Empire BlueCross BlueShield

An Anthem Company

Medicare Supplement Outline of Coverage

Plans A, B, F, G & N

Empire BlueCross BlueShield New York 2019

This booklet includes premium rates, Medicare deductibles, copays and maximum out-of-pocket costs.

Call toll-free 1-888-849-2420 with questions.
Administrative Office: P.O. Box 659816, San Antonio, TX 78265-9116

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Benefit Chart of Medicare Supplement Plans Sold on or After June 1, 2010

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plans "A and B" available and either "C" or "F". Some plans may not be available in your state. Plans shown in gray are available for purchase.

These same Plans are available to those who are under 65 and qualify for Medicare due to disability.

Basic Benefits

- **Hospitalization –** Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- **Medical Expenses –** Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L and N require insureds to pay a portion of Part B coinsurance or copayments.
- **Blood –** First three pints of blood each year.
- **Hospice –** Part A coinsurance.

Benefits	A	B	C	D	F | F*[1]	G	K	L	M	N
Basic Coverage, Including 100% Part B Coinsurance	✓	✓	✓	✓	✓*	✓			✓	✓▲
Hospitalization & Preventative Care /Other Basic Benefits							**100**% /**50**%	**100**% /**75**%		
Skilled Nursing Facility Coinsurance			✓	✓	✓	✓	**50**%	**75**%	✓	✓
Part A Deductible		✓	✓	✓	✓	✓	**50**%	**75**%	**50**%	✓
Part B Deductible			✓		✓					
Part B Excess (100%)					✓	✓				
Foreign Travel Emergency			✓	✓	✓	✓			✓	✓
Out-of-pocket Limit; Paid at 100% after Limit is Reached							**$5,560**	**$2,780**		

* Plan F also has an option called a High Deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year $2,300 deductible. Benefits from High Deductible Plan F will not begin until out-of-pocket expenses exceed $2,300. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

1 High Deductible Plan F is not available.

▲ Basic benefits, EXCEPT up to $20 copayment for office visit, and up to $50 copayment for emergency room visit.

Premium Information

Plans A, B, F, G & N | Effective July 1, 2018
Premiums are subject to change.

Here's some important information, before we get started:

The following pages are designed to help you determine the premium for the plan you select.

Premiums are subject to change in accordance with the terms of the Policy. Your Premium Billing Preference does not guarantee your premium for any specific time period. Any state-approved premium changes will be applied starting no earlier than 60 days after notification from us, regardless of your Premium Billing Preference. The selected Premium Billing Preference will take effect on the first day of payment period which immediately follows your Coverage Effective Date. For example, if your Coverage Effective Date is September 1 and you pick the Quarterly Premium Billing Preference, Quarterly premium billing will start on October 1; if you select the Annual Premium Billing Preference, Annual premium billing will start on January 1. Any premiums billed for the period of time from your Coverage Effective Date to the start of your selected Premium Billing Preference will be prorated to reflect the Premium Billing Preference selected. We, Empire BlueCross BlueShield, will comply with all premium process notice requirements.

We, Empire BlueCross BlueShield, can only raise your premium if we raise the premium for all plans like yours in this State.

Finding the Right Plan for You

Plans A, B, F, G & N | Effective July 1, 2018
Premiums are subject to change.

Compare Plans

After locating the monthly premium, you are ready to review the individual plan pages. These pages provide details of the covered services and what each plan pays. Based on your individual needs, these pages will help you determine the plan that is best for you. You are now ready to **ENROLL**!

Don't miss out on a chance to SAVE!

These optional discounts are offered for all of the following Premium Tables.

SAVE $2 on your monthly premium!

Enroll in our Automatic Bank Draft or Electronic Fund Transfer (EFT) program and you will save $2 on your monthly premium. (To enroll, simply complete the Premium Payment Form.)

OR

SAVE $48 by paying your premium for the entire year!

(Note: Based on the policy effective date, the discount may be pro-rated the first year.)

