



TAKING CARE OF HEALTH CARE

Plans for Federal Employees and Retirees

GHI: Standard Option and **new** High Deductible Health Plan (HDHP).
HIP: Standard Option, HIP High Option, and Medicare Advantage Plans.

2020



EmblemHealth offers quality, affordable health plans, convenient community resources, and access to top doctors and hospitals across the tristate area. As a New York company, EmblemHealth has a long history of insuring federal employees and retirees living in New York, New Jersey, and Pennsylvania.

We're committed to creating healthier futures for our members and our community.

Choose EmblemHealth

When you choose a Federal Employees Health Benefits (FEHB) health care plan for 2020, consider our GHI Standard Option and new High Deductible Health plans.

- The GHI Standard Option plan includes codes 804, 805, and 806.
- The High Deductible Health plan (HDHP) includes codes 811, 812, and 813.
- To enroll in either the GHI Standard Option or High Deductible Health plan, follow your agency's standard enrollment procedure. Be sure to include the GHI plan enrollment codes shown inside this brochure.
- If you are already enrolled in our GHI Standard Option plan, you don't need to do anything. You will continue to be covered through the end of 2020.

Questions? Call **800-624-2414 (TTY: 711)**, 8 am to 6 pm, Monday to Friday. A Customer Service representative will be happy to help.

GHI Standard Option Plan

This is our in-network plan — that means you can get care from our large network of quality doctors, including specialists, without a referral. A network is a group of health care professionals and facilities that contract with EmblemHealth. They provide covered products and services to members. You'll usually pay less when you use your network. No referral means you don't need permission from your doctor to see a specialist.

In most cases, a copay will be your only out-of-pocket cost. A copay is the amount you pay for health services each time you use them.



Benefit Highlights for the GHI Standard Option Plan

The following is a summary of the benefits offered through the GHI Standard Option plan. Rate information can be found on page 7.

Plan Choices	Standard Option In-Network Copay	Standard Option Out-of-Network Copay
Primary care physician (PCP) office visit	\$50/\$10 (subscriber/dependent)	Not covered
Specialist office visit	\$50/\$10 (subscriber/dependent)	Not covered
Diagnostic lab/X-ray	\$50	Not covered
Preventive care routine physical exam	\$0	Not covered
Well-child care	\$0	Not covered
Women's wellness services	\$0	Not covered
Acupuncture	\$50	Not covered
Outpatient mental health	\$0	Not covered
Urgent care	\$50	Not covered
Ambulance	You pay all charges after \$100	Not covered
Prescription drugs	\$15 generic/\$50 brand/\$100 non-formulary; 25% coinsurance up to \$200 maximum per prescription for specialty drugs	Not covered
Inpatient care	\$500 per day to a maximum of \$1,000 (subscriber/dependent)	Not covered
Emergency room	\$200 copay (waived if admitted)	\$200 copay (waived if admitted)
Ambulatory surgery	\$175	Not covered

For your detailed Summary of Benefits and Coverage (SBC), visit emblemhealth.com/federal-employees. You can also request a free printed copy of the SBC by calling the number on the back of your member ID card, 8 am to 6 pm (TTY: **711**), Monday to Friday. Your SBC shows what your plan covers and what (if any) cost-sharing responsibilities you have.

For complete details about the benefits available through these plans, please read the federal brochure RI 73-007.

GHI High Deductible Health Plan (HDHP)

Our High Deductible Health Plan provides comprehensive coverage for catastrophic (high-cost) illnesses (like cancer, heart attack, or stroke).

The HDHP plan is an in-network-only plan. That means you can get care from our large network of quality doctors, including specialists, without a referral. A network is a group of health care professionals and facilities that contract with EmblemHealth. They provide covered products and services to members. No referral means you don't need permission from your doctor to see a specialist.

With the HDHP plan, you are responsible for meeting an annual deductible and coinsurance for most covered services, except for primary care office visits and preventive services.

- **Annual deductible:** The amount you pay before your plan starts to pay.
- **Coinsurance:** The percentage you pay for health services, after your deductible, when your insurance plan begins to pay.

Before you meet your deductible: When you receive covered services from network doctors, you are responsible for paying the allowed charges. Allowed charges are the most your plan will pay for a covered service until you meet the deductible.

After you meet your deductible: EmblemHealth pays allowable charges minus your coinsurance.

You are protected by an **annual catastrophic maximum**. A catastrophic maximum is the amount of out-of-pocket costs you pay for health care expenses when you have a catastrophic illness (like cancer, heart attack, or stroke) before your plan pays.

- After you meet the following copay, coinsurance, and deductible amounts in any enrollment year, you do not have to pay any more for covered services from network providers:
 - \$6,750 per person enrollment
 - \$13,500 per self plus one enrollment
 - \$13,500 per self and family enrollment

Health Savings Account (HSA) or Health Reimbursement Account (HRA)

With the GHI HDHP plan, you can enroll in either a health savings account (HSA) or a health reimbursement arrangement (HRA). Both offer:

- Coverage for costly medical services.
- Greater control over how you use your health care benefits.

Health savings account: An HSA is a tax-free fund that can be used to pay for certain medical and/or pharmacy expenses.

The contributions you make to an HSA are not subject to federal income tax. However, this money **must** be used to pay for certain medical expenses. Any money you don't use in a plan year can be rolled over to be used for future medical costs.

Health reimbursement arrangement: When you participate in an HRA, your employer will credit you for the following health-related costs that are not otherwise covered by the plan:

- Copays
- Coinsurance
- Deductibles
- Prescription drugs
- Other medical services

The credited amounts you get from your employer will be kept in an HSA account that you can use toward future medical costs.

To find out how to enroll in either an HRA or an HSA, visit [emblemhealth.com/federal-employees](https://www.emblemhealth.com/federal-employees).



Benefit Highlights for the GHI High Deductible Health Plan

The following is a summary of the benefits offered through the GHI High Deductible Health Plan. Rate information can be found on the next page.

