Summary of Benefits

An Anthem Company

Medicare Advantage and Part D

Plan year: January 1 – December 31, 2022

New York

Downstate & Mid-Hudson including 5 Boroughs, Nassau and Westchester and other New York counties listed on page 2.

Empire MediBlue Dual Advantage (HMO D-SNP)
Empire MediBlue Dual Advantage Select (HMO D-SNP)*

22NYH8432M9

Thank you for your interest in our Medicare Advantage plans

Empire BlueCross BlueShield offers benefits to help you stay healthy while protecting you from unexpected costs. This plan includes your hospital, medical, and drug benefits in one plan.

*** This plan uses a focused network of doctors and hospitals.**

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Empire MediBlue Dual Advantage (HMO D-SNP) and Empire MediBlue Dual Advantage Select (HMO D-SNP)

Empire MediBlue Dual Advantage (HMO D-SNP)

Our service area includes these counties in NY: Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Westchester

Empire MediBlue Dual Advantage Select (HMO D-SNP)

Our service area includes these counties in NY: Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Rockland, Sullivan, Ulster, Westchester

Do you have questions?

- You can learn more on our website, **https://shop.empireblue.com/medicare**.

- Please call us toll-free **1-844-248-6098** (TTY: **711**).
- Hours of operation: 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

The *Summary of Benefits* does not include every service, limit, or exclusion, but the *Evidence of Coverage* does. Just give us a call to request a copy.

These are Dual Eligible Special Needs Plans (D-SNP)

Empire MediBlue Dual Advantage (HMO D-SNP) and Empire MediBlue Dual Advantage Select (HMO D-SNP) are Medicare Advantage plans. They include hospital, medical, and prescription drug benefits. To join either one of these plans, the following must apply to you[1]:

- You're entitled to Medicare Part A.
- You're enrolled in Medicare Part B and New York Medicaid (the state's Medicaid program).
- You live in our service area.

[1] This plan is available to anyone who has both Medical Assistance from the State and Medicare.

Eligibility

To be enrolled in this plan, you must also receive some level of Medical Assistance from New York Medicaid (the state Medicaid program) as described below:

Empire MediBlue Dual Advantage (HMO D-SNP) and Empire MediBlue Dual Advantage Select (HMO D-SNP)

- ☐ If you have **full Medicaid coverage (Full Benefit Dual Eligible [FBDE])** status, you are eligible for the New York Medicaid program. This may cover your share of Medicare costs.
- ☐ If you have **Qualified Medicare Beneficiary (QMB)** status, you are eligible for the New York Medicaid program, which pays your Medicare premiums, deductibles, and cost sharing. Some QMB members are also eligible to receive full Medicaid benefits (QMB+).
- ☐ If you have **Specified Low-Income Medicare Beneficiary Plus (SLMB+)** status, you are eligible for the New York Medicaid program. This pays your Medicare Part B premium. You are also eligible to receive full Medicaid benefits.

Cost sharing and cost-sharing protections for all members

You pay no cost sharing for the Medicare-covered benefits described later in this Summary of Benefits. You will only have small copays or none at all for prescriptions covered under the Medicare Part D drug benefit. When you receive health services, the provider should not bill you. They should only bill the plan for those services and cost-sharing amounts.

If you receive care from a noncontracted provider, the provider may not understand the plan or these billing rules. If you receive a bill for Medicare-covered services, please call the Customer Service phone number listed on your plan ID card.

Medicare coverage that goes beyond Original Medicare

- Our Medicare Advantage plans cover everything Original Medicare covers — Part A (hospital services) and Part B (medical services) — and more. We'll review these extra benefits later in this booklet. Some of the extra benefits are covered in this Summary of Benefits.
- These plans cover Medicare Part D drugs and Part B drugs (such as chemotherapy and some drugs administered by your provider). To see if your prescriptions are covered, follow the instructions in the "Know Your Drug Plan" section.

Is your PCP in our plan's network of doctors?

If you need to change your Primary Care Physician (PCP), give us a call and we'll help. Doctors can join or leave the network at any time, so check if they're in network with our Find a Doctor tool online. Just follow the steps below.

