

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:	HMO
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 (631)694-6565 or 1-800-406-0806 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	(631) 694-6565 or 1-800-406-0806. Representatives will be available Monday through Friday, 8:30 a.m. to 5:30 p.m. to answer your questions.
Web Site	Emblemhealth.com/city

Plan Features	Cost
What is the overall deductible for this plan?	<ul style="list-style-type: none"> • \$0
What are the costs when you visit a health care provider's office or clinic?	<ul style="list-style-type: none"> • Primary care visit to treat an injury or illness: \$5 co-pay/visit Not covered for non-participating provider • Specialist visit: \$5 co-pay/visit Referral required Not covered for non-participating provider • Other practitioner office visit: \$5 co-pay Referral required Not covered for non-participating provider • Preventive care/screening/immunization: No charge Not covered for non-participating provider
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 to non-participating provider Out-of-network is covered if emergent Emergency medical transportation: No charge Not covered to non-participating provider Out-of-network is covered if emergent Urgent care: \$5 co-pay/visit Not covered for non-participating provider

What are the costs if you have a hospital stay?	Facility fee (e.g., hospital room): No charge 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 style="list-style-type: none"> • \$5 co-pay/visit • Prior approval may be required • Not covered for non-participating provider
Mental/Behavioral health Inpatient services	<ul style="list-style-type: none"> • No charge • Prior approval required • Not covered for non-participating provider
Substance abuse Outpatient services	<ul style="list-style-type: none"> • \$5 co-pay/visit • Prior approval may be required • Not covered for non-participating provider
Substance abuse Inpatient services	<ul style="list-style-type: none"> • No charge • Prior approval required • Not covered for non-participating provider

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

Service	Cost
Home health care	<ul style="list-style-type: none"> • \$5 co-pay/visit • Coverage limited to 40 visits/year • Prior approval required • Not covered for non-participating provider
Skilled nursing care	<ul style="list-style-type: none"> • No charge • Coverage limited to 45 visits/year • Prior approval required • Not covered for non-participating provider
Rehabilitation service Inpatient	<ul style="list-style-type: none"> • No charge • Prior approval required • Not covered for non-participating provider • 60 days per calendar year combined therapies
Rehabilitation service Outpatient	<ul style="list-style-type: none"> • \$5 co-pay • Prior approval required • Not covered for non-participating provider • 60 days per calendar year combined therapies
Habilitation service Inpatient	<ul style="list-style-type: none"> • No charge • Prior approval required • Not covered for non-participating provider • 60 days per calendar year combined therapies
Habilitation service Outpatient	<ul style="list-style-type: none"> • \$5 co-pay • Prior approval required • Not covered for non-participating provider • 60 days per calendar year combined therapies
Durable medical equipment (DME)	<ul style="list-style-type: none"> • No charge • Prior approval required • Not covered for non-participating provider

Hospice service

- 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*		\$7 co-pay/30 day supply	
Preferred brand drugs*		\$7 co-pay/30 day supply	
Non-preferred brand drugs*		\$7 co-pay/30day supply	
Specialty drugs*	Generic drugs	\$7 co-pay/30 day supply	
	Preferred brand drugs	\$7 co-pay/30 day supply	
	Non-preferred brand drugs	Not covered	
		<p>There is a \$7 co-pay per prescription (brand and generic) after an annual \$50 per person deductible has been met. There's no annual limit.</p>	

*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.