Plan Choices	HDHP Option In-Network Cost-Share	HDHP Option Out-of-Network Cost-Share
Primary care physician (PCP) office visit	10% of the plan allowance after calendar year deductible is met	Not covered
Specialist office visit	10% of the plan allowance after calendar year deductible is met	Not covered
Diagnostic lab/X-ray	10% of the plan allowance after calendar year deductible is met.	Not covered
Preventive care routine physical exam	\$0	Not covered
Well-child care	\$0	Not covered
Women's wellness services	\$0	Not covered
Outpatient mental health	10% after calendar year deductible is met.	Not covered
Urgent care	10% after calendar year deductible is met	Not covered
Ambulance	Member pays the difference between 100% of the FAIR Health* cost after in-network deductible, coinsurance, and the provider's billed charge.	Not covered
Prescription drugs	Tier 1: \$10 copay Tier 2: 50% coinsurance, up to \$200 Tier 3: 50% coinsurance, up to \$300 Specialty Generic: 50% coinsurance, up to \$350 Specialty Formulary: 50% coinsurance, up to \$350 Specialty Non-Formulary: 50% coinsurance, up to \$700	Not covered
Inpatient care	10% of the plan allowance	Not covered
Emergency room	10% of the plan allowance	\$200 copay (waived if admitted)
Ambulatory surgery	10% of the plan allowance	Not covered

*FAIR Health is a national, independent nonprofit corporation that calculates, develops, and maintains a database of national health care charges. Your cost is determined by deducting your in-network deductible and coinsurance from the FAIR Health charge.

For your detailed Summary of Benefits and Coverage (SBC), visit emblemhealth.com/federal-employees. You can also request a free printed copy of the SBC by calling the number on the back of your member ID card, 8 am to 6 pm (TTY: **711**), Monday to Friday. Your SBC shows what your plan covers and what (if any) cost-sharing responsibilities you have.

For complete details about the benefits available through these plans, please read the federal brochure RI 73-007.

Non-Postal rates apply to most non-Postal employees. If you are in a special enrollment category, contact the agency that maintains your health benefits enrollment. Non-postal rates also apply to all career non-bargaining unit Postal Service employees. Postal rates do not apply to non-career Postal employees, Postal retirees, and associate members of any Postal employee organization who are not career Postal employees.

Postal rates apply to certain United States Postal Service employees as follows:

- **Postal Category 1** rates apply to career bargaining unit employees who are represented by the following agreements: APWU, IT/AS, NALC, NPMHU, and NRLCA.
 - If you are a career bargaining unit employee represented by the agreement with NPPN, you will find your premium rates on liteblue.usps.gov/fehb.
- **Postal Category 2** rates apply to career bargaining unit employees who are represented by the PPOA agreement.

If you are a Postal Service employee and have questions or require assistance, please contact USPS Human Resources Shared Service Center: **877-477-3273**, choose option 5; Federal Relay Service: **800-877-8339**

Premiums for Tribal employees are shown under the monthly non-Postal column. The amount shown under “Your Share” is the maximum you will pay. Your Tribal employer may choose to contribute a higher portion of your premium. Please contact your Tribal Benefits Officer for exact rates.

Service Area includes: GHI Standard Option plan, serving New York City, plus most New York counties, as well as Northern New Jersey.

For further assistance, Postal Service employees should call the Human Resources Shared Service Center at **877-477-3273**, option 5 (TTY: **866-260-7507**).

This plan is only available to individuals who live or work in certain counties. Please see federal brochure RI 73-007 for the counties included in the plan’s service areas.

		NON-POSTAL PREMIUM				POSTAL PREMIUM	
		Biweekly		Monthly		Biweekly	
Type of Enrollment	Enrollment Code	Gov’t Share	Your Share	Gov’t Share	Your Share	Category 1 Your Share	Category 2 Your Share
GHI Standard Option Plan							
Self Only	804	\$235.77	\$227.92	\$510.84	\$493.82	\$224.64	\$214.82
Self and Family	805	\$546.47	\$578.49	\$1,184.02	\$1,253.39	\$570.90	\$548.14
Self Plus One	806	\$501.12	\$574.46	\$1,092.26	\$1,244.66	\$567.46	\$546.45
GHI High Deductible Health Plan							
HDHP Self Only	811	\$234.12	\$78.04	\$507.26	\$169.09	\$74.92	\$64.77
HDHP Self and Family	812	\$511.86	\$170.62	\$1,109.03	\$369.68	\$163.80	\$141.61
HDHP Self Plus One	813	\$501.95	\$167.32	\$1,087.57	\$362.52	\$160.62	\$138.87

Care Where You Live and Work

This plan uses the **National Network**. A network is a group of health care professionals or facilities that contract with EmblemHealth. They provide covered products and services. You'll usually pay less when you use your network.

The National Network includes quality doctors, hospitals, and urgent care centers located throughout the neighborhoods of all five New York City boroughs,* plus Nassau, Suffolk, Westchester, Rockland, and Orange counties. It also includes covered access across all 50 states.

With a GHI Standard and HDHP plan, you have coverage at top-ranked area hospitals, including:

- Lenox Hill Hospital
- Memorial Sloan Kettering Cancer Center
- Montefiore Medical Center
- Northwell Health
- NYU Langone Medical Center
- Staten Island University Hospital
- St. Barnabas Hospital Medical Center

AdvantageCare Physicians

We Care for the Whole You. Complete health starts with a complete picture of you: your health history, your daily habits, your ups and downs.

At AdvantageCare Physicians, we get to know the whole you.

- **We're in your neighborhood:** With locations in all five boroughs* and Long Island, we have an office near where you live, where you work, and in between.
- **Our care is comprehensive:** Across our practice, you'll find access to diagnostic, lab, and other services that give you access to convenient, complete care.
- **We get to know you:** Your Primary Care Provider leads a Care Team that shares all information about your care. Together, they make sure you get the right type of care when you need it.
- **With us, you're connected:** Through your **myACPNY** patient portal account, information and history about your care is safely shared across our entire practice, so your records go wherever you go.

For more information about AdvantageCare Physicians, visit acpny.com.

*BronxDocs is an affiliate of AdvantageCare Physicians.



East New York
medical office



Neighborhood Care

Wellness is about much more than just your physical health. It's about the different dimensions of wellness, including physical, financial, intellectual, social, and emotional.

EmblemHealth Neighborhood Care offers in-person customer services to help you navigate your total health, including free health and wellness classes, and resources to manage your health — right in your neighborhood.

