

Quick Start Guide to Your Benefits

HMO Millennium

Welcome to the EmblemHealth HMO Millennium plan. We are here to help you get the most from your health care benefits. Here's what you need to know to get started:

Your Network and Your Doctor

You have in-network coverage only. As an HMO member, you must choose a primary care physician (PCP) who participates with the Millennium Network. This doctor will coordinate your care. Your benefits will be covered only if you see health care professionals in this network. If you see someone outside the network, you may have to pay the costs yourself. Emergency services that you receive in a hospital (e.g., hospital emergency room) are covered in- and out-of-network. A network is a group of health care professionals and facilities that contract with EmblemHealth. They provide covered products and services to members.

Be sure to check with your doctors to see if they participate in the EmblemHealth Millennium Network at all locations. You can use EmblemHealth's online directory to find a list of participating professionals. For more information about the network and your plan, see "How Your Coverage Works" in your Contract.

Choose a Network Doctor

- Go to emblemhealth.com/findadoctor.
- Choose your plan and click Search.
- Choose the doctor or type of doctor you're looking for, search by location or name, and click Search.
- You'll see a list of doctors. Read their profiles and find one who best meets your needs.

You can also request a paper directory by calling Customer Service (**800-447-8255**; **TTY: 711**). Our hours are 8 am to 6 pm, Monday through Friday. A Customer Service representative will be happy to help.

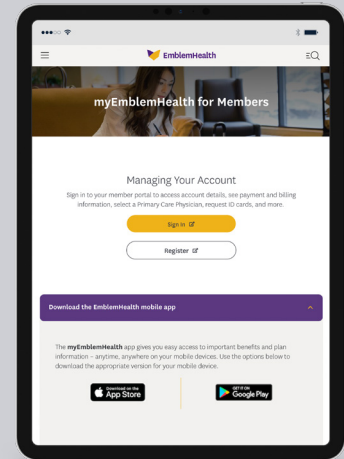
Referrals

You need written or electronic permission from your PCP before receiving care from a specialist. This is called a referral. Specialists are doctors such as allergists and dermatologists who provide services other than primary care. You do not need a referral for the following services:

- Primary and preventive care.
- Preventive and primary obstetric and gynecologic (GYN) care.
- Chiropractic services.
- Refractive eye exams from an optometrist. This is covered for dependents/children until the end of the month they turn 19.
- Outpatient mental health services.
- Diabetic eye exams from an ophthalmologist.



myEmblemHealth: Our member portal



Go paperless! Keep your health care information online in one secure, convenient place. It's easy — just set up an account on our member portal — **myEmblemHealth**.



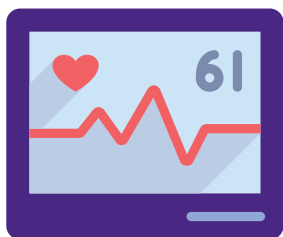
Simply go to emblemhealth.com/sign-in, click **Register**, and fill in the required information. You'll have immediate access to your account, and will be able to see your plan benefits, find doctors and hospitals, choose a primary care doctor, request a member ID card, and much more.

On the go? Download our mobile app: **myEmblemHealth**.



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Check out the Health Assessment (HA) tool on our member portal. To sign in, enter your user ID and password, find the “Manage Your Health” tab, and click on “Health Assessment.”

This tool gives you a “snapshot” of your current health based on how you answer the questions. You will get a personalized report with tips for improving and maintaining your health, and preventing serious illness.

Your results are confidential, but you can share them with your doctor when talking about your health care.

Need a Doctor? Consider AdvantageCare Physicians

AdvantageCare Physicians (ACPNY), part of the EmblemHealth family of companies, is a primary and specialty care practice that cares for the whole you. This means ACPNY doctors and providers consider the physical, mental, and lifestyle factors that affect your health.

With offices in all five boroughs (includes BronxDocs, an affiliate of ACPNY) and on Long Island, ACPNY offers convenient hours and same- and next-day appointments in many offices, along with related services, such as lab and radiology. Go to acpny.com to see a full list of services and locations.

Plus, ACPNY offers services that improve your care experience, including easy referrals. You’ll leave your office visit with a printed, approved referral in-hand. And, your referring specialist will already have it when you arrive for your appointment. It’s that easy.

To see a full listing of doctors and facilities in your network, go to “Find a Doctor” on emblemhealth.com.