How to find a doctor/PCP in our plan:

- Go to **https://shop.empireblue.com/medicare**
  1. Select **Useful Tools** and choose **Find a Doctor**.
  2. Enter your ZIP code, county and the date you want your coverage to begin.
  3. Fill in the details (city, doctor's name, distance, etc.).
  4. Be sure to check that the doctor is listed as "In-Network" for this plan.
- Or you can ask us for the *Provider Directory*. The phone number is on page 2.

Know your drug plan

Prescription drugs are an important part of health and wellness

Empire MediBlue Dual Advantage (HMO D-SNP) and Empire MediBlue Dual Advantage Select (HMO D-SNP) cover medications that help you stay your healthiest, at the lowest cost possible. Check the plan's drug list, or *Formulary*, to see if your prescriptions are covered and at what price.

How to check if your prescriptions (or an acceptable alternative) are covered and what they'll cost:

- ☐ Visit **https://shop.empireblue.com/medicare**
  1. Select **Useful Tools** and choose **Find Your Covered Drugs**.
  2. Enter your ZIP code, county and beginning coverage date.
  3. Enter your drug name, dosage, quantity and refill frequency, and select **Add Drug** or **Next**.
  4. Select your pharmacy, and then select **View All Plans**.
  5. Choose **Plan Details** and then **Drug Cost** to view the drug's tier, specific cost, and coverage details.
- ☐ You can also call us at the number on page 2 for a copy of the *Formulary*.

Find a pharmacy

Our plans include the majority of pharmacies in America, so you're likely to find one near you. If your pharmacy is not in this plan, you could end up paying more for your drugs.

To confirm your pharmacy is in the plan (or find a new one) see the *Pharmacy Directory* on our website at **https://shop.empireblue.com/medicare**. Under *Useful Tools*, choose **Find a Pharmacy** to enter your location and search details.

Our plans offer preferred and standard pharmacies. You may go to either type of pharmacy to fill your covered prescription drugs. Your costs will be the same if you use a preferred or standard pharmacy.

Summary of 2022 medical benefits

The next pages have more details about plan benefits, so you can choose the right plan for you.

Empire MediBlue Dual Advantage (HMO D-SNP)	Empire MediBlue Dual Advantage Select (HMO D-SNP)
How much is my premium (monthly payment)**?**	
$0.00 per month	**$0.00** per month
Your Part B premium is covered by your state's Medicaid agency for D-SNP enrollees.	
How much is my deductible?	
This plan does not have a medical deductible. The Part D deductible does not apply to you because you receive Extra Help from Medicare.	This plan does not have a medical deductible. The Part D deductible does not apply to you because you receive Extra Help from Medicare.
Is there a limit on how much I will pay for my covered medical services? (does not include Part D drugs)	
$7,550.00 per year from doctors and facilities in our plan	**$7,550.00** per year from doctors and facilities in our plan
Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. Services you receive from doctors or facilities in our plan go toward your yearly limit. If you reach the limit on out-of-pocket costs, you will not have to pay any out-of-pocket costs for covered Part A and Part B services for the rest of the year.	
Inpatient Hospital[1]	
Facilities in our plan: **$0.00** copay per stay	Facilities in our plan: **$0.00** copay per stay
Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. Once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.	

Empire MediBlue Dual Advantage (HMO D-SNP)	Empire MediBlue Dual Advantage Select (HMO D-SNP)
Outpatient Hospital[1,2]	
Doctors and facilities in our plan: **$0.00** copay	Doctors and facilities in our plan: **$0.00** copay
Ambulatory Surgical Center[1,2]	
Doctors and facilities in our plan: **$0.00** copay	Doctors and facilities in our plan: **$0.00** copay
Doctor's Office Visits	
Primary care physician (PCP) visit:	
PCPs in our plan: **$0.00** copay	PCPs in our plan: **$0.00** copay
Specialist visit:[1,2]	
Doctors in our plan: **$0.00** copay	Doctors in our plan: **$0.00** copay
Preventive Care Screenings and Annual Physical Exams	
Preventive care screenings:	
Doctors in our plan: **$0.00** copay	Doctors in our plan: **$0.00** copay
Annual physical exam:	
Not Covered	Doctors in our plan: **$0.00** copay

Empire MediBlue Dual Advantage (HMO D-SNP)	Empire MediBlue Dual Advantage Select (HMO D-SNP)