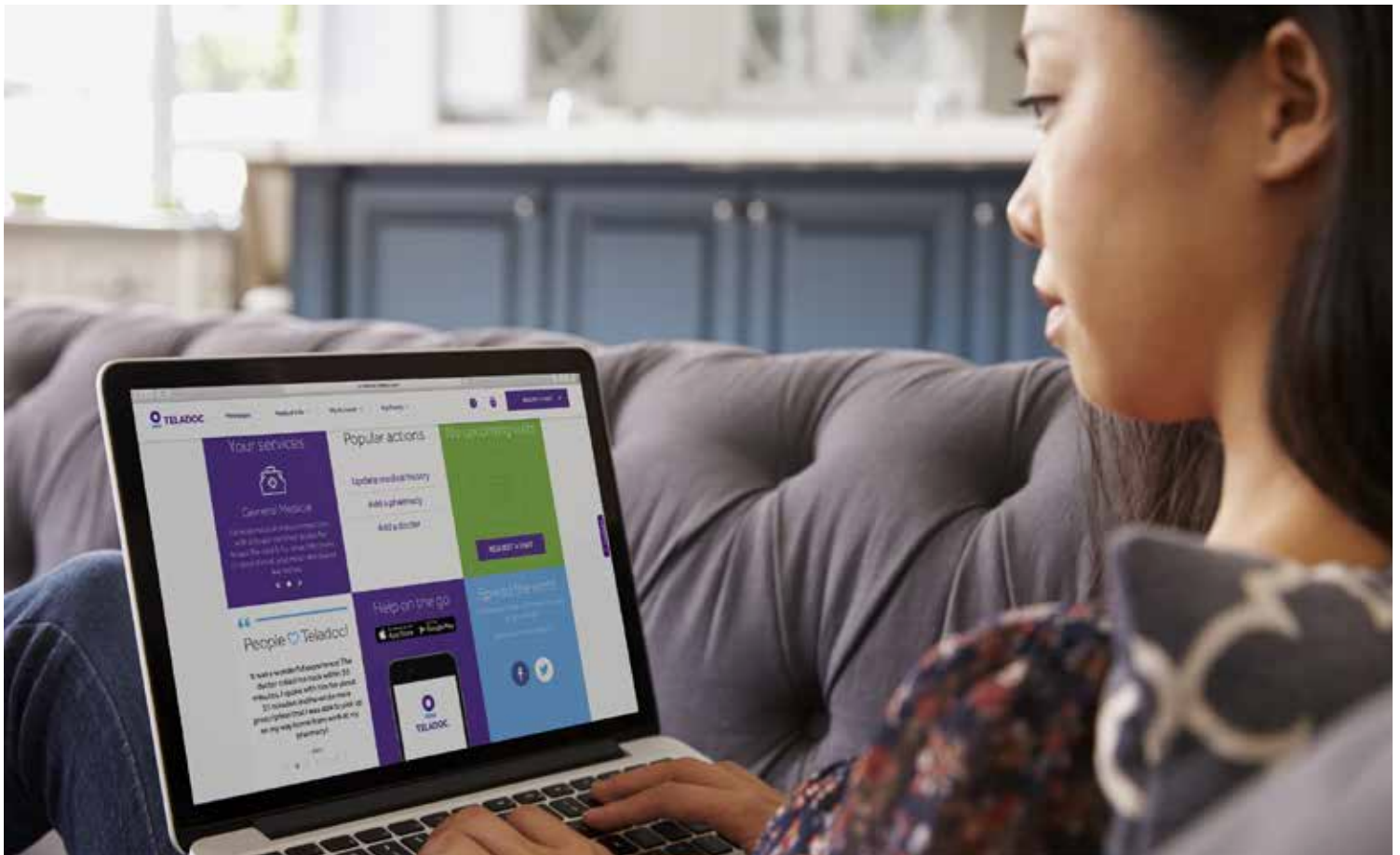
There are 10 Neighborhood Care locations across Manhattan, Queens, Brooklyn, and Staten Island (with more coming soon). Each EmblemHealth Neighborhood Care is tailored to the unique needs of your community, with different programs and classes in each location.

Our free classes and programs include:

- Zumba
- Chair Yoga
- Tai Chi
- Art Therapy
- Diabetes Management
- Cell Phone Literacy
- Spanish 101
- Support Groups

Neighborhood Care isn't just for EmblemHealth members; we're a resource for the entire community. Members and non-members alike can visit Neighborhood Care and take advantage of our classes, tools, and face-to-face support.

Visit emblemhealth.com/neighborhood for upcoming classes and programs at Neighborhood Care.



Telemedicine through Teladoc[®]

for GHI Standard Option Plan Members Only

Your Virtual Office Visit

Use telemedicine to get non-urgent medical care. It's convenient, immediate, and available 24 hours a day, 365 days a year. Use your phone, computer, or mobile device.

Talk to doctors who practice primary care, family care, and more. Telemedicine doctors can prescribe certain medicines.

Telemedicine is in-network care. There's only a \$10 copay — the set amount you pay for health services each time you use them.



When should you use Teladoc?



Teladoc

Use Teladoc anytime, anywhere for non-emergency conditions like the flu, psoriasis, and more.



Family Doctor

Your primary care doctor (PCP) is ideal for annual exams and ongoing medical conditions needing regular monitoring.



Urgent Care

Use an urgent care clinic when you need an in-person visit for conditions like earaches, sprains, or minor cuts.



ER

Go to the ER if you need emergency medical care for severe conditions like chest pain, burns, or broken bones.

Your Health and Wellness Are Important to Us

We know good health is worth holding onto. That's why we want to make staying healthy as easy as possible for you, with programs, tools, and more to help you stay fit and enhance your quality of life.

In addition to your doctor's care, you may have access to the following services when you enroll in this plan to help you and your enrolled family members stay healthy.

To see the full list, visit emblemhealth.com/live-well.

- Heart disease support.
- Diabetes support.
- Preventive cancer screenings.
- Domestic violence victim support and resources.
- Pregnancy management and support after giving birth.
- Help to stop smoking.
- Chronic obstructive pulmonary disease (COPD) support.
- Checkups and immunizations for children and adults.



Healthy Discounts

Just for being an EmblemHealth member, you get access to discounts on health-related services. From weight loss to massage therapy, we're here to make sure you get what you need at an affordable price.

- **Weight loss services:** Save on programs including Jenny Craig® and Nutrisystem®.
- **Health club memberships:** We've partnered with American Specialty Health to give you discounted health club membership rates.
- **Massage therapy:** Save up to 25% on therapeutic massage.
- **Acupuncture therapy:** Save up to 25% on acupuncture therapy.
- **Registered dietitians:** Save up to 25% on nutrition counseling from credentialed dietitians.
- **Vitamins and natural supplements:** Order online and save up to 45%.
- **Hearing care:** Save on hearing aid purchases and get other discounts through HearX, HearUSA, and Amplifon centers. At Amplifon centers, you also get a low-price guarantee on hearing aids, free batteries, follow-up care, screenings, and a 60-day trial period with a 100% money-back guarantee.
- **Vision Affinity discount program:** Discounts on certain vision care services at participating EyeMed centers.
- **Laser vision care:** Save as much as 15% on laser vision correction.

