preferred doctors, so you may have a lower copay if your plan has a preferred tier.

When you use an AdvantageCare Physicians doctor, you will have access to the **myACPNY.com** patient portal. This allows you to become an active

participant in your health care. Most locations are open 8 am to 6 pm Monday through Wednesday, 8 am to 8 pm on Thursday, 8 am to 5 pm on Friday, and 8 am to 1 pm on Saturday. Some offices also have after-hours and urgent care. Talk with your doctor, request drug refills, view lab results, schedule your doctor's appointments, and check your future appointments. This site is secure and can be used on a computer, tablet, or smartphone.



Find an AdvantageCare Physicians (ACPNY) Office Near You

Brooklyn

Bay Ridge Medical Office	740 64th St., Brooklyn, NY 11220
Bedford Medical Office	233 Nostrand Ave., Brooklyn, NY 11205
Brooklyn Heights Medical Office	195 Montague St., Brooklyn, NY 11201
Crown Heights Medical Office	546 Eastern Pkwy., Brooklyn, NY 11225
Downtown Medical Office	447 Atlantic Ave., Brooklyn, NY 11217
Flatbush Medical Office	1000 Church Ave., Brooklyn, NY 11218
Kings Highway Medical Office	3245 Nostrand Ave., Brooklyn, NY 11229
Lindenwood Medical Office	2832 Linden Blvd., Brooklyn, NY 11208

Long Island

Babylon Medical Office	300 Bay Shore Rd., North Babylon, NY 11703
Hempstead Medical Office	226 Clinton St., Hempstead, NY 11550
Hicksville Medical Office	350 S. Broadway, Hicksville, NY 11801
Lake Success Medical Office	1991 Marcus Ave., New Hyde Park, NY 11042
Ronkonkoma Medical Office	640 Hawkins Ave., Lake Ronkonkoma, NY 11779
Valley Stream Medical Office	260 W. Sunrise Hwy., Valley Stream, NY 11581
Woodbury Medical Office	225 Froehlich Farm Blvd., Woodbury, NY 11797

Manhattan

Duane Street Medical Office*
Flatiron District Medical Office
Harlem Medical Office
Lincoln Square Medical Office
Lower East Side Medical Office
Midtown Medical Office
Upper East Side Medical Office
Washington Heights Medical Office

52 Duane St., New York, NY 10007
21 E. 22nd St., New York, NY 10010
215 W. 125th St., New York, NY 10027
154 W. 71st St., New York, NY 10023
570 Grand St., New York, NY 10002
590 5th Ave., New York, NY 10036
215 E. 95th St., New York, NY 10128
4337 Broadway, New York, NY 10033

Queens

Astoria Medical Office
Cambria Heights Medical Office
Elmhurst Medical Office
Elmhurst Pediatric & Multi-Specialty Office
Flushing North Medical Office
Forest Hills Medical Office
Jamaica Estates Medical Office
Richmond Hill Medical Office
Rochdale Village Medical Office
Rochdale Village Specialty Medical Office
Rockaway Medical Office

31-75 23rd St., Astoria, NY 11106
206-20 Linden Blvd., Cambria Heights, NY 11411
86-15 Queens Blvd., Elmhurst, NY 11373
88-06 55th Ave., Elmhurst, NY 11373
140-15 Sanford Ave., Flushing, NY 11355
96-10 Metropolitan Ave., Forest Hills, NY 11375
180-05 Hillside Ave., Jamaica, NY 11432
125-06 101st Ave., South Richmond Hill, NY 11419
169-59 137th Ave., Rochdale, NY 11434
169-27 137th Ave., Rochdale, NY 11434
29-15 Far Rockaway Blvd., Far Rockaway, NY 11691

Staten Island

Annadale Medical Office
Clove Road Medical Office

4771 Hylan Blvd., Staten Island, NY 10312
1050 Clove Rd., Staten Island, NY 10301

*AdvantageCare Express.

HIP HMO Preferred

Key Plan Features

- \$0 premium for the base plan.
- If you pick a preferred doctor as your primary care doctor in our network, you will not have a copay for most services.
- If you pick a non-preferred doctor as your primary care doctor in our network, you will have a \$10 copay for most services.
- This plan covers services you get within our network only.
- This plan does not cover services you get outside of our network, unless it is an emergency.
- You will have a wellness program that rewards you for your healthy habits.
- You will have a special Gold Line that connects you right away to a Customer Service representative who can help you find a doctor, get appointments, and connect you to the wellness program.

Your Copays

With the HIP HMO Preferred plan, you can control your costs by visiting a health care professional in our network. If you choose this plan, you will pay:

- \$0 for preventive services when you choose a health care professional in our network. These services include routine physicals, vaccinations, and colonoscopies to check for colon cancer, and mammograms to check for breast cancer. You will also pay \$0 for birth control and low-dose statin medicines, and other preventive medicines. Visit emblemhealth.com/city for a full list.
- \$0 if you choose a preferred health care professional for most other covered services.

Choosing a Primary Care Doctor

You must choose a primary care doctor from our network when you enroll in this plan.

Your doctor will:

- Give you most of your regular checkups.
- Refer you to a specialist if you need more care.
- Arrange your admission to a hospital if you need it.
- Get approval from EmblemHealth for certain services.

You can change your primary care doctor anytime. Call us at the number on the back of your member ID card.

Using a Preferred Health Care Doctor

Our prime network includes preferred and non-preferred primary care doctors. When you choose a preferred primary care doctor and get a referral, you will not have to pay a copay when you see a specialist. All doctors at AdvantageCare Physicians are preferred.

Expanded Network

With this plan, you will have access to our **Centers of Excellence**. You will also be able to opt in to top-tier medical centers.

This network includes these top hospitals:

- Memorial Sloan Kettering Cancer Center
- Hospital for Special Surgery
- New York-Presbyterian Hospital
- Staten Island University Hospital
- The Mount Sinai Hospital
- Lenox Hill Hospital

You will also have access to doctors and hospitals in all five boroughs, Long Island, Westchester, Rockland and Orange counties, Connecticut, and New Jersey. Additionally, you will have coverage in these counties: Albany, Broome, Columbia, Delaware, Dutchess, Fulton, Greene, Montgomery, Otsego, Putnam, Rensselaer, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, and Washington.

Benefits Summary: HIP HMO Preferred		
Medical Care	In-Network Cost when You Select a Preferred Primary Care Doctor in Our Prime Network	In-Network Cost when You Select a Non-Preferred Primary Care Doctor in Our Prime Network
Primary care doctor office visit	\$0	\$10 copay
Specialist office visit	\$0	\$10 copay
Lab/X-ray	\$0	\$10 copay
Routine physical exam	\$0	\$0
Well-child care	\$0	\$0
Outpatient physical therapy	\$0	\$10 copay
Outpatient mental health	\$0	\$10 copay
Urgent care	\$50 copay	\$50 copay
Ambulatory surgery	\$50 copay	\$50 copay
Ambulance	\$0	\$0
Inpatient hospital care	\$100 copay	\$100 copay
Anesthesia	Included in hospital copay	Included in hospital copay
Emergency room	\$150 copay (You do not have to pay this if you are admitted)	\$150 copay (You do not have to pay this if you are admitted)

Optional Coverage

You have the choice to add the following coverage to your plan. You have to pay an extra cost. This amount will be deducted from your paycheck or pension check. You can only add this rider if these benefits are not provided by your welfare fund. It includes:

- Durable medical equipment and private duty nursing.
- Prescription drugs* — \$5 copay for generic drugs and \$15 copay for brand drugs from network retail drug stores.

*Using a home delivery service is a great way to lower your drug costs. Your copays may be 50% less than at a retail pharmacy. For home delivery, you will pay \$7.50 for generic drugs and \$22.50 for preferred brand drugs for up to a 90-day supply. You can find out more at emblemhealth.com/HomeDelivery.



The information above is intended to provide general information and highlights regarding the HIP HMO Preferred plan. It does not provide a complete benefit description. HIP HMO Preferred plan coverage is subject to all terms, conditions, limitations, and exclusions contained in the certificate of insurance. Refer to HIP policy forms 155-23-LGTIERSCH (4/16) and 155-23-LGTIERCERT (4/16).