Ways to Enroll

Sales Department*
Call 1-888-849-2420
(TTY/TDD: **711**)
8 a.m. to 8 p.m.
seven days a week

Customer Service
Call 1-844-395-1026
(TTY/TDD: **711**)
8:00 a.m. to 6:00 p.m. ET
Monday – Friday

Visit us Online
www.empireblue.com
- Enroll online
- Find a doctor
- Find a pharmacy
- List of covered drugs

Let's Begin

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

Finding Your Monthly Premium

Plans A, B, F, G & N | Effective July 1, 2018

Premiums are subject to change. Premium is based upon your age, area and plan.

Find Your Premium

	Plan A	Plan B	Plan F	Plan G	Plan N
New York – Area 1	$179.00	$235.00	$290.00	$260.00	$185.00
Mid-Hudson – Area 2	$141.00	$190.00	$230.00	$210.00	$150.00
Albany – Area 3	$141.00	$190.00	$230.00	$210.00	$150.00

New York – Area 1:

Bronx, Kings, Nassau, New York (Manhattan), Queens, Richmond, Rockland, Suffolk, and Westchester County.

Mid-Hudson – Area 2:

Dutchess, Orange, Putnam, Sullivan and Ulster County.

Albany – Area 3:

Columbia, Delaware, and Greene County.

Important Plan Disclosures

Plans A, B, F, G & N
Retain this outline for your records.

Disclosures

Use this outline to compare benefits and premiums among policies.

Medicare deductibles and coinsurance amounts are effective as of January 1, 2019. Medicare may change their amounts annually.

Read Your Policy Very Carefully

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and Empire BlueCross BlueShield.

Right to Return Policy

If you find that you are not satisfied with your policy, you may return it to us at our Administrative Office: Empire BlueCross BlueShield, P.O. Box 659816, San Antonio, TX 78265-9116. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

Policy Replacement

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

Notice

This policy may not fully cover all of your medical costs.

Neither Empire BlueCross BlueShield nor its agents are connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult *Medicare and You* for more details.

Complete Answers are Very Important

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

Plan A

Medicare (Part A) – Hospital Services – Per Benefit Period

Services	Medicare Pays	Plan Pays	You Pay
▼ Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,364	$0	$1,364 (Part A deductible)
61st thru 90th day	All but $341 a day	$341 a day	$0
91st day and after: • While using 60 lifetime reserve days	All but $682 a day	$682 a day	$0
• Once lifetime reserve days are used:			
— Additional 365 days	$0	100% of Medicare eligible expenses	$0**
— Beyond the additional 365 days	$0	$0	All costs
▼ Skilled Nursing Facility Care* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $170.50 a day	$0	Up to $170.50 a day
101st day and after	$0	$0	All costs
▼ Blood			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
▼ Hospice Care			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

* A benefit period begins on the first day you receive service as an inpatient in a hospital 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.

** NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

(continued)

Medicare (Part B) – Medical Services – Per Calendar Year

Services	Medicare Pays	Plan Pays	You Pay
▼ **Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment,** such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $185 of Medicare Approved Amounts*	$0	$0	$185 (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	$0
▼ **Part B Excess Charges**			
Above Medicare Approved Amounts	$0	$0	All costs
▼ **Blood**			
First 3 pints	$0	All costs	$0
Next $185 of Medicare Approved Amounts*	$0	$0	$185 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0
▼ **Clinical Laboratory Services**			
Tests for Diagnostic Services	100%	$0	$0

Parts A & B Services

Services	Medicare Pays	Plan Pays	You Pay
▼ **Home Health Care — Medicare Approved Services**			
• Medically necessary skilled care services and medical supplies	100%	$0	$0
• Durable medical equipment:			
— First $185 of Medicare approved amounts*	$0	$0	$185 (Part B deductible)
— Remainder of Medicare approved amounts	80%	20%	$0

* Once you have been billed $185 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