For more about these services, call us at the number on the back of your member ID card or visit emblemhealth.com/goodhealth.

myEmblemHealth: Your Secure Health Services Website

Having the right information and tools like **myEmblemHealth** can help you stay healthy. **myEmblemHealth** keeps your personal health care information in one convenient and secure place.

To register for **myEmblemHealth**, go to emblemhealth.com/sign-in. The information you enter is secure.

Once you're registered, you can check:

- The status of a claim, approval, or the amount you have paid toward your deductible. A deductible is the amount you pay before your plan starts to pay.
- Descriptions of your health benefits.
- Messages in your secure Message Center. You can also send secure messages to us.
- A list of your covered drugs.

You can also order member ID cards, download forms, and update your email address.



Get Your Documents Online

When you register for **myEmblemHealth**, you can sign up to get your documents online. They will be neatly stored in your secure Message Center on **myEmblemHealth**.

You can choose to get the following:

- Explanations of Benefits (EOBs).
- Alerts about when your claims are processed.
- Personalized information about your health.
- Your plan newsletter.
- Updated information about your coverage and benefits.

Manage Your Health Online

myEmblemHealth has lots of tools to help you take care of your health and meet your personal wellness goals.

- **Health Assessment:** Gives you an overall picture of your health and shows you steps you can take to make healthy lifestyle changes. Both you and your covered dependents can fill out your own individual Health Assessment.
- **Health Action Plans:** These personalized programs help you make healthy choices and manage your health conditions. Each Action Plan is based on your personal choices to help you change things like sleep and nutrition habits or improve your blood pressure and cholesterol. They can last anywhere from a few days to a few weeks, depending on your unique needs.

On the Go! myEmblemHealth Mobile App

With the **myEmblemHealth** mobile app, you have useful benefit and plan information at your fingertips. Sign in to manage your health benefits whenever and wherever you want.

The **myEmblemHealth** app is available for download from the App Store or from Google Play.

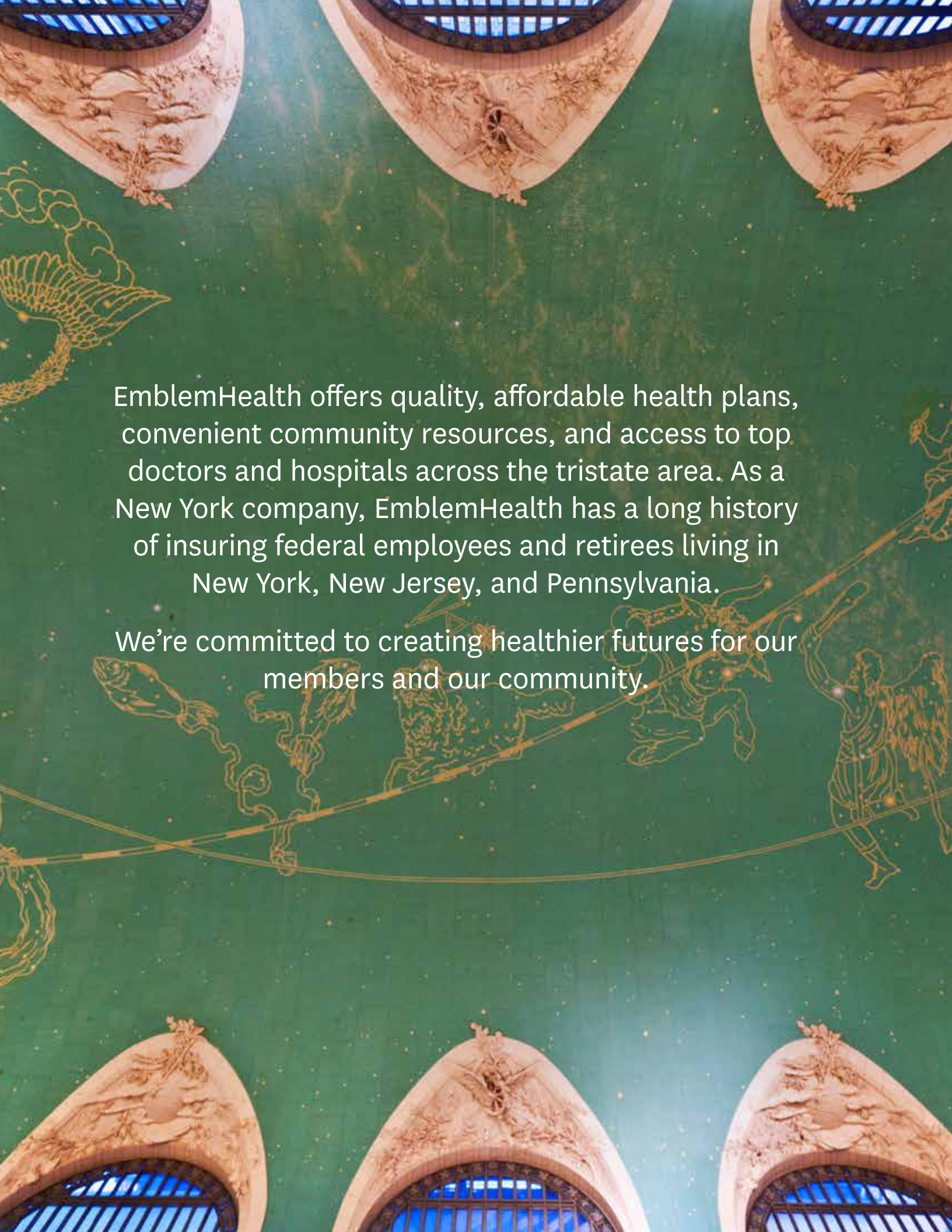






HIP Federal Employees Health Benefits Standard Option, High Option, and Medicare Advantage Plans for Federal Employees and Retirees

2020



EmblemHealth offers quality, affordable health plans, convenient community resources, and access to top doctors and hospitals across the tristate area. As a New York company, EmblemHealth has a long history of insuring federal employees and retirees living in New York, New Jersey, and Pennsylvania.

We're committed to creating healthier futures for our members and our community.

