



An Anthem Company

Thank you for your interest in a Medicare Supplement plan from Empire BlueCross.

We understand that Original Medicare can be overwhelming – our objective is to make this process as simple and straightforward as possible. With a Medicare Supplement plan from Empire BlueCross, you can have peace of mind knowing you have coverage from a trusted company to help fill the gaps with Original Medicare. To learn more about our plans, keep reading this brochure. There is also helpful contact information at the back of this brochure.

What's Inside:

- Premium discounts
- Understanding how Original Medicare works
- Plan options to meet your needs
- Importance of a Medicare Supplement plan
- SilverSneakers
- Enrolling



Don't miss out on a chance to **SAVE** money!

- Pay by Automatic Bank Draft or Annual Payment Option
 - **SAVE \$2 off your monthly premium** by paying by Auto Bank Draft or Electronic Funds Transfer (EFT); or
 - **SAVE \$48 by paying your premium for the entire year.** (The discount maybe prorated the first year depending on the policy effective date.)

Understanding how Medicare works



Original Medicare Part A is hospital coverage that helps cover the costs for:

- Inpatient care in a hospital or skilled nursing facility (not custodial or long-term care).
- Hospice and some home health care services.



Original Medicare Part B is medical coverage that helps cover the costs for:

- Doctor services, hospital outpatient care and some home health care services, as well as lab tests and durable medical equipment.
- Most preventive services, including an annual wellness exam.



Medicare Part C, also called Medicare Advantage:

- Replaces Original Medicare Parts A and B.
- Provided by private health insurance companies.
- Requires annual enrollment.
- May have a provider/facility network.



Medicare Part D is stand-alone prescription drug coverage and:

- Helps pay for many brand-name and generic prescribed drugs.
- Gives you access to mail-order options and retail drugstores across the country.

Importance of a Medicare Supplement plan



Medicare Supplement plans bridge the “gap” in costs that are not fully covered by Original Medicare, such as:

- Medicare Part A or Part B deductibles, coinsurance or copayments.
- Medicare Part B excess charges.
- Skilled Nursing Facility care coinsurance.
- Foreign Travel Emergencies.

Have peace of mind knowing the coverage “gaps” are filled.

- Original Medicare has substantial deductibles and copayments that are your responsibility. This means you can easily spend thousands of dollars each year on medical costs (known as the “donut hole”) that are not fully covered by Original Medicare.

Other reasons to consider a Medicare Supplement plan:

- **Financial security:** Based on the plan you enroll in, it provides coverage for “gaps” in Original Medicare, helping you safeguard your retirement savings.
- **Guaranteed renewable:**¹ Once you enroll, **you can keep your plan for life — no annual enrollment!**
- **Portability:** If you move, your Medicare Supplement plan moves with you.
- **Freedom to choose:** No referrals, and you can **go to any** Medicare provider who is accepting new patients.
- **Plan benefits won’t change:** Plans only change to keep pace with Original Medicare — to keep those “gaps” filled!

¹ Once enrolled into your Medicare Supplement insurance plan, your coverage is guaranteed for the life of the plan with only two exceptions/restrictions: nonpayment of premiums and material misrepresentation.

Plan options to meet your needs

Now that you're well informed about the benefits of having a Medicare Supplement plan, it's time to consider the type of plan you may need. The next page features our available plans with varying coverage levels to meet your needs.



Benefits	Amount Medicare Pays ¹	Amount Medicare Supplement Plan Pays				
		Plan A	Plan B	Plan F	Plan G	Plan N ²
▼ Part A: Hospitalization						
First 60 days (Part A Deductible)	All but \$1,340	\$0	\$1,340	\$1,340	\$1,340	\$1,340
61 st – 90 th day	All but \$335 a day	\$335 a day	\$335 a day	\$335 a day	\$335 a day	\$335 a day
91 st day and after	All but \$670 a day	\$670 a day	\$670 a day	\$670 a day	\$670 a day	\$670 a day
▼ Skilled Nursing Facility						
First 20 days	All approved amounts	\$0	\$0	\$0	\$0	\$0
21 st – 100 th day	All but \$167.50 a day	\$0	\$0	Up to \$167.50 a day	Up to \$167.50 a day	Up to \$167.50 a day
101 st day and after	\$0	\$0	\$0	\$0	\$0	\$0
▼ Part B: Medical Expenses						
Medicare Part B Deductible	All but \$183	\$0	\$0	\$183	\$0	\$0
Medicare Part B Excess Charges ³	\$0	\$0	\$0	100%	100%	\$0
▼ Other Benefits						
Foreign Travel Emergency	\$0	\$0	\$0	80% ⁴	80% ⁴	80% ⁴

See *Outline of Coverage* for more details.

- 1 The amount Medicare pays of the Medicare-approved amount. Original Medicare deductibles, premiums and coinsurance rates are effective January 1 of every year, based on the Consumer Price Index.
- 2 Pays 100% of Part B coinsurance, except for copay up to \$20 for office visits and up to \$50 copay for emergency room visits that do not result in an inpatient admission.
- 3 If you have Original Medicare and the amount a doctor or other health care provider is legally permitted to charge is higher than the Medicare-approved amount, the difference is called the excess charge. New York limits the amount that Medicare non-participating providers can charge over the Medicare-approved amount to 5% over the Medicare-approved amount.
- 4 Pays 80% of the Medicare-approved amount and up to a lifetime maximum benefit of \$50,000 after you pay the annual deductible of \$250.