HIP Prime POS

Key Plan Features

- This plan is for active City employees and non-Medicare retirees.
- You have coverage for services in and out of our network.
- Low out-of-pocket costs, including low copays for in-network services.
- You have coverage for durable medical equipment and private duty nursing in the base plan.

Choosing a Primary Care Doctor

You must choose a primary care doctor from our network when you enroll in this plan. A primary care doctor will work with you to manage your health care.

Your doctor will:

- Give you most of your regular checkups.
- Refer you to a specialist if you need more care.
- Arrange your admission to a hospital if you need it.
- Get approval from EmblemHealth for certain services.

You can change your primary care doctor anytime. Call us at the number on the back of your member ID card.

Using a Doctor Out-of-Network

With this plan, you can see a health care professional not in our network. If you do this, you may have to pay a larger portion of the bill. This will include a deductible and coinsurance for those out-of-network services. It will also include the difference between the amount your doctor bills and how much EmblemHealth pays. Some services may need our prior approval. If you do not get a required prior approval, you may not get reimbursed.

Expanded Network

With this plan, you have access to doctors and hospitals in all five boroughs, Long Island, Westchester, Rockland and Orange counties, Connecticut, and New Jersey.

Additionally, you will have access to doctors and hospitals in these counties: Albany, Broome, Columbia, Delaware, Dutchess, Fulton, Greene, Montgomery, Otsego, Putnam, Rensselaer, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, and Washington. This network includes these top hospitals:

- | | |
|--|-------------------------------------|
| • Memorial Sloan Kettering Cancer Center | • Hospital for Special Surgery |
| • New York-Presbyterian Hospital | • Staten Island University Hospital |
| • The Mount Sinai Hospital | • Lenox Hill Hospital |

Benefits Summary: HIP Prime POS		
Cost-sharing	In-Network Cost	Out-of-Network Cost
Annual deductible	\$0	\$750 individual/\$2,250 family
Coinsurance	\$0	After you meet the annual deductible, we will cover 70% of the fee schedule* and you pay the remaining 30% plus any difference between our payment and the billed charge.
Annual coinsurance maximum	\$0	\$3,000 individual/\$9,000 family
Out-of-network annual max	Not applicable	Unlimited
Out-of-network lifetime max	Not applicable	Unlimited
Medical Care	Your In-Network Cost	Your Out-of-Network Cost
PCP office visit	\$10 copay	After you meet the deductible, you pay 30% plus the difference between our payment and the billed charge.
Well-child care	\$0	
Specialist office visit	\$15 copay	
Lab/X-ray	Included in PCP or specialist copay	
Routine physical exam	\$0	
Outpatient mental health	\$10 copay	
Urgent care	PCP or specialist copay	
Ambulatory surgery	\$100 copay	
Ambulance	\$0	
Inpatient hospital care	\$100 copay	
Anesthesia	Included in hospital copay	
Emergency room	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)

*Fee schedule for most covered services is based on the 80th percentile of the FAIR Health schedule.

This is a grandfathered plan.



Optional Coverage

If you are a City employee, you have the choice to add the following coverage to your plan. You may have to pay a cost. This amount will be deducted from your paycheck or pension check. It includes:

- Prescription drugs* — \$10 copay for generic drugs and \$35 copay for brand drugs from network retail drug stores.

*Using a home delivery pharmacy service is a great way to lower your drug costs. Your copays may be 50% less than at a retail pharmacy. You can find out more at **emblemhealth.com/HomeDelivery**.

The information above is intended to provide general information and highlights regarding the HIP Prime POS plan. It does not provide a complete benefit description. HIP Prime POS Plan coverage is subject to all terms, conditions, limitations, and exclusions contained in the certificate of insurance. Refer to HIP policy forms 155-23-GRPHMO (3/99) and 200-23-GRPPOL (9/99).



Key Plan Features

- You will pay a small copay for a wide range of covered service when you visit a doctor in our network. This includes doctors from our partner, AdvantageCare Physicians.
- You have almost no claim forms or paperwork to fill out for services.
- This plan does not cover services you get outside of our network, unless it is an emergency.
- This plan is available to active City employees and non-Medicare-eligible retirees living in the five boroughs of New York City and the following New York State counties: Albany, Broome, Columbia, Delaware, Dutchess, Fulton, Greene, Montgomery, Nassau, Orange, Otsego, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Suffolk, Sullivan, Ulster, Warren, Washington, and Westchester. Additionally, you will have coverage in Connecticut and New Jersey.

Choosing a Primary Care Doctor

You must choose a primary care doctor from our network when you enroll in this plan. A primary care doctor will work with you to manage your health care.

Your doctor will:

- Give you most of your regular checkups.
- Refer you to a specialist if you need more care.
- Arrange your admission to a hospital if you need it.
- Get approval from EmblemHealth for certain services.
- Let you know about any programs that can help you stay healthy or manage your health.

You can change your primary care doctor anytime. Call us at the number on the back of your member ID card.



Benefits Summary: GHI HMO

Medical Care	Your In-Network Cost
Primary care doctor office visit	\$15 copay
Specialist office visit	\$15 copay
Lab	\$0
Diagnostic X-ray	\$15 copay
Routine physical exam	\$0
Well-child care	\$0
Outpatient mental health	\$15 copay
Urgent care	\$15 copay
Ambulatory surgery	\$0
Ambulance	\$0
Inpatient hospital care	\$0
Anesthesia	\$0
Emergency room	\$35 copay (You do not have to pay this if you are admitted)

This is a grandfathered plan.

Optional Coverage

You can choose to add the following coverage to your plan. You may have to pay an extra cost. This amount will be deducted from your paycheck or pension check. It includes:

- Prescription drugs* — \$8 copay for generic drugs, \$16 copay for preferred brand drugs, and \$30 copay for non-preferred brand drugs from network retail drug stores.

*Using a home delivery service is a great way to lower your drug costs. Your copays may be two times the retail pharmacy copay for a 90-day supply. For home delivery, you will pay \$16 for generic drugs, \$32 for preferred brand drugs, and \$50 for non-preferred brand drugs. This is for up to a 90 day supply. You can find out more at [emblemhealth.com/ HomeDelivery](https://www.emblemhealth.com/HomeDelivery).

Optional Rider

What is the cost if you need drugs to treat your illness or condition?

	Retail	Mail Order
Generic drugs*	\$8 copay/30-day supply	\$16 copay/90-day supply
Preferred brand drugs*	\$16 copay/30-day supply	\$32 copay/90-day supply
Non-preferred brand drugs*	\$30 copay/30-day supply	\$50 copay/90-day supply
Specialty drugs**		
Generic drugs	\$8 copay/30-day supply	Not covered
Preferred brand drugs	\$16 copay/30-day supply	Not covered
Non-preferred brand drugs	\$30 copay/30-day supply	Not covered
Members requesting a brand-name drug must pay the difference between the brand-name drug and the generic drug when available, plus the generic copayment.		

*Must be dispensed by a Participating Pharmacy.