Choose EmblemHealth

When you choose a Federal Employees Health Benefits plan for 2020, consider one of our EmblemHealth plans.

As a federal employee, you can enroll in our HIP Standard Option or HIP High Option plan.

- Both plans offer a wide range of benefits and services, in addition to a network of health care professionals throughout the tristate region.

If you're already enrolled in our HIP Standard Option or HIP High Option plan, you don't need to do anything. You will continue to be covered through the end of 2020.

To enroll in either the Standard or High Option plan:

- Follow your agency's enrollment procedure.
- If you are enrolling in the Standard Option plan, include the Standard Option enrollment codes on page 21 of this brochure.
- If you are enrolling in the High Option plan, include the High Option enrollment codes on page 21 of this brochure.

If you're enrolled in the HIP High Option plan, eligible for Medicare, and have Parts A and B, you can choose our EmblemHealth Medicare Advantage plan.

To enroll in the EmblemHealth Medicare Advantage plan:

- Speak to an EmblemHealth Medicare expert or make an appointment. Call **866-640-3856** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (excluding major holidays).
- Ask for a Medicare Advantage enrollment form.
- Complete the form. Leave it with an EmblemHealth Medicare expert during your appointment. Or, mail it to:

EmblemHealth
55 Water Street
New York, NY 10041

If you have questions or need help choosing either plan, call us at 866-640-3856 (TTY: 711), 8 a.m. to 8 p.m., seven days a week (excluding major holidays). A Customer Service representative will be happy to help you.

Connect with the Care You Need

A large network of health care professionals and hospitals

Both our High Option and Standard Option plans use the Prime Network, with over 90,000 doctors, health care professionals, facilities, and 144 hospitals.

A network is 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 your network.

The **Prime Network** covers 28 New York counties, including:

- All five boroughs of New York City (the Bronx, Brooklyn, Manhattan, Queens, and Staten Island).
- Nassau, Orange, Rockland, Suffolk, and Westchester counties.
- Upstate areas that stretch north of Albany.

The **Prime Network** also includes:

- **ConnectiCare HMO Network**, which has 18,000 primary care providers and specialists, and 31 hospitals in all eight counties in Connecticut.
- **QualCare HMO Network**, which has 114,000 primary care providers and specialists, and 65 hospitals in all 21 counties in New Jersey.

You also have coverage at many of the area's most acclaimed hospitals, such as:

- Lenox Hill Hospital
- Montefiore Medical Center
- Hospital for Special Surgery
- NYU Langone Medical Center
- Staten Island University Hospital

Your doctor: A partner in good health

The first thing you should do when you enroll in either the Standard or High Option plan is choose a primary care doctor for yourself and your enrolled family members.

Your primary care doctor is the doctor who provides your everyday care. They help you and your family stay healthy.

Your primary care doctor:

- Provides most of your health and preventive care.
- Refers you to specialists.
- Arranges for hospital admissions, when necessary.

You can change your primary care doctor at any time, by phone or online.

When you call to make an appointment with your doctor, tell them you're a member in EmblemHealth's FEHB Standard or High Option plan.

Remember to bring your member ID card to your appointment.

To see a full list of doctors in your plan, visit [emblemhealth.com/federal-employees](https://www.emblemhealth.com/federal-employees) and use our "Find a Doctor" tool.

AdvantageCare Physicians

We Care for the Whole You. Complete health starts with a complete picture of you: your health history, your daily habits, your ups and downs.

At AdvantageCare Physicians, we get to know the whole you.

- **We're in your neighborhood:** With locations in all five boroughs* and Long Island, we have an office near where you live, where you work, and in between.
- **Our care is comprehensive:** Across our practice, you'll find access to diagnostic, lab, and other services that give you access to convenient, complete care.
- **We get to know you:** Your Primary Care Provider leads a Care Team that shares all information about your care. Together, they make sure you get the right type of care when you need it.
- **With us, you're connected:** Through your **myACPNY** patient portal account, information and history about your care is safely shared across our entire practice, so your records go wherever you go.

For more information about AdvantageCare Physicians, visit acpny.com.

*BronxDocs is an affiliate of AdvantageCare Physicians.



East New York
medical office

Standard Option and High Option Plan Benefit Highlights

This is an overview of each plan's basic features. Use it to help you understand your health care coverage and make decisions about your benefits.

	Standard Option	High Option
Medical Care	You Pay	You Pay
Annual deductible*	\$2,500 (self) \$5,000 (self plus one/family)	\$0
Primary care physician (PCP) office visit	\$30	\$30 (\$0 for dependent children to age 26)
Specialist office visit	\$75 after deductible	\$50 (\$0 for dependent children to age 26)
Preventive Care	You Pay	You Pay
Routine physical exam	\$0	\$0
Women's wellness services	\$0	\$0
Other Services	You Pay	You Pay
Outpatient mental health	\$30 per visit	\$30 per visit (\$0 for dependent children to age 26)
Urgent care	\$75 per visit after deductible	\$30 per visit (\$0 for dependent children to age 26)
Ambulatory surgery	\$150 per visit after deductible	\$150 per visit
Ambulance	\$0	\$0
Prescription drugs	\$25 generic/\$50 brand/\$100 not on the drug list/\$200 specialty drug per prescription. \$300 annual deductible (the amount you pay before your plan starts to pay) for brand drugs only.	\$20 generic/\$40 brand/\$100 not on the drug list/\$200 specialty drug per prescription. \$100 annual deductible (the amount you pay before your plan starts to pay) for brand drugs only.
Hospital Services	You Pay	You Pay
Inpatient care	\$250 per admission after deductible	\$0
Anesthesia	\$0	\$0
Emergency room	\$250 after deductible (waived if admitted)	\$200 (waived if admitted)

*The annual deductible is the amount you pay each year before your plan starts to pay.

For more details about what your plan covers, see the Summary of Benefits and Coverage on emblemhealth.com/federal-employees.

For a printed copy, call **800-447-8255** (TTY: **711**), 8 a.m. to 6 p.m., Monday through Friday.

Read the Federal Employees Health Benefits plan brochure (RI 73-001) available at emblemhealth.com/federal-employees or opm.gov/healthcare-insurance/healthcare.

2020 HIP High Option and Standard Option Enrollment Codes and Rates

Non-Postal rates apply to most non-Postal employees. If you are in a special enrollment category, contact the agency that maintains your health benefits enrollment. Non-postal rates also apply to all career non-bargaining unit Postal Service employees. Postal rates do not apply to non-career Postal employees, Postal retirees, and associate members of any Postal employee organization who are not career Postal employees.