Preventive Care Screenings and Annual Physical Exams

Covered preventive care screenings:

- ☐ Abdominal aortic aneurysm screening
- ☐ Annual "wellness" visit
- ☐ Bone mass measurement
- ☐ Breast cancer screening (mammogram)
- ☐ Cardiovascular disease (behavioral therapy)
- ☐ Cardiovascular screening
- ☐ Cervical and vaginal cancer screening
- ☐ Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- ☐ Depression screening
- ☐ Diabetes prevention program
- ☐ Diabetes screenings and monitoring
- ☐ Hepatitis C Screening
- ☐ High Intensity Behavioral Counseling
- ☐ HIV screening
- ☐ Lung cancer screenings
- ☐ Medical nutrition therapy services
- ☐ Obesity screenings and counseling
- ☐ Prostate cancer screenings (PSA)
- ☐ Sexually transmitted infections screenings and counseling
- ☐ Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- ☐ Vaccines, including flu, hepatitis B, pneumococcal, and COVID-19 shots
- ☐ "Welcome to Medicare" preventive visit (one-time)

Any extra preventive services approved by Medicare during the contract year will be covered. When you use doctors in our plan, **100%** of the cost of preventive care screenings is covered.

Emergency Care

Empire MediBlue Dual Advantage (HMO D-SNP)	Empire MediBlue Dual Advantage Select (HMO D-SNP)
$0.00 copay	**$0.00** copay
Emergency and Urgent Care Worldwide Coverage	**Emergency and Urgent Care Worldwide Coverage**
$0.00 copay	**$0.00** copay
This plan covers urgent care and emergency services when traveling outside of the United States for less than six months. This benefit is limited to **$100,000.00** per year.	This plan covers urgent care and emergency services when traveling outside of the United States for less than six months. This benefit is limited to **$100,000.00** per year.

Empire MediBlue Dual Advantage (HMO D-SNP)	Empire MediBlue Dual Advantage Select (HMO D-SNP)
Urgently Needed Services	
$0.00 copay	**$0.00** copay
Diagnostic Radiology Services (such as MRIs, CT scans)[1,2]	
Doctors and facilities in our plan: **$0.00** copay	Doctors and facilities in our plan: **$0.00** copay
Diagnostic Tests and Procedures[1,2]	
Doctors and facilities in our plan: **$0.00** copay	Doctors and facilities in our plan: **$0.00** copay
Lab Services[1,2]	
Doctors and facilities in our plan: **$0.00** copay	Doctors and facilities in our plan: **$0.00** copay
Outpatient X-rays[1,2]	
Doctors and facilities in our plan: **$0.00** copay	Doctors and facilities in our plan: **$0.00** copay
Therapeutic Radiology Services (such as radiation treatment for cancer)[1,2]	
Doctors and facilities in our plan: **$0.00** copay	Doctors and facilities in our plan: **$0.00** copay

Empire MediBlue Dual Advantage (HMO D-SNP)	Empire MediBlue Dual Advantage Select (HMO D-SNP)
Hearing Services	
Medicare-covered hearing services (Exam to diagnose and treat hearing and balance issues):[1,2]	
Doctors in our plan: **$0.00** copay	Doctors in our plan: **$0.00** copay
Routine hearing services:[1]	
Not Covered	This plan covers 1 routine hearing exam(s) and hearing aid fitting/ evaluation(s) every year. **$1,500.00** maximum plan benefit for hearing aids every year. Doctors in our plan: **$0.00** copay for routine hearing exam(s). **$0.00** copay for hearing aids up to the maximum plan benefit amount.
Dental Services	
Medicare-covered dental services (this does not include services for care, treatment, filling, removal or replacement of teeth):[1]	
Doctors and dentists in our plan: **$0.00** copay	Doctors and dentists in our plan: **$0.00** copay
Preventive dental services:	
Not Covered	This plan covers: 2 oral exam(s), 2 cleaning(s), 1 dental X-ray(s) every year. Dentists in our plan: **$0.00** copay