**Must be dispensed by a Specialty Pharmacy. Written referral required.

GHI HMO Medicare Senior Supplement

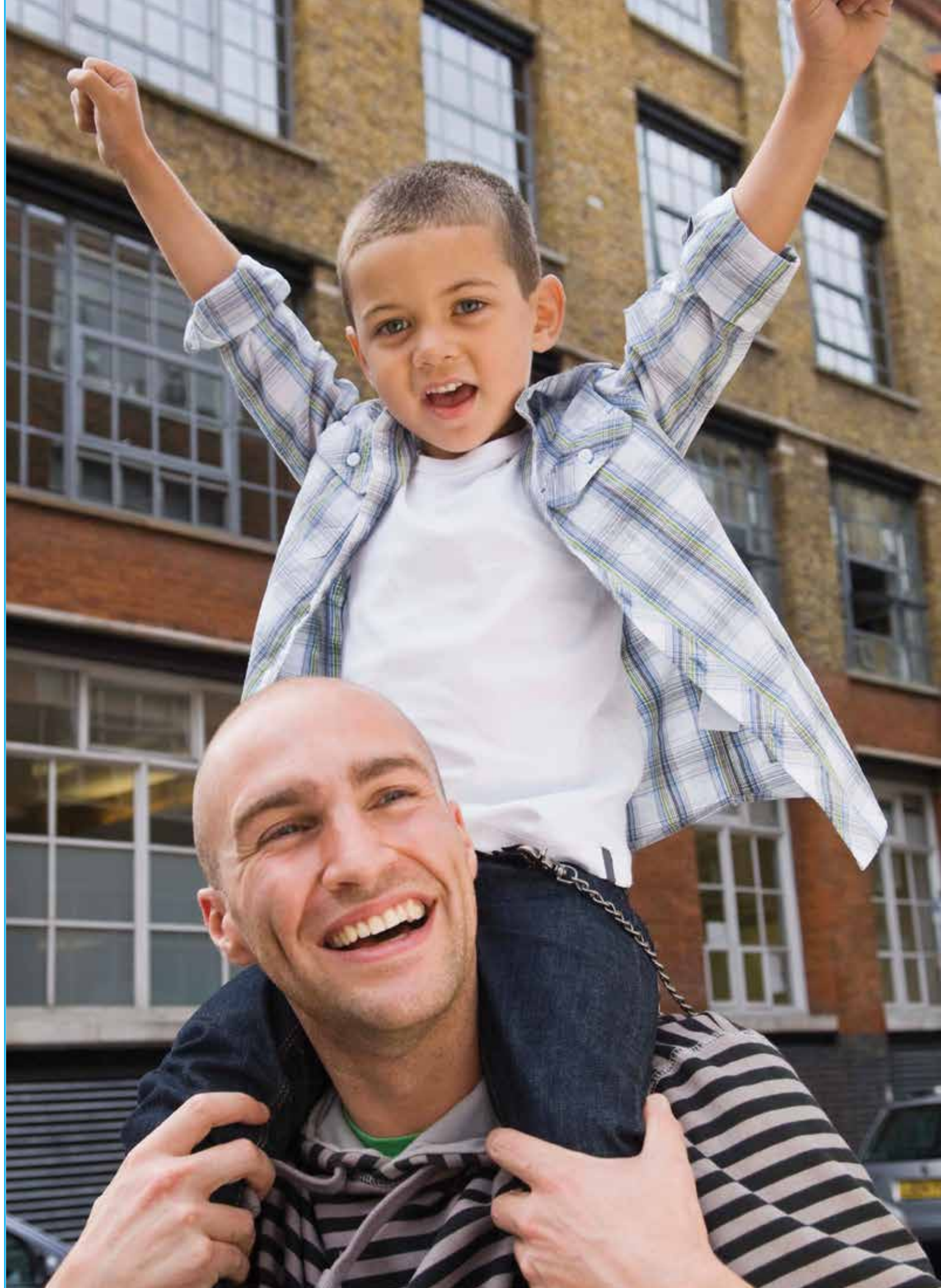
If you are retired and qualify for Medicare, you can add extra coverage to your plan. This covers deductibles, coinsurance, and certain services not covered by Medicare Parts A and B. You would have the same coverage with the GHI HMO Medicare supplement that active employees and non-Medicare retirees do with their GHI HMO plan. The GHI HMO plan will not pay for services you get outside of our network. Only Medicare will pay for these services. This could mean more out-of-pocket costs for you.

Optional Coverage for the GHI HMO Medicare Senior Supplement

You can add this coverage to your plan. It includes:

- Medicare Part D benefits for prescriptions you get at a network drug store. This also applies to home delivery service. For more information, visit **emblemhealth.com/city**.

The information above is intended to provide general information and highlights regarding the GHI HMO plan, underwritten by Health Insurance Plan of Greater New York (HIP). It does not provide a complete benefit description. GHI HMO plan coverage is subject to all terms, conditions, limitations, and exclusions contained in the certificate of insurance. Refer to policy form PGHMO1387.



Vytra

Key Plan Features

This plan is available to City employees and non-Medicare retirees who are under 65 who reside in Queens, Nassau, and Suffolk.

- This plan covers services you get within our network only.
- You will have a \$5 copay when you visit a primary care doctor or in-network specialist.
- You have almost no claim forms or paperwork to fill out for services.
- This plan does not cover services you get outside of our network, unless it is an emergency.

Choosing a Primary Care Doctor

You must choose a primary care doctor from our network when you enroll in this plan. A primary care doctor will work with you to manage your health care.

Your doctor will:

- Give you most of your regular checkups.
- Refer you to a specialist if you need more care.
- Arrange your admission to a hospital if you need it.
- Get approval from EmblemHealth for certain services.

You can change your primary care doctor anytime. Call us at the number on the back of your member ID card.

Benefits Summary: Vytra	
Medical Care	Your In-Network Cost
Primary care doctor office visit	\$5 copay
Specialist office visit	\$5 copay
Lab/X-ray	\$0
Routine physical exam	\$5 copay
Well-child care	\$0
Outpatient mental health	\$5 copay
Urgent care	\$5 copay
Ambulatory surgery	\$0
Ambulance	\$0
Inpatient hospital care	\$0
Anesthesia	\$0
Emergency room	\$25 copay (You do not have to pay this if you are admitted)
Durable medical equipment	\$0

This is a grandfathered plan.

Optional Coverage

You can add this coverage to your plan. You may have to pay an extra cost. This amount will be deducted from your paycheck or pension check. It includes:

- Prescription drugs* — \$7 copay for generic and \$14 for brand drugs from network retail drug stores. There is a \$50 deductible per medicine.

*Using a home delivery service is a great way to get your medicine conveniently. For home delivery, you will pay \$7 for generic and \$14 for brand drugs for up to a 90-day supply. This applies after you meet a \$50 deductible. You can find out more at emblemhealth.com/HomeDelivery.



The information above is intended to provide general information and highlights regarding the Vytra plan, underwritten by Health Insurance Plan of Greater New York (HIP). It does not provide a complete benefit description. Vytra coverage is subject to all terms, conditions, limitations, and exclusions contained in the certificate of insurance. Refer to Vytra policy form VHLI-LGRP-01.

VIP Premier (HMO) Medicare

The VIP® Premier (HMO) Medicare plan is a great fit for Medicare-eligible retirees. It offers quality coverage with low out-of-pocket costs, \$0 copays for most services, and \$0 pension deductions. With this plan, you choose a primary care doctor who will manage and oversee your care, including administering referrals to network specialists and arranging for hospital stays.

Key Plan Features

This plan helps Medicare-eligible retirees meet their medical needs.

- You will not pay a premium for the base plan.
- You will be covered for services if you use a doctor in our network.
- This plan does not cover services you get outside of our network, unless it is an emergency.
- You will have access to our no-cost fitness program SilverSneakers®.

Teladoc

Teladoc is an easy, convenient way to access doctors for non-emergency conditions, including cold and flu symptoms, sinus problems, and allergies. Teladoc visits have a \$10 copay.

Are You Eligible?

In order to sign up for the VIP Premier (HMO) Medicare plan, you must:

- Have Medicare Parts A and B.
- Continue to pay your Medicare Part B premium and stay enrolled in Medicare Part A.
- Live in the five boroughs of New York City, Nassau, Suffolk, or Westchester counties.

Choosing a Primary Care Doctor

You must choose a primary care doctor from our network when you enroll in this plan. A primary care doctor will work with you to manage your health care.

Your doctor will:

- Give you most of your regular checkups.
- Refer you to a specialist if you need more care.
- Arrange your admission to a hospital if you need it.
- Get approval from EmblemHealth for certain services.
- Let you know about any programs that can help you stay healthy or manage your health.

You can change your primary care doctor anytime. Call us at the number on the back of your member ID card.



Benefits Summary: VIP Premier (HMO) Medicare

Medical Care	Your In-Network Cost
Primary care doctor office visit	\$0
Specialist office visit	\$30 copay
Lab/X-ray	\$0
Routine physical exam	\$0
Outpatient mental health	\$5 copay
Ambulatory surgery	\$0
Ambulance	\$50 copay
Inpatient hospital care	\$250 for days 1-7 and \$0 for days 8 and beyond
Anesthesia	\$0
Emergency room	\$100 copay (You do not have to pay this if you are admitted)
Routine hearing exam	\$15 copay
Routine vision exam	\$15 copay
Preventive dental care	\$5 copay for exam, \$10 copay for cleaning, discounts for additional services
Skilled nursing facility, non-custodial	\$0 for days 1-20, \$164 for days 21-100. Up to 100 days per benefit period
Home health care, non-custodial	\$0
Private duty nursing	\$0
Durable medical equipment	20% coinsurance (must be medically necessary)
Acupuncture	\$10 copay for up to 15 visits per year
Part B prescription drugs*	20% coinsurance

*Part B prescription drugs are usually those you wouldn't give yourself, like those you get at a doctor's office. You must continue to pay for your Part B premium.