Plan B

Medicare (Part A) – Hospital Services – Per Benefit Period

Services	Medicare Pays	Plan Pays	You Pay
▼ Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,364	$1,364 (Part A deductible)	$0
61st thru 90th day	All but $341 a day	$341 a day	$0
91st day and after: • While using 60 lifetime reserve days	All but $682 a day	$682 a day	$0
• Once lifetime reserve days are used:			
— Additional 365 days	$0	100% of Medicare eligible expenses	$0**
— Beyond the additional 365 days	$0	$0	All costs
▼ Skilled Nursing Facility Care* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $170.50 a day	$0	Up to $170.50 a day
101st day and after	$0	$0	All costs
▼ Blood			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
▼ Hospice Care			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

* A benefit period begins on the first day you receive service as an inpatient in a hospital 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.

** NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

(continued)

Medicare (Part B) – Medical Services – Per Calendar Year

Services	Medicare Pays	Plan Pays	You Pay
▼ **Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment,** such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $185 of Medicare Approved Amounts*	$0	$0	$185 (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	$0
▼ **Part B Excess Charges**			
Above Medicare Approved Amounts	$0	$0	All costs
▼ **Blood**			
First 3 pints	$0	All costs	$0
Next $185 of Medicare Approved Amounts*	$0	$0	$185 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0
▼ **Clinical Laboratory Services**			
Tests for Diagnostic Services	100%	$0	$0

Parts A & B Services

Services	Medicare Pays	Plan Pays	You Pay
▼ **Home Health Care — Medicare Approved Services**			
• Medically necessary skilled care services and medical supplies	100%	$0	$0
• Durable medical equipment:			
— First $185 of Medicare approved amounts*	$0	$0	$185 (Part B deductible)
— Remainder of Medicare approved amounts	80%	20%	$0

* Once you have been billed $185 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

Plan F

Medicare (Part A) – Hospital Services – Per Benefit Period

Services	Medicare Pays	Plan Pays	You Pay
▼ Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,364	$1,364 (Part A deductible)	$0
61st thru 90th day	All but $341 a day	$341 a day	$0
91st day and after: • While using 60 lifetime reserve days	All but $682 a day	$682 a day	$0
• Once lifetime reserve days are used:			
— Additional 365 days	$0	100% of Medicare eligible expenses	$0**
— Beyond the additional 365 days	$0	$0	All costs
▼ Skilled Nursing Facility Care* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $170.50 a day	Up to $170.50 a day	$0
101st day and after	$0	$0	All costs
▼ Blood			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
▼ Hospice Care			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

* A benefit period begins on the first day you receive service as an inpatient in a hospital 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.

** NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

(continued)

Medicare (Part B) – Medical Services – Per Calendar Year

Services	Medicare Pays	Plan Pays	You Pay
▼ Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $185 of Medicare Approved Amounts*	$0	$185 (Part B deductible)	$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	$0
▼ Part B Excess Charges			
Above Medicare Approved Amounts	$0	100%	$0
▼ Blood			
First 3 pints	$0	All costs	$0
Next $185 of Medicare Approved Amounts*	$0	$185 (Part B deductible)	$0
Remainder of Medicare Approved Amounts	80%	20%	$0
▼ Clinical Laboratory Services			
Tests for Diagnostic Services	100%	$0	$0

Parts A & B Services

Services	Medicare Pays	Plan Pays	You Pay
▼ Home Health Care — Medicare Approved Services			
• Medically necessary skilled care services and medical supplies	100%	$0	$0
• Durable medical equipment:			
— First $185 of Medicare approved amounts*	$0	$185 (Part B deductible)	$0
— Remainder of Medicare approved amounts	80%	20%	$0

* Once you have been billed $185 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

(continued)

Other Benefits – Not Covered by Medicare

Services	Medicare Pays	Plan Pays	You Pay
▼ **Foreign Travel — Not Covered by Medicare** Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$0	$0	$250
Remainder of Charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

Plan G

Medicare (Part A) – Hospital Services – Per Benefit Period

Services	Medicare Pays	Plan Pays	You Pay
▼ Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,364	$1,364 (Part A deductible)	$0
61st thru 90th day	All but $341 a day	$341 a day	$0
91st day and after: • While using 60 lifetime reserve days	All but $682 a day	$682 a day	$0
• Once lifetime reserve days are used:			
— Additional 365 days	$0	100% of Medicare eligible expenses	$0**
— Beyond the additional 365 days	$0	$0	All costs
▼ Skilled Nursing Facility Care* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $170.50 a day	Up to $170.50 a day	$0
101st day and after	$0	$0	All costs
▼ Blood			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
▼ Hospice Care			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

* A benefit period begins on the first day you receive service as an inpatient in a hospital 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.

** NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

(continued)

Medicare (Part B) – Medical Services – Per Calendar Year

Services	Medicare Pays	Plan Pays	You Pay
▼ Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $185 of Medicare Approved Amounts*	$0	$0	$185 (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	$0
▼ Part B Excess Charges			
Above Medicare Approved Amounts	$0	100%	$0
▼ Blood			
First 3 pints	$0	All costs	$0
Next $185 of Medicare Approved Amounts*	$0	$0	$185 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0
▼ Clinical Laboratory Services			
Tests for Diagnostic Services	100%	$0	$0

Parts A & B Services

Services	Medicare Pays	Plan Pays	You Pay
▼ Home Health Care — Medicare Approved Services			
• Medically necessary skilled care services and medical supplies	100%	$0	$0
• Durable medical equipment:			
— First $185 of Medicare approved amounts*	$0	$0	$185 (Part B deductible)
— Remainder of Medicare approved amounts	80%	20%	$0

* Once you have been billed $185 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

(continued)

Other Benefits – Not Covered by Medicare

Services	Medicare Pays	Plan Pays	You Pay
▼ **Foreign Travel — Not Covered by Medicare** Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$0	$0	$250
Remainder of Charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

Plan N

Medicare (Part A) – Hospital Services – Per Benefit Period

Services	Medicare Pays	Plan Pays	You Pay
▼ Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,364	$1,364 (Part A deductible)	$0
61st thru 90th day	All but $341 a day	$341 a day	$0
91st day and after: • While using 60 lifetime reserve days	All but $682 a day	$682 a day	$0
• Once lifetime reserve days are used:			
— Additional 365 days	$0	100% of Medicare eligible expenses	$0**
— Beyond the additional 365 days	$0	$0	All costs
▼ Skilled Nursing Facility Care* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $170.50 a day	Up to $170.50 a day	$0
101st day and after	$0	$0	All costs
▼ Blood			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
▼ Hospice Care			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

* A benefit period begins on the first day you receive service as an inpatient in a hospital 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.

** NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

(continued)

Medicare (Part B) – Medical Services – Per Calendar Year

Services	Medicare Pays	Plan Pays	You Pay
▼ **Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment,** such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $185 of Medicare Approved Amounts*	$0	$0	$185 (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Balance, other than up to $20 per office visit and up to $50 per emergency room visit. The co-payment of up to $50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to $20 per office visit and up to $50 per emergency room visit. The co-payment of up to $50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
▼ **Part B Excess Charges**			
Above Medicare Approved Amounts	$0	$0	All costs
▼ **Blood**			
First 3 pints	$0	All costs	$0
Next $185 of Medicare Approved Amounts*	$0	$0	$185 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0
▼ **Clinical Laboratory Services**			
Tests for Diagnostic Services	100%	$0	$0

* Once you have been billed $185 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

Parts A & B Services

Services	Medicare Pays	Plan Pays	You Pay
▼ Home Health Care — Medicare Approved Services			
• Medically necessary skilled care services and medical supplies	100%	$0	$0
• Durable medical equipment:			
— First $185 of Medicare approved amounts*	$0	$0	$185 (Part B deductible)
— Remainder of Medicare approved amounts	80%	20%	$0

Other Benefits – Not Covered by Medicare

Services	Medicare Pays	Plan Pays	You Pay
▼ Foreign Travel — Not Covered by Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$0	$0	$250
Remainder of Charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

* Once you have been billed $185 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

P.O. Box 659816
San Antonio, TX 78265-9116

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

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