Prior Approval

Some inpatient and outpatient services require prior approval by EmblemHealth before you receive them. Your network provider will contact EmblemHealth to take care of this for you. Examples of these services are: inpatient non-emergency procedures; outpatient surgery; home health care; hospice care; and outpatient physical, occupational and speech therapies. See your Contract for a full list of services that require prior approval.

Preventive Care

In-network preventive care services described in your Contract are covered in full and not subject to any cost-sharing when you use a Prime Network professional. These services include routine checkups, immunizations, gynecologic exams, mammograms, well-baby care, and prescription birth control for women.

Your Deductible

A deductible is the amount you pay before your plan starts to pay. Some services, like checkups, don’t require a deductible. For others, once you reach this amount, your plan shares the costs for your care. Your Schedule of Benefits has more details.

Keep Your Costs Down

Because out-of-network services (except emergency care) are not covered, seeing doctors and using hospitals only in the Millennium Network helps to keep your costs lower. If you need a procedure and it’s not an emergency, be sure the doctor or place where you are being treated has contacted us for approval first.

After you meet the deductible, you may have either a copay or coinsurance. A copay is the amount you pay for health services each time you use them. Coinsurance is the percentage you pay for health services, after your deductible, when your insurance plan begins to pay. These will depend on where you get care. Check your Schedule of Benefits for details.

What You Pay: Maximum

Copays, coinsurance, and deductibles go toward the maximum you pay. Once you reach this limit, your plan pays for covered services in full.

Lab Tests: Quest Diagnostics

Quest Diagnostics is our preferred lab. If you have lab tests in your doctor’s office, make sure they are sent to Quest. If you need to go to Quest for tests, you can set up an appointment online at questdiagnostics.com/appointment or by calling **888-277-8772**. No appointment? Walk-ins are always welcome.

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Pharmacy

Your plan covers a wide range of prescription drugs. Visit emblemhealth.com/resources/pharmacy/drugs-covered to see a list of covered drugs under your plan's formulary.

This plan has a three-tier design. This means your copays are usually lowest when you use generic drugs (Tier 1), higher when you use brand-name drugs on the formulary (Tier 2), and highest when you use brand-name drugs not on the formulary (Tier 3).

Telehealth: \$0 Copay

Your plan covers online consultations between you and health care professionals who participate in our telemedicine program for non-emergency medical conditions. Based on your plan's start or renewal date, telemedicine copays for a physician will be \$0. To get started, visit emblemhealth.com/live-well/plan-benefits/telehealth or search "Teladoc" to download the iOS or Android app.

Vision

Vision services are administered by EyeMed with CPS Optical. To reach an EyeMed Customer Service representative, call **877-324-6211 (TTY: 711)**, Monday to Saturday, 7:30 am to 11 pm or Sunday, 11 am to 8 pm. You can find more information on EyeMed's website at eyemed.com.

Dental Benefits

Dental services are administered by DentaQuest. To reach a DentaQuest Customer Service representative, call **844-776-8743 (TTY: 711)**, Monday to Friday, 8 am to 5 pm. You can find more information on DentaQuest's website at dentaquest.com.

Acupuncture

We take a holistic approach to health. That's why we offer an acupuncture benefit. Acupuncture can help the body heal naturally. It can be added to treatment you are already following. Or, it can be used in place of treatment for pain related to many types of conditions. Acupuncture is inserting needles, applying heat, or applying electrical stimulation to specific parts of the body to help the healing process. We've partnered with American Specialty Health, Inc. (ASH) to bring this new benefit to you. Acupuncture visits are available through ASH at no cost to you - 12-visit limit per calendar year. You don't need to meet your deductible to use this benefit. To speak with an ASH Customer Service representative, call **800-678 9133 (TTY: 711)**. Their hours are Monday to Friday, 7 am to 9 pm. You can find more information at emblemhealth.com/live-well/plan-benefits/acupuncture-benefit.

Neighborhood Care Provides Support and Wellness in the Neighborhood

EmblemHealth Neighborhood Care locations provide in-person customer support, help in gaining access to community resources, and health and wellness programs.

From learning a language to fitness classes to diabetes management and much more — at no cost! Now with 12 locations, and new locations coming soon. Visit emblemhealth.com/neighborhood for locations and hours.

Questions? Call the Customer Service number on the back of your member ID card (TTY: 711), Monday to Friday, 8 am to 6 pm (excluding major holidays).