Drug Coverage

If you do not get coverage through your union welfare fund, you must buy drug coverage through a rider. This rider gives you drug coverage benefits without an annual limit.

Drug Type	Drug Benefit: With Rider
Tier 1 (Generic drugs)	\$10 copay per 30-day supply
Tier 2 (Preferred brand drugs)	\$15 copay per 30-day supply
Tier 3 (Non-preferred drugs)	\$100 copay per 30-day supply
Tier 4 (Specialty drugs)	25% coinsurance per 30-day supply
Mail order (Delivery to your home)	Tier 1: \$5 copay per 30-day supply
	Tier 2: \$7.50 copay per 30-day supply
	Tier 3: \$50 copay per 30-day supply
	Tier 4: 25% coinsurance per 30-day supply
Initial Coverage Limit (You pay a set amount until you reach \$5,100 in drug coverage. Once this amount is reached, you may pay more for your medicine.)	EmblemHealth Medicare Plan covers you through Coverage Gap. You will continue to pay the same cost-sharing as listed above until you reach \$5,100.
Catastrophic	When you have paid \$5,100 for your drugs in one year, you will pay these copays: – \$3.40 or 5% coinsurance (whichever is greater) for generic and preferred brand drugs. – \$8.50 copay or 5% coinsurance (whichever is greater) for brand drugs.

HIP Insurance Plan of Greater New York (HIP) is an HMO plan with a Medicare contract. Enrollment in HIP depends on contract renewal. HIP is an EmblemHealth company.

This information is not a complete description of benefits. Call **800-447-8255 (TTY: 711)** for more information. Out-of-network/non-contracted providers are under no obligation to treat EmblemHealth members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.



GHI CBP

Key Plan Features

- You do not need to choose a primary care doctor.
- You do not need a referral to see a specialist.
- When you visit a health care professional in our network for preventive services, you will have a \$0 copay.
- You will not pay a copay if you visit an AdvantageCare Physicians medical center or Montefiore faculty-based center.
- This plan covers medical and surgical services. Empire BlueCross BlueShield will cover services if you are hospitalized.

Teladoc

Teladoc is an easy, convenient way to access doctors for non-emergency conditions, including cold and flu symptoms, sinus problems, and allergies. Your family's first visit is free. After that, Teladoc visits have a \$10 copay.

Your Copays

If you choose this plan, you will pay:

- \$0 for preventive services when you get covered services within our network. These services include routine physicals, vaccinations, and colonoscopies to check for colon cancer, and mammograms to check for breast cancer. You will also pay \$0 for birth control and low-dose statin medicines, and other preventive medicines. Visit emblemhealth.com/city for a full list.
- \$0 if you visit a health care professional at AdvantageCare Physicians. For more information, visit emblemhealth.com/city or acpny.com.

Benefits Summary: GHI CBP		
Medical Care	Your In-Network Cost	Your Out-of-Network Cost
PCP office visit	\$15 copay	Annual deductible: \$200 individual/\$500 family You pay the difference between the doctor's fee and GHI's reimbursement. This amount may be substantial.
AdvantageCare Physicians and Montefiore Faculty-based centers	\$0	
Specialist office visit	\$30 copay	
Routine lab/X-ray	\$20 copay	
MRI/CAT/PET scan	\$50 copay	
Routine physical exam	\$0	
Physical therapy visits	\$20 copay	
Well-child care	\$0	
Outpatient mental health	\$15 copay	
Urgent care	\$50 copay	
Emergency room	\$150 copay (waived if admitted)	\$150 copay (waived if admitted)

Using an Out-of-Network Health Care Professional

The GHI CBP plan gives you the freedom to choose in-network or out-of-network doctors. You can see any network doctor without a referral. Covered services from out-of-network doctors have deductibles and coinsurance. Payment for services provided by out-of-network providers is made directly to you under the NYC Non-Participating Provider Schedule of Allowable Charges (“Schedule”). The reimbursement rates in the Schedule are not related to usual and customary rates or to what the provider may charge but are set at a fixed amount based on GHI’s 1983 reimbursement rates. Most of the reimbursement rates have not increased since that time, and will likely be less (and in many instances substantially less) than the fee charged by the out-of-network provider. You will be responsible for any difference between the provider’s fee and the amount of the reimbursement; therefore, you may have a substantial out-of-pocket expense.

Some services may need a prior approval. If you do not get a required prior approval, you may not get reimbursed.

If you choose to get services outside of our network, you can use the GHI CBP Allowance Calculator at emblemhealth.com/GHICBPcalculator or call **800-624-2414** to estimate how much EmblemHealth will reimburse you for the service. Ask your doctor for the medical procedure codes (CPT Codes) of the services you need. This can help you make a decision.

Using a health care professional in our network is a cost-effective way to use this plan. This chart shows the estimated cost of seeing a doctor outside of our network.

TYPICAL OUT-OF-POCKET COSTS FOR RECEIVING CARE FROM OUT-OF-NETWORK PROVIDERS	
Established Patient Office Visit (typically 15 minutes) — CPT Code 99213	
Estimated charge for a doctor in Manhattan	\$215
Reimbursement under the schedule	<u>– \$36</u>
Member out-of-pocket responsibility	\$179
Routine Maternity Care and Delivery — CPT Code 59400	
Estimated charge for a doctor in Manhattan	\$9,500
Reimbursement under the schedule	<u>– \$1,379</u>
Member out-of-pocket responsibility	\$8,121
Total Hip Replacement Surgery — CPT Code 27130	
Estimated charge for a doctor in Manhattan	\$20,000
Reimbursement under the schedule	<u>– \$3,011</u>
Member out-of-pocket responsibility	\$16,989

Estimated charge is set at FAIR Health’s 80th percentile and is based on Manhattan zip codes with a 100 prefix. Please note that deductibles may apply and that you could be eligible for additional reimbursement if your catastrophic coverage kicks in or you have purchased the Enhanced Non-Participating Provider Schedule, an Optional Rider benefit that provides lower out-of-pocket costs for some surgical and in-hospital services from out-of-network doctors.

Optional Coverage

You can choose to add the following coverage to your plan. You may have to pay an extra cost. This amount will be deducted from your paycheck or pension check. You can only add this rider if these benefits are not provided by your welfare fund. It includes:

- Enhanced Non-Participating Provider Schedule — to lower your costs. This rider may increase the reimbursement for some in-hospital services, on average, by 75% when you use a non-participating provider.
- Prescription drugs* — for generic and brand drugs from network retail drug stores.

*Using a home delivery pharmacy service is a great way to lower your drug costs. You can find out more at emblemhealth.com/HomeDelivery.

Optional Rider (Prescription Drugs Provided Through GHI-EmblemHealth)

What is the cost if you need drugs to treat your illness or condition?

	Retail	Mandatory Mail Order
Generic drugs	30-day supply – 2 fills of 30-day supply of maintenance meds. After that, members must use either home delivery or Walgreens for a 90-day supply. 20% coinsurance with minimum charge of \$5 or actual cost, if less.	90-day supply; \$12.50 copay.
Preferred brand drugs	30-day supply – 2 fills of 30-day supply of maintenance meds. After that, members must use either home delivery or Walgreens for a 90-day supply. 40% coinsurance with minimum charge of \$25 or actual cost, if less.	90-day supply; \$50 copay.
Non-preferred brand drugs	30-day supply – 2 fills of 30-day supply of maintenance meds. After that, members must use either home delivery or Walgreens for a 90-day supply. 50% coinsurance with minimum charge of \$40 or actual cost, if less.	90-day supply; \$75 copay.
Specialty drugs	Covered (cost based on above categories).	Must be dispensed by the Specialty Pharmacy Program Provider. Pre-certification required — contact NYC Healthline at 800-521-9574 .

Please refer to the Summary of Benefits and Coverage (SBC) for additional information and to see what this plan covers and any cost-sharing responsibilities.