Postal rates apply to certain United States Postal Service employees as follows:

- **Postal Category 1** rates apply to career bargaining unit employees who are represented by the following agreements: APWU, IT/AS, NALC, NPMHU, and NRLCA.
 - If you are a career bargaining unit employee represented by the agreement with NPPN, you will find your premium rates on liteblue.usps.gov/fehb.
- **Postal Category 2** rates apply to career bargaining unit employees who are represented by the PPOA agreement.

If you are a Postal Service employee and have questions or require assistance, please contact USPS Human Resources Shared Service Center: **877-477-3273**, choose option 5; Federal Relay Service: **800-877-8339**

Premiums for Tribal employees are shown under the monthly non-Postal column. The amount shown “Your Share” contribution is the maximum you will pay. Your Tribal employer may choose to contribute a higher portion of your premium. Please contact your Tribal Benefits Officer for exact rates.

For further assistance, Postal Service employees should call the Human Resources Shared Service Center at **877-477-3273**, option 5 (TTY: **866-260-7507**).

		Non-Postal Premium				Postal Premium	
		Biweekly		Monthly		Biweekly	
Type of Enrollments	Enrollment Code	Gov’t Share	Your Share	Gov’t Share	Your Share	Category 1 Your Share	Category 2 Your Share
High Option							
Self Only	511	\$235.77	\$258.56	\$510.84	\$560.21	\$255.28	\$245.46
Self and Family	512	\$546.47	\$875.98	\$1,184.02	\$1,897.96	\$868.39	\$845.63
Self Plus One	513	\$504.12	\$395.21	\$1,092.26	\$856.29	\$388.21	\$845.63

		Non-Postal Premium				Postal Premium	
		Biweekly		Monthly		Biweekly	
Type of Enrollments	Enrollment Code	Gov’t Share	Your Share	Gov’t Share	Your Share	Category 1 Your Share	Category 2 Your Share
Standard Option							
Self Only	YL4	\$235.77	\$139.86	\$510.84	\$303.03	\$136.58	\$126.76
Self and Family	YL5	\$546.47	\$533.52	\$1,184.02	\$1,155.96	\$525.93	\$503.17
Self Plus One	YL6	\$504.12	\$179.07	\$1,092.26	\$387.99	\$172.07	\$151.06

EmblemHealth Medicare Advantage Plan

Are you 65 and ready for Medicare? Close to retirement? Want to make a change in the Medicare plan you have now?

Consider Our Medicare Advantage Plan

Medicare is a national health plan that covers medical care and hospital stays. This plan is usually for people 65 and older. You'll pay \$0 for doctor and hospital visits. And, the 3-tier pharmacy coverage lets you save money.

There is no cost for generic and brand medicines on the drug list (formulary). And, you'll only pay a \$40 copay for medicine not on the drug list. A copay is the amount you pay for services. For more details, see the Medicare Advantage Benefits Summary below.

See if You Qualify

If you are a HIP High Option plan member, you can enroll in our Medicare Advantage plan if you:

- Live in New York City, Nassau, Suffolk, or Westchester counties.
- Are currently enrolled in Medicare Part A (hospital insurance).
- Are currently enrolled in Medicare Part B (medical insurance).

EmblemHealth Medicare Advantage Plan Benefits Highlights

This is just a summary. It does not contain the full details of your plan.

Medical Care	You Pay
Primary care physician (PCP) office visit	\$0
Specialist office visit	\$0
Preventive Care	You Pay
Routine physical exam	\$0
Well-child care	\$0
Women's wellness services	\$0
Other Services	You Pay
Outpatient mental health	\$0
Urgent care	\$0
Ambulatory surgery	\$0
Ambulance	\$0
Prescription drugs	\$0 generic/\$0 brand/\$40 non-formulary (not on the drug list)
Hospital Services	You Pay
Inpatient care	\$0
Anesthesia	\$0
Emergency room	\$0

For more details on what your plan covers, see the Summary of Benefits and Coverage on emblemhealth.com/federal-employees.

For a printed copy, call **800-447-8255** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week.

Read the Federal Employees Health Benefits plan brochure (RI 73-001) available at emblemhealth.com/federal-employees or opm.gov/healthcare-insurance/healthcare.

2020 EmblemHealth Medicare Advantage

Plan Rates

Below are the rates you'll pay biweekly or monthly for health benefits.

		Non-Postal Premium				Postal Premium	
		Biweekly		Monthly		Biweekly	
Type of Enrollments	Enrollment Code	Gov't Share	Your Share	Gov't Share	Your Share	Category 1 Your Share	Category 2 Your Share
EmblemHealth Medicare Advantage HMO							
Self Only	511	\$235.77	\$258.56	\$510.84	\$560.21	\$255.28	\$245.46
Self and Family	512	\$546.47	\$875.98	\$1,184.02	\$1,897.96	\$868.39	\$845.63
Self Plus One	513	\$504.12	\$395.21	\$1,092.26	\$856.29	\$388.21	\$367.20

Ready to enroll? Call 866-640-3856 (TTY: 711), 8 a.m. to 8 p.m., seven days a week (excluding major holidays).





Neighborhood Care

Wellness is about much more than just your physical health. It's about the different dimensions of wellness, including physical, financial, intellectual, social, and emotional.

EmblemHealth Neighborhood Care offers in-person customer services to help you navigate your total health, including free health and wellness classes, and resources to manage your health — right in your neighborhood.

