## VYTRA HEALTH PLANS



Vytra Health Plans offers New York City employees and retirees an opportunity to access quality healthcare in Queens, Nassau and Suffolk counties. More than 13,000 private practice physicians and provider locations are available in the tri-county service area. Through a strict credentialing process and an ongoing quality assurance program, Vytra Health Plans ensures that members receive the best medical care available.

At the heart of Vytra's healthcare plan is your Primary Care Physician (PCP). This is a family practitioner or internist or in the case of children, a pediatrician, whom you select from our extensive medical directory.

At a Glance			
Plan Type:	НМО		
Geographic Service Area	Vytra's service area includes Queens, Nassau and Suffolk counties.		
Does this plan use a network of providers?	Yes. Visit Emblemhealth.com/city or call 1-866-409-0999 for a list of participating providers.		
Do I need a referral to see a specialist?	Yes, written approval is required to see a specialist.		
Contact Information	1-866-409-0999. Representatives will be available Monday through Friday, 8:00 a.m. to 8:00 p.m. to answer your questions.		
Web Site	Emblemhealth.com/city		

Plan Features	Cost			
What is the overall deductible for this plan?	• \$0			
What are the costs when you visit a health care provider's office or clinic?	<ul> <li>Primary care visit to treat an injury or illness: \$5 co-pay/visit Not covered for non-participating provider</li> <li>Specialist visit: \$5 co-pay/visit Referral required Not covered for non-participating provider</li> </ul>			
	<ul> <li>Other practitioner office visit: \$5 co-pay Referral required Not covered for non-participating provider</li> <li>Preventive care/screening/immunization: No charge Not covered for non-participating provider</li> </ul>			
What are the costs if you have a test?	Diagnostic test (x-ray, blood work): No charge Not covered for non-participating provider Imaging (CT/PET scans, MRIs): No charge Prior approval required Not covered for non-participating provider			
What are the costs if you have outpatient surgery?	Facility fee (e.g., ambulatory surgery center): No charge Prior approval required Not covered for non-participating provider Physician/surgeon fees: No charge Prior approval required Not covered for non-participating provider			
What are the costs if you need immediate medical attention?	Emergency room services: \$25 co-pay/visit \$25 co-pay/visit non-participating provider Waived if admitted Out-of-network is covered if emergent			
	Emergency medical transportation: No charge No charge non-participating provider			
	Urgent care: \$5 co-pay/visit Not covered for non-participating provider			

What are the costs if you have a hospital	Facility fee (e.g., hospital room): No charge		
stay?	Prior approval required		
	Not covered for non-participating provider		
	Physician/surgeon fee: No charge		
	Not covered for non-participating provider		
What are the costs if you are pregnant?	Prenatal and postnatal care: No charge		
	Not covered for non-participating provider		
	Delivery and all inpatient services: No charge		
	Prior approval required		
	Not covered for non-participating provider		

### WHAT ARE THE COSTS IF YOU HAVE MENTAL HEALTH, BEHAVIORAL HEALTH, OR SUBSTANCE ABUSE NEEDS?

Service	Cost			
Mental/Behavioral health Outpatient services	<ul><li>\$5 co-pay/visit</li><li>Not covered for non-participating provider</li></ul>			
Mental/Behavioral health Inpatient services	<ul> <li>No charge</li> <li>Prior approval required</li> <li>Not covered for non-participating provider</li> </ul>			
Substance abuse Outpatient services	<ul> <li>\$5 co-pay/visit</li> <li>Not covered for non-participating provider</li> </ul>			
Substance abuse Inpatient services	<ul> <li>No charge</li> <li>Prior approval required</li> <li>Not covered for non-participating provider</li> </ul>			

# WHAT ARE THE COSTS IF YOU NEED HELP RECOVERING OR HAVE OTHER SPECIAL HEALTH NEEDS?

Service	Cost		
Home health care	<ul> <li>\$5 co-pay/visit</li> <li>Coverage limited to 40 visits/year</li> <li>Prior approval required</li> <li>Not covered for non-participating provider</li> </ul>		
Skilled nursing care	<ul> <li>No charge</li> <li>Coverage limited to 45 visits/year</li> <li>Prior approval required</li> <li>Not covered for non-participating provider</li> </ul>		
Rehabilitation service Inpatient	<ul> <li>No charge</li> <li>Prior approval required</li> <li>Not covered for non-participating provider</li> <li>60 days per calendar year combined therapies</li> </ul>		
Rehabilitation service Outpatient	<ul> <li>\$5 co-pay</li> <li>Prior approval required</li> <li>Not covered for non-participating provider</li> <li>60 days per calendar year combined therapies</li> </ul>		
Habilitation service Inpatient	<ul> <li>No charge</li> <li>Prior approval required</li> <li>Not covered for non-participating provider</li> <li>60 days per calendar year combined therapies</li> </ul>		
Habilitation service Outpatient	<ul> <li>\$5 co-pay</li> <li>Prior approval required</li> <li>Not covered for non-participating provider</li> <li>60 days per calendar year combined therapies</li> </ul>		
Durable medical equipment (DME)	<ul> <li>No charge</li> <li>Prior approval required</li> <li>Not covered for non-participating provider</li> </ul>		

- No charge
- Covered limited to 210 days
- Not covered for non-participating provider

### OPTIONAL RIDER

### WHAT IS THE COST IF YOU NEED DRUGS TO TREAT YOUR ILLNESS OR CONDITION?

		Retail	Mail Order	
Generic drugs*		\$14 co-pay/30 day supply		
Preferred brand drugs*	Preferred brand drugs* Not cov		Not covered	
Non-preferred brand drugs*		Not covered		
Specialty drugs*	Generic drugs	\$14 co-pay/30 day supply		
	Preferred brand drugs	Not covered		
	Non-preferred brand drugs	Not covered		
		There is a \$14 co-pay per prescription (brand and generic) after an annual \$50 per person deductible has been met. There's no annual limit.		

\*Must be dispensed by a Participating Pharmacy.

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

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.