Empire MediBlue Dual Advantage (HMO D-SNP)	Empire MediBlue Dual Advantage Select (HMO D-SNP)
Dental Services	
Comprehensive dental services:[1]	
Not Covered	This plan covers up to a **$1,000.00** allowance for covered comprehensive dental services every year. Doctors and dentists in our plan: **$0.00** copay We cover more dental care than what Original Medicare covers. You can use our coverage for these services and more: extra exams, cleanings, X-rays, fillings and repairs, root canals (endodontics), dental crowns (caps), bridges and implants, and dentures. Any amount not used at the end of the calendar year will expire.
Vision Services	
Medicare-covered vision services:	
Exam to diagnose and treat diseases and conditions of the eye	
Doctors in our plan: **$0.00** copay	Doctors in our plan: **$0.00** copay
Eyeglasses or contact lenses after cataract surgery	
Doctors in our plan: **$0.00** copay	Doctors in our plan: **$0.00** copay

Empire MediBlue Dual Advantage (HMO D-SNP)	Empire MediBlue Dual Advantage Select (HMO D-SNP)
Vision Services	
Routine vision services:	
Routine vision exam	
Not Covered	This plan covers 1 routine eye exam(s) every year. Doctors in our plan: **$0.00** copay
Routine eyewear (lenses and frames)	
Not Covered	This plan covers up to **$250.00** for eyeglasses or contact lenses every year. Doctors in our plan: **$0.00** copay

To find a vision provider in our plan, follow the same steps as the "How to find a doctor/PCP in our plan" box at the beginning of this booklet. Then select **Vision Provider** under **Provider Type**.

Mental Health Care	
Inpatient visit:[1]	
Doctors and facilities in our plan: **$0.00** copay per stay	Doctors and facilities in our plan: **$0.00** copay per stay

Our plan has a lifetime limit of 190 days for inpatient mental health care in a psychiatric hospital. This limit does not apply to inpatient mental health services provided in a general hospital.
Our plan covers 90 days for an inpatient hospital stay.
Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. Once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

Outpatient individual and group therapy services:[1,2]	
Doctors and facilities in our plan: **$0.00** copay	Doctors and facilities in our plan: **$0.00** copay

Empire MediBlue Dual Advantage (HMO D-SNP)	Empire MediBlue Dual Advantage Select (HMO D-SNP)
Skilled Nursing Facility (SNF)[1]	
Doctors and facilities in our plan: **$0.00** copay per stay	Doctors and facilities in our plan: **$0.00** copay per stay
Our plan covers up to 100 days in a Skilled Nursing Facility (SNF).	
Physical Therapy[1,2]	
Doctors and facilities in our plan: **$0.00** copay	Doctors and facilities in our plan: **$0.00** copay
Ambulance[1]	
Ground/Water Ambulance:	
Emergency transportation services in our plan: **$0.00** copay per trip	Emergency transportation services in our plan: **$0.00** copay per trip
Air Ambulance:	
Emergency transportation services in our plan: **$0.00** copay per trip	Emergency transportation services in our plan: **$0.00** copay per trip
Transportation	
Not Covered	Not Covered

Empire MediBlue Dual Advantage (HMO D-SNP)	Empire MediBlue Dual Advantage Select (HMO D-SNP)
Medicare Part B Drugs[1]	
Other Part B Drugs:	
Drugs obtained from doctors and facilities in our plan: **$0.00** copay	Drugs obtained from doctors and facilities in our plan: **$0.00** copay
Chemotherapy drugs:	
Drugs obtained from doctors and facilities in our plan: **$0.00** copay	Drugs obtained from doctors and facilities in our plan: **$0.00** copay

Additional benefits

Empire MediBlue Dual Advantage (HMO D-SNP)	Empire MediBlue Dual Advantage Select (HMO D-SNP)
Acupuncture	
Not Covered	Providers in our plan: **$0.00** copay per visit. This plan offers coverage for 24 visits every year.
Chiropractic Care[1,2]	
Medicare-covered chiropractic services:	
Providers in our plan: **$0.00** copay	Providers in our plan: **$0.00** copay
Medicare coverage includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position).	
Electronic Health Monitoring	
Not covered	Covers in-home equipment and telecommunication technology to monitor specific health conditions