Maximum Out-of-Pocket — MOOP is the maximum amount you will have to pay for in-network services each year. This includes your copays, deductible, and coinsurance you pay for in-network services. It does not include any costs you incur if you get services outside of our network or if you pay for services that are not covered. The MOOP amount may change from year to year. Below is the MOOP for January 1, 2019 to December 31, 2019. This benefit applies to both members enrolled in the base plan and members enrolled in the Prescription Drug Optional Rider.

	Individual MOOP	Family MOOP
GHI Medical MOOP*	\$4,550	\$9,100
EBCBS** Hospital MOOP	\$2,600	\$5,200

*Subject to indexing by the federal government.

**Empire BlueCross BlueShield.

There are circumstances when you may unknowingly be treated by out-of-network doctors. Typically, this occurs during a hospital admission (inpatient or outpatient, emergency or non-emergency) when services are provided by out-of-network doctors — even if the hospital is an in-network hospital and/or some of the other doctors are in GHI’s provider network.

For example, during a non-emergency hospital admission, you may be treated by a plastic surgeon in an in-network hospital, but the plastic surgeon is not in GHI’s provider network; you will be responsible for the surgeon’s bill after GHI makes a payment. Or, during a scheduled outpatient procedure, even when the hospital is an in-network hospital and the doctor performing the procedure is an in-network doctor, you may also receive services from an out-of-network doctor at the hospital, such as an anesthesiologist, radiologist, or pathologist. Even though that doctor provided services in an in-network hospital, if the doctor is an out-of-network doctor, you will be responsible for your out-of-network cost-sharing and the balance of that doctor’s bill after GHI makes a payment.

However, you will be protected from out-of-pocket costs, other than applicable in-network cost-sharing, for services that qualify as “surprise bills” or emergency services as described in your Certificate of Insurance. A surprise bill is when you get services from an out-of-network provider at an in-network hospital or other center and you are billed for those services. In the event that those protections do not apply, your out-of-pocket expenses may be substantial.

For more information about out-of-network reimbursements, optional riders and other details, see the plan’s Certificate of Insurance at emblemhealth.com/Members/City-of-New-York-Employees/GHI-CBP.

GHI CBP is underwritten by Group Health Incorporated. Hospital benefits for members enrolling in the GHI CBP plan are underwritten by and provided through Empire BlueCross BlueShield. The information above is intended to provide general information and highlights regarding the GHI CBP plan. It does not provide a complete benefit description. GHI CBP coverage is subject to all terms, conditions, limitations, and exclusions contained in the certificate of insurance. Refer to GHI policy form PLC-1032E, et. al.

Out-of-Network Reimbursement Examples for GHI CBP

This summary gives examples of typical costs for out-of-network services under the GHI CBP plan in Richmond County for zip code 10314. If you want details about your coverage and costs, you can get the complete terms in the policy or plan document at emblemhealth.com/city or by calling us at **800-624-2414**. A Customer Service representative will be happy to help.

COLONOSCOPY (Biopsy of Large Bowel Using an Endoscope) CPT Code: 45380 Anesthesia CPT Code: 00810 Pathology CPT Code: 88305		
Sample care costs:		
	UCR	Basic NYC Non-Participating Fee Schedule
Hospital services	Not applicable	Not applicable
Physician services	\$1,300	\$574
Anesthesia	\$3,200	\$873*
Pathology	\$512	\$56
Total	\$5,012	\$1,503

Patient pays:		
Deductibles		\$200
Copays are not applicable		\$0
Coinsurance 0%		\$0
Difference between UCR and what the plan pays		\$3,509
Total		\$3,509

LAMINOTOMY (Partial Removal of Bone with Release of Spinal Cord or Spinal Nerves of 1 Interspace in Lower Spine) CPT Code: 63030 Anesthesia CPT Code: 00630		
Sample care costs:		
	UCR	Basic NYC Non-Participating Fee Schedule
Hospital services	Not applicable	Not applicable
Physician services	\$17,300	\$6,183
Anesthesia	\$3,420	\$1,746**
Total	\$20,720	\$7,929

Patient pays:		
Deductibles		\$200
Copays are not applicable		\$0
Coinsurance 0%		\$0
Difference between UCR and what the plan pays		\$4,862
Total		\$4,862

BREAST RECONSTRUCTION (Insertion of Tissue Expander in Breast) CPT Code: 19357 Anesthesia CPT Code: 00402		
Sample care costs:		
	UCR	Basic NYC Non-Participating Fee Schedule
Hospital services	Not applicable	Not applicable
Physician services	\$7,730	\$4,297
Anesthesia	\$3,118	\$1,455**
Total	\$10,848	\$5,752

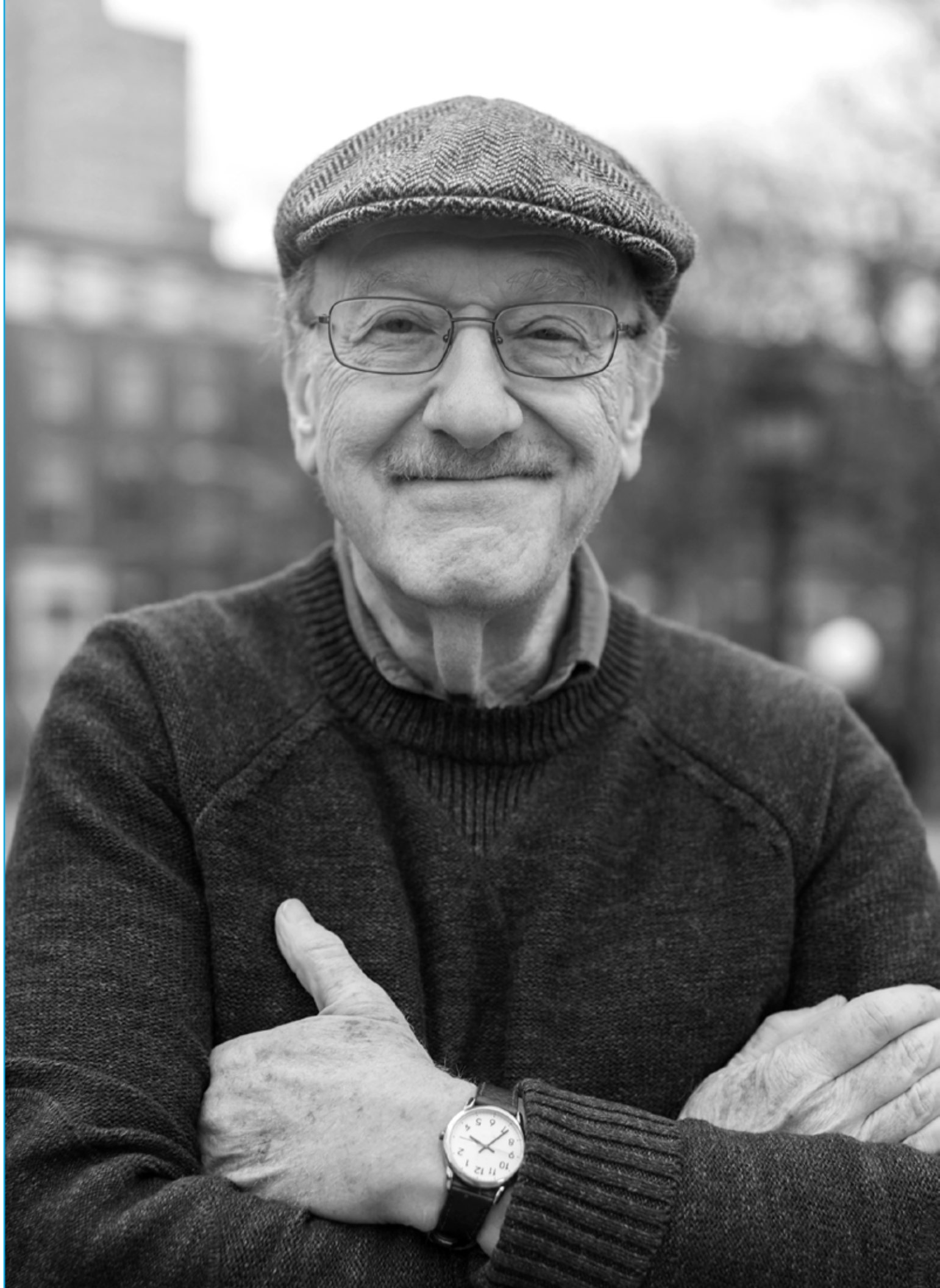
Patient pays:		
Deductibles		\$200
Copays are not applicable		\$0
Coinsurance 0%		\$0
Difference between UCR and what the plan pays		\$5,096
Total		\$5,096

UCR (usual, customary and reasonable) cost is the amount providers typically charge for a service. This chart uses UCR based on FAIR Health at the 80th percentile for zip code 10314. Your provider may bill more than UCR.