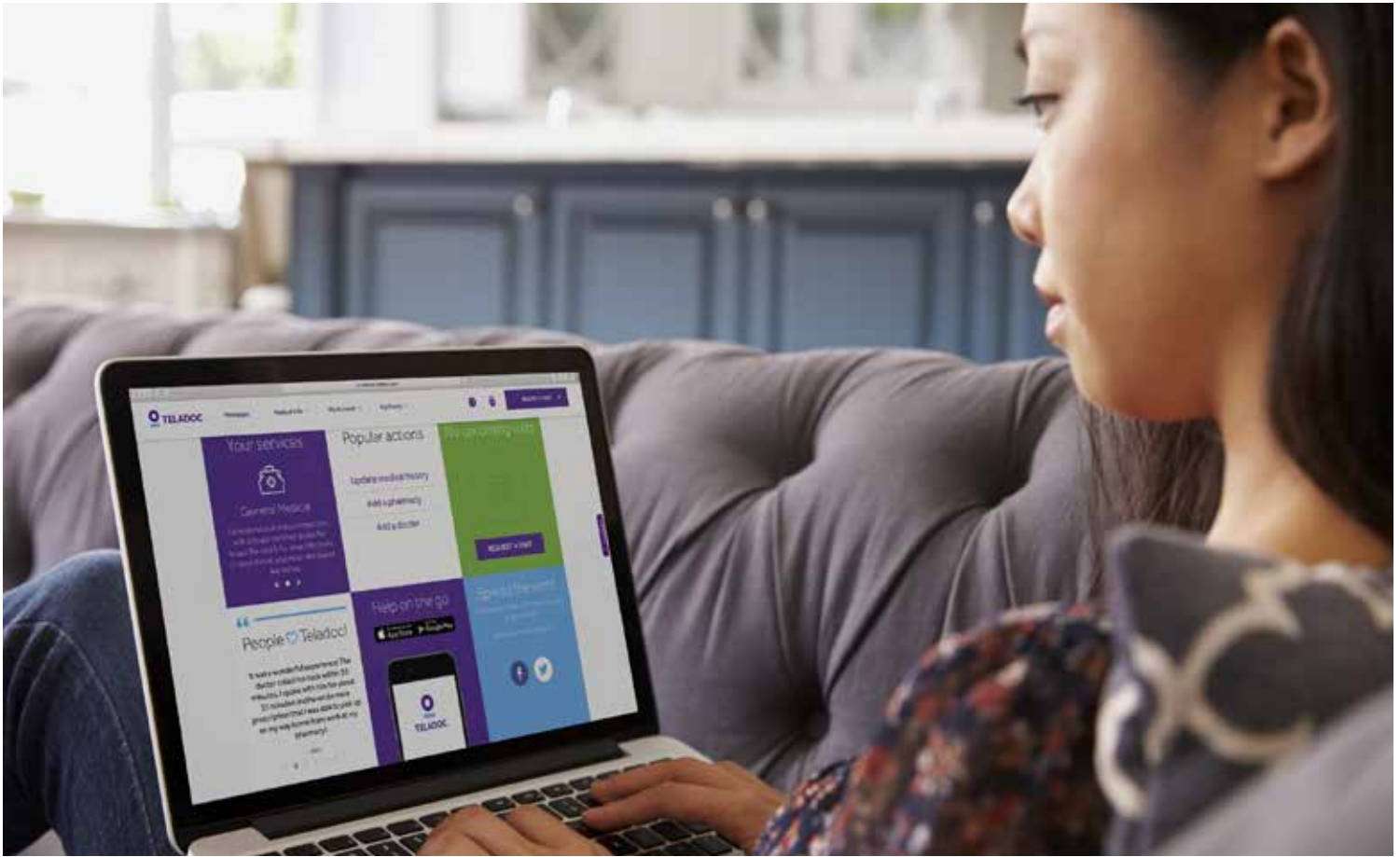
There are 10 Neighborhood Care locations across Manhattan, Queens, Brooklyn, and Staten Island (with more coming soon). Each EmblemHealth Neighborhood Care is tailored to the unique needs of your community, with different programs and classes in each location.

Our free classes and programs include:

- Zumba
- Chair Yoga
- Tai Chi
- Art Therapy
- Diabetes Management
- Cell Phone Literacy
- Spanish 101
- Support Groups

Neighborhood Care isn't just for EmblemHealth members; we're a resource for the entire community. Members and non-members alike can visit Neighborhood Care and take advantage of our classes, tools, and face-to-face support.

Visit [emblemhealth.com/neighborhood](https://www.emblemhealth.com/neighborhood) for upcoming classes and programs at Neighborhood Care.



Telemedicine through Teladoc®

Your Virtual Office Visit

Use telemedicine to get non-urgent medical care. It's convenient, immediate, and available 24 hours a day, 365 days a year. Use your phone, computer, or mobile device.

Talk to doctors who practice primary care, family care, and more. Telemedicine doctors can prescribe certain medicines.

Telemedicine is in-network care. There's only a \$10 copay — the set amount you pay for health services each time you use them.



When should you use Teladoc?



Teladoc

Use Teladoc anytime, anywhere for non-emergency conditions like the flu, psoriasis, and more.



Family Doctor

Your primary care doctor (PCP) is ideal for annual exams and ongoing medical conditions needing regular monitoring.



Urgent Care

Use an urgent care clinic when you need an in-person visit for conditions like earaches, sprains, or minor cuts.



ER

Go to the ER if you need emergency medical care for severe conditions like chest pain, burns, or broken bones.

Your Health and Wellness Are Important to Us

We know good health is worth holding onto. That's why we want to make staying healthy as easy as possible for you, with programs, tools, and more to help you stay fit and enhance your quality of life.

In addition to your doctor's care, you may have access to the following services when you enroll in this plan to help you and your enrolled family members stay healthy.

To see the full list, visit emblemhealth.com/live-well.

- Heart disease support.
- Diabetes support.
- Preventive cancer screenings.
- Domestic violence victim support and resources.
- Pregnancy management and support after giving birth.
- Help to stop smoking.
- Chronic obstructive pulmonary disease (COPD) support.
- Checkups and immunizations for children and adults.