Empire MediBlue Dual Advantage (HMO D-SNP)	Empire MediBlue Dual Advantage Select (HMO D-SNP)
Enhanced Drug Coverage	
Not Covered	Our plan offers additional coverage of some prescription drugs not normally covered in a Medicare prescription drug plan. Covered drugs include: Sildenafil. Limit 4 tablets per month. Please refer to your Tier 1: Preferred Generic copay later in this Summary of Benefits for how much you will pay. Your plan's *Formulary* includes additional information about all drugs covered under this benefit.
Foot Care (podiatry services)[1,2]	
Medicare-covered podiatry:	
Doctors in our plan: **$0.00** copay	Doctors in our plan: **$0.00** copay
Foot exams and treatment are covered if you have diabetes-related nerve damage and/or meet certain conditions.	
Routine foot care:	
Not Covered	Doctors in our plan: **$0.00** copay This plan covers: Unlimited routine foot care visits each year.

Empire MediBlue Dual Advantage (HMO D-SNP)	Empire MediBlue Dual Advantage Select (HMO D-SNP)
Healthy Pantry	
Not Covered	If you have a diagnosed chronic condition, you could receive monthly nutritional counseling sessions and monthly delivery of non-perishable pantry staples to help you make important changes to your diet.
Home Health Care[1,2]	
Doctors and facilities in our plan: **$0.00** copay	Doctors and facilities in our plan: **$0.00** copay
LiveHealth® Online	
Lets you talk to a board-certified doctor or licensed psychiatrist, psychologist, or therapist by live, two-way video on a computer, smartphone, or tablet	Lets you talk to a board-certified doctor or licensed psychiatrist, psychologist, or therapist by live, two-way video on a computer, smartphone, or tablet

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of our plan.

Medical Equipment/Supplies	
Durable Medical Equipment (wheelchairs, oxygen, etc.):[1]	
Suppliers in our plan: **$0.00** copay	Suppliers in our plan: **$0.00** copay

Empire MediBlue Dual Advantage (HMO D-SNP)	Empire MediBlue Dual Advantage Select (HMO D-SNP)
Medical Equipment/Supplies	
Medical supplies and prosthetic devices (braces, artificial limbs, etc.):[1]	
Suppliers in our plan: **$0.00** copay	Suppliers in our plan: **$0.00** copay
Diabetic supplies and services:	
Suppliers in our plan: **$0.00** copay	Suppliers in our plan: **$0.00** copay
Outpatient Rehabilitation	
Cardiac (heart) rehab services (with a limit of two, one-hour sessions per day and a maximum of 36 sessions within a 36-week period):[1]	
Doctors and facilities in our plan: **$0.00** copay	Doctors and facilities in our plan: **$0.00** copay
Pulmonary (lung) rehab services (with a limit of two, one-hour sessions per day and a maximum of 36 sessions):[1]	
Doctors and facilities in our plan: **$0.00** copay	Doctors and facilities in our plan: **$0.00** copay
Occupational therapy visit:[1,2]	
Doctors and facilities in our plan: **$0.00** copay	Doctors and facilities in our plan: **$0.00** copay

Empire MediBlue Dual Advantage (HMO D-SNP)	Empire MediBlue Dual Advantage Select (HMO D-SNP)
Outpatient Substance Abuse[1,2]	
Individual & Group therapy visit:	
Doctors and facilities in our plan: **$0.00** copay	Doctors and facilities in our plan: **$0.00** copay
Over-the-Counter Items	
This plan covers certain approved, non-prescription, over-the-counter drugs and health-related items, up to **$52** every quarter. Unused OTC amounts do roll over to the next quarter. Unused OTC amounts do not roll over to the next calendar year. There are three ways to access your benefit: ☐ Shop online or use the app and have items sent to your home or to a store location near you for pickup. ☐ Shop at more than 4,700 Walmart and Neighborhood Market stores and other participating retailers. ☐ Call to place an order and have items sent to your home.	This plan covers certain approved, non-prescription, over-the-counter drugs and health-related items, up to **$210** every quarter. Unused OTC amounts do roll over to the next quarter. Unused OTC amounts do not roll over to the next calendar year. There are three ways to access your benefit: ☐ Shop online or use the app and have items sent to your home or to a store location near you for pickup. ☐ Shop at more than 4,700 Walmart and Neighborhood Market stores and other participating retailers. ☐ Call to place an order and have items sent to your home.
Personal Emergency Response System (PERS) coverage[1]	
Not Covered	Includes the monitoring device and monitoring service. To start and install services, give us a call. We can help you.