The **Patient pays** section represents sample cost-sharing. Your cost-sharing may vary.

*Based on 4 units of anesthesia.

** Based on 10 units of anesthesia.



GHI Senior Care

Key Plan Features

If you are a retiree eligible for Medicare, you can enroll in the GHI Senior Care program. This plan supplements your Medicare benefits. You may have a deductible to pay before your plan begins to pay. With this plan, GHI will cover your coinsurance for these services:

- Office visits
- In-home nursing services
- In-hospital physician services
- Laboratory tests
- Outpatient hospital services
- Radiation therapy
- Specialist visits
- Speech therapy
- Surgery and anesthesia
- X-rays

Network

With GHI Senior Care, you have the choice to visit a health care professional not in our network. If you do, you may have to pay a deductible before EmblemHealth will reimburse you for services.

Benefits Summary: GHI Senior Care		
Medical Care	Your In-Network Cost	Your Out-of-Network Cost
Office visits (PCPs and specialists)	GHI will pay 20% of the reasonable charge as determined by Medicare, after Medicare has paid 80% of the reasonable charge.	GHI will pay 20% of the reasonable charge as determined by Medicare, after Medicare has paid 80% of the reasonable charge.
Diagnostic lab/X-ray		
Specialist consultations		
In-home nursing services		
Outpatient hospital services		
Radiation therapy		
In-hospital physician services		
Speech therapy		
Surgery and anesthesia		
Cost-sharing	In-Network	Out-of-Network
Annual deductible*	\$50	\$50
Out-of-network annual maximum	Not applicable	Not applicable
Out-of-network lifetime maximum	Not applicable	Not applicable

*After meeting Medicare deductible.

Optional Coverage

You can choose to add the following coverage to your Senior Care Program.

- Enhanced Medicare Part D benefits for prescription drugs from network pharmacies and home delivery service.
- Increased inpatient hospital benefit to 365 days (underwritten by and provided through Empire BlueCross BlueShield*). Without this rider, you will only be covered for 21 full days or 180 discounted days in the hospital. You can call Empire BlueCross BlueShield at **800-300-8181** for more information.

*Hospital benefits for members enrolling in the GHI CBP plan are underwritten by and provided through Empire BlueCross BlueShield. Certain services billed by physicians and providers who are not hospital employees during an emergency room visit or inpatient stay may not be considered to be a part of your emergency room and/or hospitalization benefit. These services are covered according to the terms and conditions that otherwise apply to the type of service under the GHI Senior Care program plan.

GHI Medicare Part D Prescription Drug Plans

The GHI Enhanced Medicare Part D Prescription Drug Plan and GHI Standard Medicare Part D Prescription Drug Plan are group plans that give you benefits and coverage that are the same as Enhanced and Standard Medicare Part D benefits. This is required by law.

You can only enroll in these plans if:

- You are a Medicare-eligible retiree or dependent.
- Have worked for the City of New York.
- Do not receive drug coverage through your union welfare fund.

GHI Enhanced Medicare Part D Prescription Drug Plans

GHI Enhanced Medicare Part D is a Medicare drug plan and is in addition to coverage you have under Medicare. You have to keep your Medicare coverage to have this plan. You can enroll if you also enroll in the GHI Senior Care plan.

GHI Standard Medicare Part D Prescription Drug Plans

GHI Standard Medicare Part D is a Medicare drug plan and is in addition to coverage you have under Medicare. You have to keep your Medicare coverage to have this plan. You can enroll if you also enroll in the GHI HMO Medicare Senior Supplement plan.

Group Health Incorporated (GHI) is a standalone prescription drug plan with a Medicare contract. Enrollment in GHI depends on contract renewal. GHI is an EmblemHealth company.

For drugs that are covered under this plan:

- 1. You will first pay:** 25% of the drug price. This applies until your total drug costs (what you paid and what the plan paid) reach \$3,820. This is called the Initial Coverage stage.
- 2. Then you will pay:** 37% of the drug price for generic drugs and 22% of the drug price for brand-name drugs. This applies until your total drug costs reach \$5,100. This is called the Coverage Gap stage.
- 3. Then you will pay:** 5% of the drug price or \$3.40 for generics and \$8.50 for brand, whichever is greater. This applies once you have paid \$5,100 toward your drug costs. This is the full true out-of-pocket (TrOOP) cost for 2019. This is called the Catastrophic stage.

What is a true out-of-pocket (TrOOP) balance?

True out-of-pocket (TrOOP) costs are those that count toward the most you will pay for Medicare drugs. TrOOP costs are also used to figure out when catastrophic coverage begins. You will see a balance of your TrOOP amount in your monthly Explanation of Benefits (EOB) statements.

How can I compare my options?

You can go to **medicare.gov** and view the programs offered in your area.

Where can I get my out-of-pocket prescriptions?

As part of your plan, you have access to pharmacies in our network. You can find a pharmacy in our network by calling Express Scripts at **800-585-5786** (TTY: **800-899-2114**). They are available 24 hours a day, seven days a week.

Can I use a mail order pharmacy?

Yes. This plan includes the Express Scripts mail order pharmacy program. You can easily fill your prescriptions and have them delivered to your door. Using a mail order pharmacy may also save you money.

What is a drug formulary?

A drug formulary is a list of drugs covered by your plan. This plan uses a “closed” formulary that includes drugs covered by Medicare Part D and certain non-Part D drugs. You can find a list of drugs at **emblemhealth.com/city/see-covered-drugs**.

What is prior authorization?

This plan requires that you get permission before filling some drugs. This is called a prior authorization. This helps us make sure that you are getting the drugs that are safe and necessary.

Some drugs require that you get prior authorization from your insurance plan. You can call Express Scripts at **800-585-5786** to find out which drugs need prior authorization.



DC37 Med-Team

Key Plan Features

- You must be a DC 37 Med-Team active member living in New York or New Jersey.
- You will not pay a premium for this plan.
- You will be covered for preventive services such as routine physicals, vaccinations, and colonoscopies to check for colon cancer, and mammograms to check for breast cancer. You will also be covered for birth control and low-dose statin medicines, and other preventive medicines. Visit emblemhealth.com/city for a full list.
- You will not have to get a referral to see a specialist with this plan.
- You will be covered for certain vision and dental services.

Dental Benefits

With this plan, you will have access to dentists in New York and New Jersey. You are covered for preventive and basic services when you see a dentist in our network. You are also covered for oral surgery, endodontics, anesthesia, major restorative services, and fixed and removable prosthodontics.

If you choose to see a dentist outside of our network, you will have to pay a deductible and coinsurance.

Vision Benefits

With this plan, you are covered for an eye exam every year. You are also covered for a complete pair of eyeglasses or contact lenses each year. You are not covered for both contact lenses and eyeglasses in the same plan year. If you choose standard eyeglasses or contact lenses, you will not have a copay. You can find more information about your vision benefits at emblemhealth.com/DC37Vision.

Benefits Summary: DC37 Med-Team		
Medical Care	Your In-Network Cost	Your Out-of-Network Cost
PCP office visit	\$25 copay	Reimbursement subject to out-of-network deductible.
Lab/X-ray	\$25 copay	
High-tech radiology	\$50 copay	
Routine physical exam	\$0	
Well-child care	\$0	
Outpatient mental health	\$25 copay	
Urgent care	\$50 copay	
Ambulatory surgery	\$50 copay	
Ambulance	Reimbursement at 100% of the allowed charge	
Inpatient hospital care	\$0	\$150 copay (waived if admitted)
Emergency room	\$150 copay (waived if admitted)	

Cost-sharing	In-Network	Out-of-Network
Annual deductible	\$0	\$1,000 individual/\$3,000 family
Annual coinsurance	\$0	30% to \$2,700 individual/\$6,750 family
Out-of-network annual maximum	Not applicable	Unlimited
Out-of-network lifetime maximum	Not applicable	Unlimited

Maximum Out-of-Pocket (MOOP) — MOOP is the maximum amount you will have to pay for in-network services each year. This includes your copay, deductible, and coinsurance you pay for in-network services. It does not include any costs you incur if you get services outside of our network or if you pay for services that are not covered. The MOOP amount may change from year to year. Below is the current MOOP for January 1, 2019 to December 31, 2019.