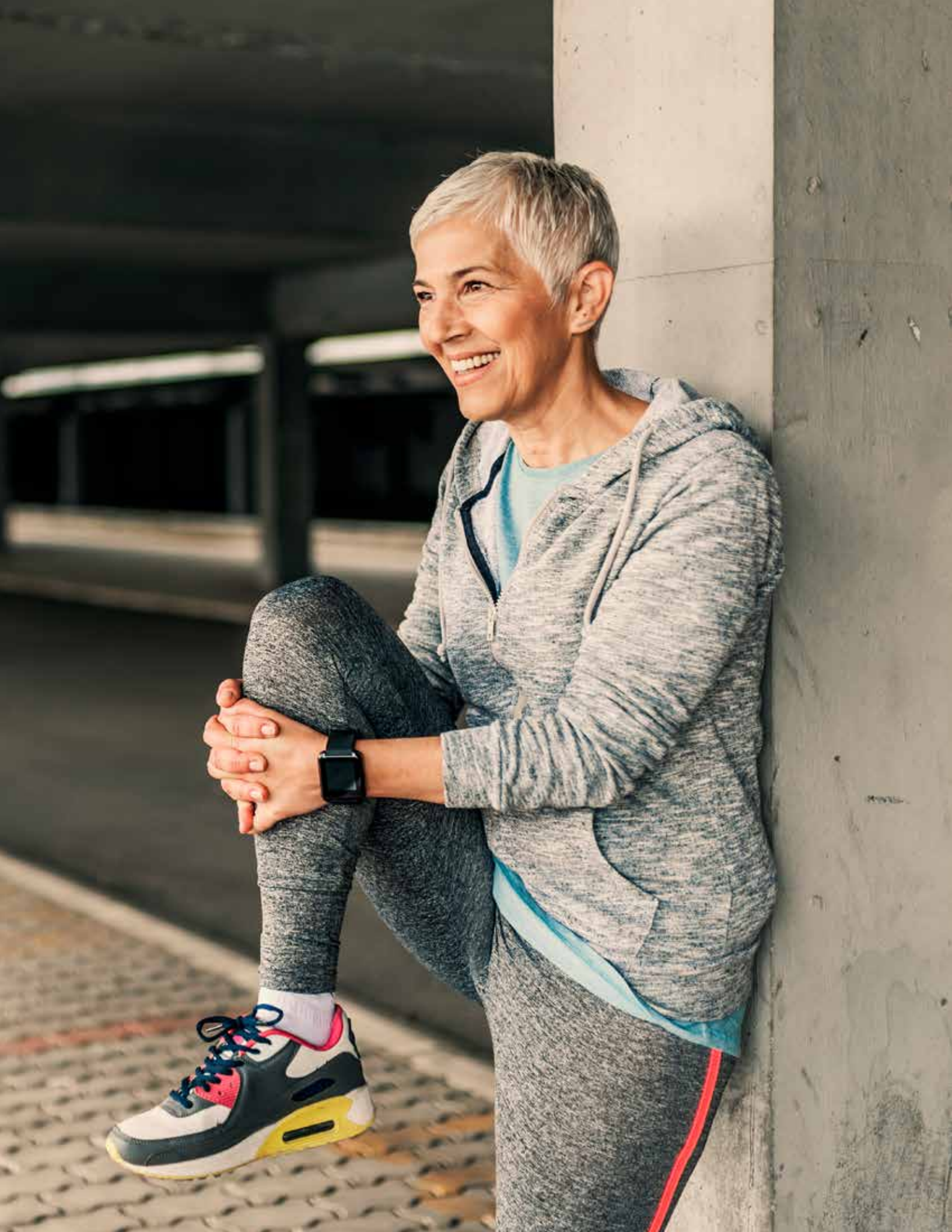


Healthy Discounts

Just for being an EmblemHealth member, you get access to discounts on health-related services. From weight loss to massage therapy, we're here to make sure you get what you need at an affordable price.

- **Weight loss services:** Save on programs including Jenny Craig® and Nutrisystem®.
- **Health club memberships:** We've partnered with American Specialty Health to give you discounted health club membership rates.
- **Massage therapy:** Save up to 25% on therapeutic massage.
- **Acupuncture therapy:** Save up to 25% on acupuncture therapy.
- **Registered dietitians:** Save up to 25% on nutrition counseling from credentialed dietitians.
- **Vitamins and natural supplements:** Order online and save up to 45%.
- **Hearing care:** Save on hearing aid purchases and get other discounts through HearX, HearUSA, and Amplifon centers. At Amplifon centers, you also get a low-price guarantee on hearing aids, free batteries, follow-up care, screenings, and a 60-day trial period with a 100% money-back guarantee.
- **Vision Affinity discount program:** Discounts on certain vision care services at participating EyeMed centers.
- **Laser vision care:** Save as much as 15% on laser vision correction.

For more about these services, call us at the number on the back of your member ID card or visit emblemhealth.com/goodhealth.



myEmblemHealth: Your Secure Health Services Website

Having the right information and tools like **myEmblemHealth** can help you stay healthy.

myEmblemHealth keeps your personal health care information in one convenient and secure place.

To register for **myEmblemHealth**, go to emblemhealth.com/sign-in. The information you enter is secure.

Once you're registered, you can check:

- The status of a claim, approval, or the amount you have paid toward your deductible. A deductible is the amount you pay before your plan starts to pay.
- Descriptions of your health benefits.
- Messages in your secure Message Center. You can also send secure messages to us.
- A list of your covered drugs.

You can also order member ID cards, download forms, and update your email address.



Get Your Documents Online

When you register for **myEmblemHealth**, you can sign up to get your documents online. They will be neatly stored in your secure Message Center on **myEmblemHealth**.

You can choose to get the following:

- Explanations of Benefits (EOBs).
- Alerts about when your claims are processed.
- Personalized information about your health.
- Your plan newsletter.
- Updated information about your coverage and benefits.

Manage Your Health Online

myEmblemHealth has lots of tools to help you take care of your health and meet your personal wellness goals.

- **Health Assessment:** Gives you an overall picture of your health and shows you steps you can take to make healthy lifestyle changes. Both you and your covered dependents can fill out your own individual Health Assessment.
- **Health Action Plans:** These personalized programs help you make healthy choices and manage your health conditions. Each Action Plan is based on your personal choices to help you change things like sleep and nutrition habits or improve your blood pressure and cholesterol. They can last anywhere from a few days to a few weeks, depending on your unique needs.

On the Go! myEmblemHealth Mobile App

With the **myEmblemHealth** mobile app, you have useful benefit and plan information at your fingertips. Sign in to manage your health benefits whenever and wherever you want.

The **myEmblemHealth** app is available for download from the App Store or from Google Play.





This brochure is intended to provide general information about the GHI Standard Option and GHI High Deductible Health Plans for FEHB members. Both plans are underwritten by Group Health Incorporated (GHI), an EmblemHealth company. Refer to RI 73-007.

This brochure is intended to provide general information about the HIP HMO and HMO Plus plans for FEHB members. Both plans are underwritten by Health Insurance Plan of Greater New York (HIP), an EmblemHealth company. Refer to RI 73-001.

Health Insurance Plan of Greater New York (HIP) is an HMO/HMO-POS/HMO D-SNP plan with a Medicare contract. HIP has a contract with the New York Medicaid Program for HMO D-SNP. Enrollment in HIP depends on contract renewal. HIP is an EmblemHealth company.

EmblemHealth insurance plans are underwritten by Group Health Incorporated (GHI), Health Insurance Plan of Greater New York (HIP) and HIP Insurance Company of New York.