Empire MediBlue Dual Advantage (HMO D-SNP)	Empire MediBlue Dual Advantage Select (HMO D-SNP)
Renal Dialysis	
Doctors and facilities in our plan: **$0.00** copay	Doctors and facilities in our plan: **$0.00** copay
SilverSneakers®† Fitness program	
When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to **www.silversneakers.com** or call SilverSneakers at 1-855-741-4985 (TTY: 711), Monday to Friday, 8 a.m. to 8 p.m. ET.	When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to **www.silversneakers.com** or call SilverSneakers at 1-855-741-4985 (TTY: 711), Monday to Friday, 8 a.m. to 8 p.m. ET.

†The SilverSneakers Fitness Program is provided by Tivity Health, an independent company. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2021 Tivity Health, Inc. All rights reserved.

24/7 NurseLine	
24-hour access to a nurse helpline, seven days a week, 365 days a year	24-hour access to a nurse helpline, seven days a week, 365 days a year

Services with a 1 may need prior authorization (preapproval) from the plan.

Services with a 2 may need a referral from your doctor or Primary Care Physician (PCP).

Summary of Medicaid-covered benefits

Services available through New York State Department of Health:

The following services are not covered or may not be fully covered by Empire MediBlue Dual Advantage (HMO D-SNP) and Empire MediBlue Dual Advantage Select (HMO D-SNP)but are available through Medicaid.

- ☐ AIDS adult day health care
- ☐ Adult day health care
- ☐ Assisted living program
- ☐ Buprenorphine
- ☐ Care management
- ☐ Certain behavioral health services
- ☐ Certain mental health services
- ☐ Chronic renal dialysis
- ☐ Comprehensive Medicaid case management
- ☐ Consumer directed personal care services
- ☐ Court-ordered services
- ☐ Crisis intervention services
- ☐ Dental services
- ☐ Directly observed therapy for tuberculosis disease
- ☐ Emergency services
- ☐ Emergency transportation
- ☐ Family planning and reproductive health services
- ☐ Hearing services (and audiology)
- ☐ Home care services
- ☐ Home and community based waiver program services
- ☐ Home delivered and congregate meals
- ☐ Hospice services

- ☐ Inpatient and outpatient hospital services
- ☐ Inpatient mental health over 190-day lifetime limit
- ☐ Laboratory services
- ☐ Medicaid pharmacy benefits
- ☐ Medical and surgical supplies, enteral and parenteral formula and hearing aid batteries
- ☐ Medical social services
- ☐ Medicare cost sharing
- ☐ Methadone maintenance treatment programs
- ☐ Midwifery services
- ☐ Non-emergency transportation
- ☐ Non-Medicare-covered care in skilled nursing facility
- ☐ Non-Medicare-covered durable medical equipment
- ☐ Non-Medicare-covered home health services
- ☐ Nurse practitioner services
- ☐ Nursing home care
- ☐ Nutrition
- ☐ Observation services
- ☐ Office of People with Developmental Disabilities (OPWDD) services
- ☐ Out of network family planning services
- ☐ Outpatient rehabilitation
- ☐ Personal care services
- ☐ Personal Emergency Response Services (PERS)
- ☐ Pharmacy benefits as permitted by state law services
- ☐ Physical therapy, occupational therapy, speech therapy and other services
- ☐ Physician services
- ☐ Podiatry services
- ☐ Prescription and non-prescription drug services

- ☐ Preventative health services
- ☐ Private duty nursing services
- ☐ Prosthetics
- ☐ Radiology and radioscope services
- ☐ Rehabilitation services provided to residents of OMH-licensed community residences (CRs) and family-based treatment programs
- ☐ Respiratory therapy
- ☐ Second medical/opinion services
- ☐ Smoking cessation products
- ☐ Social and environmental supports
- ☐ Social day care
- ☐ State directed services
- ☐ Substance use disorder services
- ☐ Vision services

Have Questions?

What you pay for covered services may depend on your level of Medicaid eligibility. If you have questions about your Medicaid eligibility and what benefits you are entitled to, please call: **1-800-541-2831**.