	Individual MOOP*	Family MOOP*
MOOP	\$7,150	\$14,300

*Subject to indexing by the federal government.



DC37 Med-Team Senior Care Program

If you are a retiree eligible for Medicare, you can enroll in the DC37 Med-Team Senior Care Program. This plan supplements your Medicare benefits. You may have a deductible to pay before EmblemHealth begins to pay. With this plan, EmblemHealth will cover your Medicare coinsurance for these services:

- Office visits
- In-home nursing services
- In-hospital medical care
- Inpatient hospital stays
- Laboratory tests
- Outpatient hospital services
- Radiation therapy
- Specialist visits
- Speech therapy
- Surgery and anesthesia
- X-rays

The information above is intended to provide general information and highlights regarding the DC37 Med-Team plan. It does not provide a complete benefit description. DC37 Med-Team plan coverage is subject to all terms, conditions, limitations, and exclusions contained in the certificate of insurance. Refer to GHI policy form PLH-5339A.

Key Features of 2019 Plans

for City of New York Employees, Non-Medicare-Eligible Retirees, and Medicare-Eligible Retirees

	HIP HMO Preferred	HIP Prime POS	GHI HMO	Vytra
	In-Network Provider (Preferred and Non-Preferred)	In-Network/Out-of-Network	In-Network Only	In-Network Only
Deductible	Not applicable	In: \$0 copay Out: \$750 individual/\$2,250 family	Not applicable	Not applicable
PCP or Specialist Visit	Preferred: \$0 copay Non-Preferred: \$10 copay	In: \$10 PCP copay/ \$15 specialist copay Out: 30% coinsurance after deductible*	\$15 copay	\$5 copay
Routine Physical Exam/ Well-Child Care	\$0 copay	In: \$0 copay Out: 30% coinsurance after deductible*	\$0 copay	\$5 copay
Diagnostic Lab/X-ray	Preferred: \$0 copay Non-Preferred: \$10 copay	In: Included in PCP or specialist copay Out: 30% coinsurance after deductible*	\$15 copay for X-ray/ \$0 copay for lab	\$0 copay
Inpatient Hospital	\$100 copay	In: \$100 copay Out: 30% coinsurance after deductible*	\$0 copay	\$0 copay
Emergency Room	\$150 copay (waived if admitted)	\$100 copay (waived if admitted)	\$35 copay (waived if admitted)	\$25 copay (waived if admitted)
Urgent Care	\$50 copay	In: \$10 copay Out: 30% coinsurance after deductible*	\$15 copay	\$5 copay

*Your reimbursement is based on GHI CBP's out-of-network benefits. You may have to pay a deductible before EmblemHealth will reimburse you for services. You are responsible for the rest of the doctor's bill. This amount may be substantial.

VIP Premier (HMO)	GHI CBP	GHI Senior Care	DC37 Med-Team
In-Network Only	In-Network/Out-of-Network	In-Network/Out-of-Network	In-Network/Out-of-Network
Not applicable	In: \$0 copay Out: \$200 individual/\$500 family	In: \$50 after Medicare deductible Out: \$50 after Medicare deductible	In: \$0 copay Out: \$1,000 individual/\$3,000 family
\$0 PCP copay/ \$30 specialist copay	In: \$15 PCP copay/ \$30 specialist copay/ \$0 Montefiore and ACPNY copay Out: After deductible is met, you pay the difference between the doctor's fee and GHI's reimbursement. This amount may be substantial.	GHI will pay 20% of the reasonable charge as determined by Medicare, after Medicare has paid 80% of the reasonable charge.	In: \$25 PCP and specialist copay Out: \$0 copay, 30% coinsurance after deductible*
\$0 copay	In: \$0 copay Out: You pay the difference between the doctor's fee and GHI's reimbursement. This amount may be substantial.	GHI will pay 20% of the reasonable charge as determined by Medicare, after Medicare has paid 80% of the reasonable charge.	In: \$0 copay Out: 30% coinsurance after deductible*
\$0 copay	In: \$20 copay Out: You pay the difference between the doctor's fee and GHI's reimbursement. This amount may be substantial.	GHI will pay 20% of the reasonable charge as determined by Medicare, after Medicare has paid 80% of the reasonable charge.	In: \$25 copay Out: 30% coinsurance after deductible*
\$250 for days 1-7; \$0 for days 8 and beyond	Covered by Empire BlueCross BlueShield	GHI will pay 20% of the reasonable charge as determined by Medicare, after Medicare has paid 80% of the reasonable charge.	In: \$0 copay Out: 30% coinsurance after deductible*
\$100 copay (waived if admitted)	\$150 copay (waived if admitted)	GHI will pay 20% of the reasonable charge as determined by Medicare, after Medicare has paid 80% of the reasonable charge.	\$150 copay (waived if admitted)
\$5 copay	In: \$50 copay Out: You pay the difference between the doctor's fee and GHI's reimbursement. This amount may be substantial.	GHI will pay 20% of the reasonable charge as determined by Medicare, after Medicare has paid 80% of the reasonable charge.	In: \$50 copay Out: 30% coinsurance after deductible*



Health and Wellness Programs

At EmblemHealth, we believe that total care is the key to good health. We provide many programs and discounts that can help you stay healthy.

Health Management and Prevention Services

We know that quality health care means more than just providing coverage when you are sick or injured. Our free services are designed to help you take charge of your illness and work with your doctors to improve your quality of life. These programs include:



- Heart disease support.
- Preventive cancer screenings.
- Domestic violence support and resources.
- Pregnancy management and support for depression after giving birth.
- Diabetes support and information.
- Help to better manage your medications.
- Chronic obstructive pulmonary disease (COPD) support.
- Free checkups and immunizations for children.

We also serve our members by promoting overall wellness — body, mind, and spirit. Take advantage of programs like *Care for the Family Caregiver* and *Dignified Decisions* — *End of Life Care*. For more information, visit emblemhealth.com/stayhealthy.



Neighborhood Care

We pride ourselves on offering you and your family support to stay healthy. Visit any of our Neighborhood Care locations and chat with our Customer Care Navigators. We also offer a variety of classes, including fitness, yoga, meditation, and nutrition. Additionally, our services are available in languages including Spanish, Mandarin, Cantonese, Fuzhounese, and Creole. For more information, visit emblemhealth.com/community.

Visit one of our 8 locations:

Harlem

215 West 125th Street
866-469-0999

Chinatown

87 Bowery
855-283-2151

Crown Heights

546 Eastern Parkway
855-283-2156

Cambria Heights

206-20 Linden Blvd.
866-539-0999

Bensonhurst

2482 86th Street
800-447-0856

AdvantageCare Physicians Express Manhattan

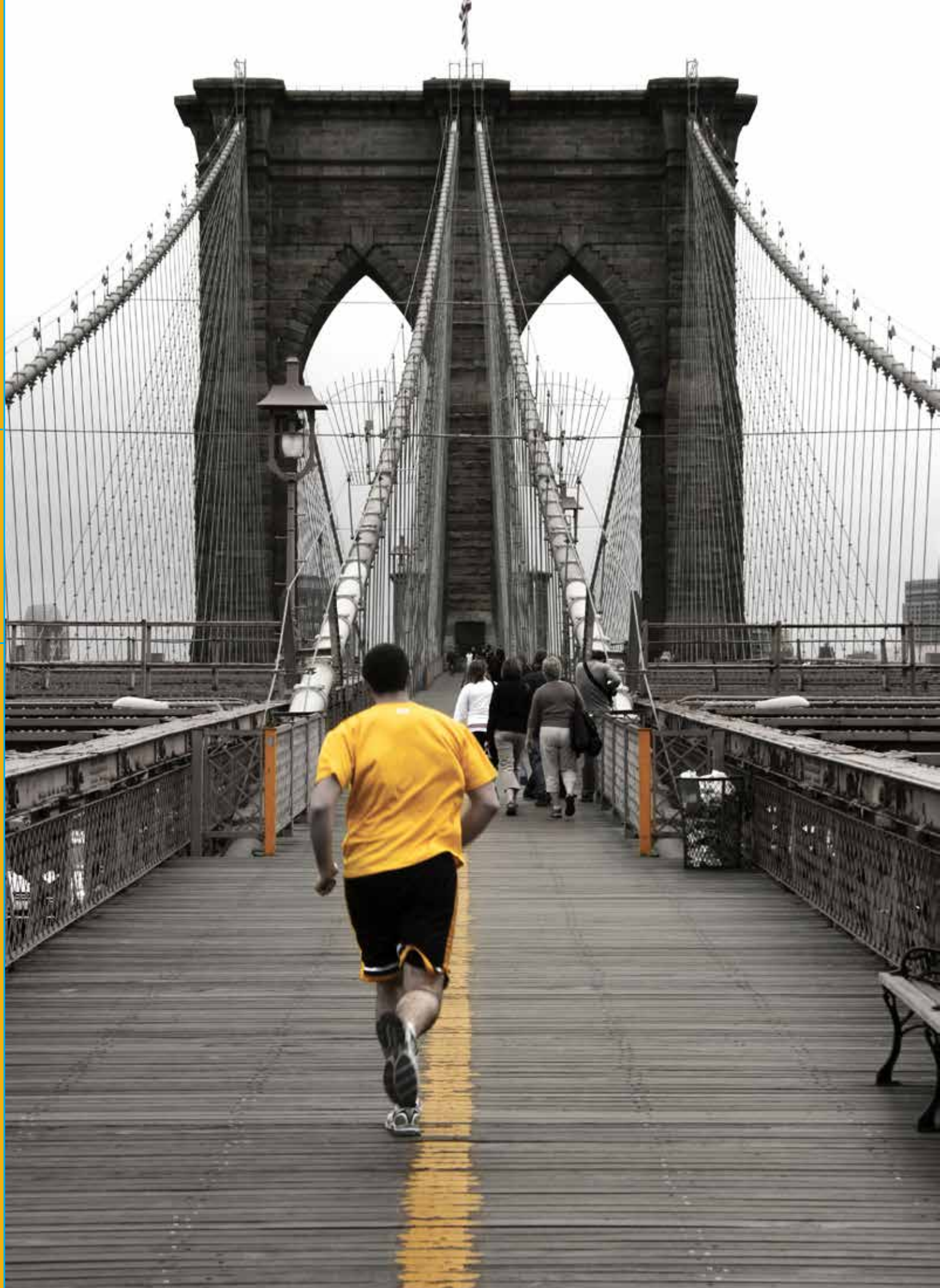
52 Duane Street
212-423-3901

AdvantageCare Physicians Brooklyn Heights

195 Montague Street, Floor 2
212-423-3901

AdvantageCare Physicians Flushing

140-15 Sanford Ave., Suite A, Area G
800-447-0752



About Your Summary of Benefits and Coverage (SBC)

This brochure lists some of the benefits that each plan offers. Your Summary of Benefits and Coverage gives you more important information about your plan, so you can make informed decisions for you and your family. Your SBC includes:

- What your plan covers.
- What (if any) cost-sharing responsibilities you have. This includes copays, deductibles, and coinsurance.

For your Summary of Benefits and Coverage, sign on to **emblemhealth.com/city**.

If you prefer a printed copy, call us at the number listed below for your plan. The printed SBC is available to you free of charge.

Our hours are 8 am to 6 pm, Monday to Friday. A Customer Service representative will be happy to help.

- HIP HMO Preferred Gold Line plan: **833-CNY-GOLD (833-269-4653) (TTY: 711)**
- HIP Prime POS plan: **800-447-8255 (TTY: 711)**
- Vytra plan: **866-409-0999 (TTY: 711)**
- GHI CBP and DC37 Med-Team plans: **800-624-2414 (TTY: 711)**
- GHI HMO plan: **877-244-4466 (TTY: 711)**

VIP Premier (HMO) Medicare and GHI Senior Care plans: SBCs are not available for these plans on **emblemhealth.com/city**. For printed details of your plan benefits, please call:

- VIP Premier (HMO) Medicare plan: **877-344-7364 (TTY: 711)**
- GHI Senior Care plan: **800-624-2414 (TTY: 711)**

Our hours are 8 am to 8 pm, seven days a week. A Customer Service representative will be happy to help.

For the policy form number(s) for each of the above-referenced plans, please refer to the end of the respective sections of the brochure.

ATTENTION: Language assistance services, free of charge, are available to you. Call **1-877-411-3625** (TTY/TDD: **711**).

Español (Spanish)

ATENCIÓN: Usted tiene a su disposición, gratis, servicios de ayuda para idiomas. Llame al **1-877-411-3625** (TTY/TDD: **711**).

中文 (Traditional Chinese)

注意：我們免費提供相關的語言協助服務。請致電 **1-877-411-3625** (TTY/TDD: **711**)。

Русский (Russian)

ВНИМАНИЕ! Вам доступны бесплатные услуги переводчика. Звоните по тел. **1-877-411-3625** (служба текстового телефона TTY/TDD: **711**).

Kreyòl Ayisyen (Haitian Creole)

ATANSYON: Gen sèvis èd nan lang gratis ki disponib pou ou. Rele nimewo **1-877-411-3625** (TTY/TDD: **711**).

한국어 (Korean)

주의: 귀하에게 언어 지원 서비스가 무료로 제공됩니다. **1-877-411-3625**(TTY/TDD: **711**)번으로 전화하십시오.

Italiano (Italian)

ATTENZIONE: sono disponibili servizi gratuiti di assistenza linguistica. Chiami il numero **1-877-411-3625** (TTY/TDD: **711**).

אידיש (Yiddish)

אכטונג: שפראך הילף סערוויסעס, אהן קיין פרייז, זיינען דא צו באקומען פאר אייך. רופט **1-877-411-3625** (TTY/TDD: **711**).

বাংলা (Bengali)

মনোযোগ দিন: ভাষা সহায়তা পরিষেবাগুলি আপনার জন্য বিনামূল্যে উপলব্ধ আছে। **1-877-411-3625** (TTY/TDD: **711**) নম্বরে ফোন করুন।

Polski (Polish)

UWAGA: dostępna jest bezpłatna pomoc językowa. Prosimy zadzwonić pod numer **1-877-411-3625** (TTY/TDD: **711**).

العربية (Arabic)

يرجى الانتباه: تتوفر لك خدمات المساعدة اللغوية مجاناً، اتصل على الرقم **1-877-411-3625** أو (TTY/TDD: **711**).

Français (French)

ATTENTION : une assistance d'interprétation gratuite est à votre disposition. Veuillez composer le **1-877-411-3625** (TTY/TDD : **711**).

اردو (Urdu)

وجہ دیں: آپ کے لیے زبان سے متعلق اعانت کی خدمات، مفت دستیاب ہیں۔ 1-877-411-3625 (TTY/TDD: 711) پر کال کریں۔

Tagalog (Tagalog)

NANANAWAGAN NG PANSIN: Mayroon kang magagamit na mga serbisyo para sa tulong sa wika nang walang bayad. Tawagan ang **1-877-411-3625** (TTY/TDD: **711**).

Ελληνικά (Greek)

ΠΡΟΣΟΧΗ: Διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε το **1-877-411-3625** (για άτομα με προβλήματα ακοής (TTY/TDD): **711**).

Shqip (Albanian)

VINI RE: Shërbime ndihmore për gjuhën, falas, janë në dispozicionin tuaj. Telefononi në **1-877-411-3625** (TTY/TDD: **711**).

NOTICE OF NONDISCRIMINATION POLICY

EmblemHealth complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. EmblemHealth does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

EmblemHealth:

- Provides free aids and services to people with disabilities to help
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose first language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call member services at **1-877-411-3625** (TTY/TDD: **711**).

If you believe that EmblemHealth has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with EmblemHealth Grievance and Appeals Department, PO Box 2844, New York, NY 10116, or call member services at **1-877-411-3625**. (Dial **711** for TTY/TDD services.) You can file a grievance in person, by mail or by phone. If you need help filing a grievance, EmblemHealth's Grievance and Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office of Civil Rights electronically through the Office of Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at **U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201; 1-800-368-1019**, (dial **1-800-537-7697** for TTY services).

Complaint forms are available at hhs.gov/ocr/office/file/index.html.



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