

VIP® PREMIER (HMO) MEDICARE (FORMERLY HIP VIP MEDICARE)



The VIP® Premier (HMO) Medicare plan is available to residents of Manhattan, Brooklyn, Bronx, Staten Island, Queens, Nassau, Suffolk, Westchester, Rockland and Orange counties. If you or your spouse is enrolled in Medicare Parts A & B, you can sign up to join the VIP® Premier (HMO) Medicare plan. You will get all the benefits covered under Medicare, plus extra benefits provided by EmblemHealth.

At a Glance

Plan Type:	Medicare HMO
Geographic Service Area	Manhattan, Brooklyn, Bronx, Staten Island, Queens, Nassau, Suffolk, Westchester, Rockland and Orange counties
Contact Information	1-877-344-7364 Representatives are available Monday through Friday 8:00 a.m. to 5 p.m.
Web Site	www.emblemhealth.com/city Now available in English, Spanish, Chinese and Korean.

As a member of the VIP® Premier (HMO) Medicare plan, you can choose a primary care physician (PCP) practicing in his or her private office located throughout the New York metropolitan area. You may visit your PCP as often as you need.

Your PCP can also refer you to the right specialists for treatment and services. You and your dependents will be covered for in-network hospital and health services that include routine exams, health screenings, X-rays, mammography services, home care, urgent care, mental health services, a preventive dental program and more. Any medical care – except for covered emergencies or urgently needed care out of the area – that is not provided by your PCP or allowed by EmblemHealth will not be covered by either EmblemHealth or Medicare.

Retirees who get prescription drug coverage through their union welfare fund are not entitled to prescription coverage under the HIP VIP plan.

PRESCRIPTION DRUG COVERAGE THROUGH OPTIONAL RIDER ONLY

Drugs prescribed by your doctors must be received through HIP participating pharmacies. Retirees in union welfare funds where prescription drugs are not covered will automatically get the following prescription drug benefit:

Preferred Retail: \$10 copay for preferred formulary generic drugs – 30-day supply; \$15 copay for preferred formulary brand drugs – 30-day supply; \$100 copay for non-preferred generic and brand drugs; 25% coinsurance for specialty formulary, generic and brand drugs.

Mail Order: \$15 copay for preferred formulary generic drugs – 90-day supply; \$22.50 copay for preferred formulary brand drugs – 90-day supply; \$100 copay for non-preferred formulary and brand drugs; 25% coinsurance specialty for formulary generic and brand drugs.