Protecting yourself – covering the gaps in Original Medicare

- As you can see from the chart on the previous page, different Medicare Supplement plans cover different types of medical costs. Let's take a closer look at your out-of-pocket costs with Original Medicare only, and if you have **Medicare Supplement Plan F or Plan G**.
- **Example:** You are covered by Original Medicare when you are unexpectedly hospitalized and have major surgery. After a 15-day stay in the hospital, followed by 22 days in a Skilled Nursing Facility, you learn the physician does not accept the Medicare-approved amount (Medicare Assignment). As a result, you are responsible for the 20% not covered by your Part B coinsurance and the physician's excess³ charge up to 5% over the Medicare-approved amount. Let's compare your out-of-pocket costs with Original Medicare only, and then if you had purchased Medicare Supplement Plan F or Plan G. For illustrative purposes, the amount remaining after Medicare has paid the 80% under Medicare Part B is \$12,000. You would be responsible for \$2,400, which is 20% of the \$12,000. In addition, since the provider does not accept Medicare as payment in full, we will assume the excess charges are \$600.



Benefits	Out-of-Pocket Costs		
	Original Medicare Only	Medicare Supplement Plan F	Medicare Supplement Plan G
Medicare Part A deductible for 15 days of hospitalization	\$1,340¹	\$0	\$0
Medicare Part A coinsurance for 22 days in Skilled Nursing Facility ² (\$167.50/day for days 21-100) (2 days x \$167.50)	\$335	\$0	\$0
Medicare Part B deductible	\$183	\$0	\$183
Medicare Part B coinsurance for surgical services, supplies, lab tests and therapy (20% cost share of Medicare-approved amount = \$12,000)	\$2,400	\$0	\$0
Medicare Part B Excess ³ amounts above what provider has agreed to accept based on Medicare's approved amount \$600 for illustrative purposes	\$600	\$0	\$0
Your total out-of-pocket costs	\$4,858	\$0	\$183

(Your out-of-pocket amounts would vary with other plans.)

- 1 Deductible covers first 60 days for extended in-patient stays. You may incur a per-day fee under Original Medicare. The deductible is based on a benefit period that begins on the first day you receive inpatient services and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.
- 2 Original Medicare covers the first 20 days.
- 3 Excess charges are limited to 5% in New York.

Get fit and be healthy with SilverSneakers®



We offer **Tivity Health SilverSneakers**¹ as a value-added fitness program at no cost to you. Once you enroll, you can sign up for SilverSneakers. Your SilverSneakers membership includes:

- Access to more than 13,000 fitness locations.
- All basic amenities, services and programs at participating locations nationwide.
- If you're unable to get to a fitness location, you can select a fitness kit that you can use at home or on the go when you sign up for SilverSneakers Steps.
- Group exercise classes at some sites.
- SilverSneakers FLEX, which includes classes and activities at parks, recreation centers and other local venues.
- Access to a secure, members-only online community.

To find fitness locations, request your unique SilverSneakers ID number, enroll in FLEX classes or get additional details, visit www.silversneakers.com, or call SilverSneakers Customer Service at **1-855-741-4985** (TTY: **711**), Monday through Friday, 8 a.m. to 8 p.m. ET.



¹ Please check with your doctor before you start a physical activity program. SilverSneakers is a value-added program. It is not insurance and not part of the Medicare Supplement insurance plans. It can be changed or withdrawn at any time. The SilverSneakers fitness program is provided by Tivity Health, an independent company. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2017 Tivity Health, Inc. All rights reserved.

Enrolling



Enroll now

Once you enroll in Medicare Part B, you can enroll into a Medicare Supplement policy at any time during the year. To get started, just follow these steps:

1. Select the plan that best fits your needs.
2. Complete all sections on the Enrollment application.
3. Select your desired payment option. (Your options are listed on the application.)
4. Complete and return the Premium Payment Form to sign up for Automatic Bank Draft and save \$2 on your monthly premium.
5. Sign and date the application and return it with any additional forms or documents.
6. Be sure to make a copy of your application for your records.

Your agent can help you fill out the application and answer any questions you may have about adding additional benefits, if available.

How to reach us



Sales Department¹ 1-888-849-2420

TTY line 711

8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas)
from October 1 through February 14, and Monday to Friday (except holidays)
from February 15 through September 30

Customer Service 1-844-395-1026

TTY line 711

8:00 a.m. to 6:00 p.m. ET Monday – Friday

**Online benefits, discounts and
health resources www.empireblue.com**

- Find a doctor
- Enroll online
- Find a pharmacy
- Find your covered drugs

General information about Medicare www.medicare.gov

In case of emergency, call 911.

TTY lines are for those with hearing or speech loss.

¹ By calling this number, you will reach an authorized licensed insurance agent who can answer questions about our plans and enrollment.



This brochure is intended to be a brief summary of coverage and is not intended to be a legal contract. The entire provisions of benefits and exclusions are contained in the Policy. In the event of a conflict between the Policy and this description, the terms of the Policy will prevail.

Not connected with or endorsed by the U.S. Government or the federal Medicare program. The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent or insurance company.

This policy has exclusions, limitations, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, please contact your agent or the health plan.

Services provided by Empire HealthChoice Assurance, Inc., licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.