EmblemHealth

VIP PREMIER MEDICARE HMO PLAN
2019 Cost-Sharing Guide
For Medicare Members

Benefits	Your Cost-Sharing
Deductible – The amount you pay before your plan starts to pay.	$0
Maximum out-of-pocket – The most you will have to pay for services. This does not include prescription drugs.	$6,700 per year. This includes copays and deductibles.

Inpatient Hospital Coverage	
Inpatient hospital coverage* – You pay this amount if you are admitted to a hospital.	$50 per day for days 1-5 $0 per day for days 6-90

Outpatient Hospital Coverage	
Ambulatory surgery*	$50
Outpatient surgery*	$150
Renal (Kidney) dialysis	10%

Doctor Visits	
Primary care provider	$0 per visit
Specialist	$10 per visit
Routine foot care	$10 per visit
Chiropractic care*	$10 per visit

Preventive Care (e.g., annual physical exam, flu, and pneumonia vaccines)	Covered in full

Emergency Care	$90 per visit $0 if admitted within 1 day $50 Worldwide coverage per visit

Urgently Needed Services	$10 per visit

Diagnostic Services/Labs/Imaging*	
Diagnostic services including MRIs, MRAs, PET and CAT scans	$50
Lab tests	$0
X-ray	$10
Radiation therapy	$50

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Hearing Services	
Medicare-covered hearing exam	$10
Routine hearing exam	$10 per yearly visit
Hearing aid	Plan pays up to $500 toward the purchase of a hearing aid every 36 months.

Dental Services	
Medicare comprehensive dental care	$10
Preventive dental care	Not Covered
Comprehensive dental care	Not Covered
Dental Discount	$5 for one examination (comprehensive or periodic) every 6 months $10 per visit for one prophylaxis (cleaning) every 6 months Additional services, including but not limited to X-rays, fillings, crowns or dentures will be provided at a discounted rate subject to a fee schedule.

Vision Services	
Routine eye exam	$15 per yearly visit
Medicare-covered eyewear	$0 if you get a new prescription as a result of cataract surgery
Routine eyewear	$0 for one pair of eyeglasses or contact lenses per year.

Mental Health Services*	
Inpatient: no limit in a general hospital; 190-day lifetime limit in a psychiatric facility.	$50 per day for days 1-5 $0 per day for days 6-90
Outpatient mental health therapy	$10 per visit

Skilled Nursing Facility*	
Nursing home following hospital stay Up to 100 days per benefit period	$0 per day for days 1-20 $50 per day for days 21-100 Prior hospital stay not required

Substance Abuse Services*	
Outpatient alcohol and substance abuse therapy	$10 per visit

Rehabilitation Therapies*	
Physical therapy	$10 per visit
Speech therapy	$10 per visit

Occupational therapy	$10 per visit
Cardiac/pulmonary rehabilitation	$10 per visit
Supervised Exercise therapy (SET-PAD)	$10 per visit

Transportation	
Ground ambulance	$50 per trip
Routine transportation	Not Covered

Part B Drugs*	10% of the cost

Prescription Drug Coverage					
Tier Level	**Deductible**	**Initial Coverage $0 - $3,820 / 30-day supply**		**Coverage Gap Over $3,820**	**Catastrophic Over $5,100**
	You Pay	**At Preferred Pharmacies**	**At Standard Pharmacies**	**You Pay**	**You Pay**
Tier 1: Preferred Generic	$0	$0	$5	$0/$5	$3.40 or 5% of the cost
Tier 2: Generic	$0	$10	$15	$10/$15	$3.40 or 5% of the cost
Tier 3: Preferred Brand	$0	$40	$47	$40/$47	$8.50 or 5% of the cost
Tier 4: Non-Preferred Drug	$0	23%	25%	23%/25% of the cost	$3.40, $8.50 or 5% of the cost
Tier 5: Specialty Tier	$0	33%	33%	33% of the cost	$3.40, $8.50 or 5% of the cost

Other Benefits	
Durable Medical Equipment (DME)*	10% of the cost
Diabetic Supplies and Services	$0
Home health care (non-custodial)*	$0
Acupuncture	Not Covered
Fitness Benefit - SilverSneakers®	Not Covered

Hospice Care	Not Covered
Private Duty Nursing	Not Covered
Over the Counter Medication (OTC)	Not Covered

IMPORTANT INFORMATION

*You can find a full list of the preventive services in your Evidence of Coverage (EOC) at **emblemhealth.com/Medicare**.*
** Prior Authorization rules may apply.*

All services covered in this cost-sharing guide are subject to medical necessity review.

HIP Health Plan of New York (HIP) is an HMO plan with a Medicare contract. Enrollment in HIP depends on contract renewal. HIP is an EmblemHealth company.
For an actual description of your benefits, including exclusions, limitations or specific conditions see your 2019 Medicare Plan EOC. In the event of a discrepancy between the information contained in the guide and the provisions of your 2019 Medicare EOC, the specific provisions of the EOC shall prevail over the cost-sharing guide.

*This information is not a complete description of benefits. Call **877-344-7364 (TTY: 711)** for more information.*

*If you have questions, or want to request a copy of the EOC, call Customer Service at **877-344-7364 (TTY: 711)**. Our hours are 8 a.m. to 8 p.m., seven days a week. Or, visit us at **emblemhealth.com/medicare**.*

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