Summary of 2022 prescription drug coverage

Ways to save

1. Choose generic drugs on tiers 1 and 2 when available.
2. Use mail order.
3. Use a preferred pharmacy. To find a preferred pharmacy in this plan:
   - Visit **https://shop.empireblue.com/medicare** (select **Useful Tools**, and choose **Find a Pharmacy**). Preferred pharmacies are noted to the right of the pharmacy name.
   - Give us a call and we will send you a copy of the *Pharmacy Directory*.

Empire MediBlue Dual Advantage (HMO D-SNP)	Empire MediBlue Dual Advantage Select (HMO D-SNP)
Stage 1: How much is my deductible?	
The Part D deductible does not apply to you because you receive Extra Help from Medicare.	The Part D deductible does not apply to you because you receive Extra Help from Medicare.
Stage 2: Initial Coverage	
After you pay your yearly deductible (if your plan has one), you pay the amount listed in the table on the following pages, until your total yearly drug costs reach **$4,430**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.	After you pay your yearly deductible (if your plan has one), you pay the amount listed in the table on the following pages, until your total yearly drug costs reach **$4,430**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your covered drugs at retail pharmacies and mail-order pharmacies in our plan. Generally, you may get your covered drugs from pharmacies not in our plan only when you are unable to get your prescription drugs from a pharmacy that is in our plan.

Stage 2: Initial Coverage		
Retail and Mail Order Cost Sharing		
Cost Sharing	**Empire MediBlue Dual Advantage (HMO D-SNP)**	**Empire MediBlue Dual Advantage Select (HMO D-SNP)**
Tier 1: Preferred Generic, **Tier 6: Select Care Drugs**	**$0 copay**	**$0 copay**
Generic drugs (including brand drugs treated as generic) on all other Tiers not referenced above	**$0 - $3.95 copay, depending on the level of Extra Help you receive**	**$0 - $3.95 copay, depending on the level of Extra Help you receive**
All other brand drugs on all other Tiers not referenced above	**$0 - $9.85 copay, depending on the level of Extra Help you receive**	**$0 - $9.85 copay, depending on the level of Extra Help you receive**

Cost sharing is the same for 30-day or long-term supply. You can determine which covered drugs are generic by reading the plan's Formulary.

Plan Tiers

Tier 1: Preferred Generic
Tier 2: Generic
Tier 3: Preferred Brand
Tier 4: Non-Preferred Drug
Tier 5: Specialty Tier
Tier 6: Select Care Drugs

Empire MediBlue Dual Advantage (HMO D-SNP)	Empire MediBlue Dual Advantage Select (HMO D-SNP)
Stage 3: Coverage Gap	
After your total yearly drug costs reach **$4,430,** you continue to pay **$0** copay for drugs for tiers 1 and 6 and your LIS level cost sharing for your drugs for tiers 2-5 until your total yearly drug costs reach **$7,050.**	After your total yearly drug costs reach **$4,430,** you continue to pay **$0** copay for drugs for tiers 1 and 6 and your LIS level cost sharing for your drugs for tiers 2-5 until your total yearly drug costs reach **$7,050.**
Stage 4: Catastrophic Coverage	
After your yearly out-of-pocket drug costs reach **$7,050,** the plan will pay all of your Medicare covered Part D drugs for the rest of the calendar year.	After your yearly out-of-pocket drug costs reach **$7,050,** the plan will pay all of your Medicare covered Part D drugs for the rest of the calendar year.

Ways we support your health

PremiumAssist℠

The PremiumAssist℠ program helps you find local discounts and services for things like home repair, nutrition, and assistance with copays. Plus, once you become a D-SNP plan member (dually eligible for Medicare and Medicaid), we will help you keep your Medicaid benefits.

Services this program provides

- The Medicare Savings Complete program assists with eligibility, renewal, and enrollment for Medicaid benefits. An advocate will contact you or you can call us at **1-877-236-4471** (TTY: **711**).
- Recert Complete helps you meet the annual Medicaid enrollment deadline and advocates on your behalf to reenroll or maintain your Medicaid status.
- Community Connect puts you in touch with public and private benefits for which you may qualify.
- We assist with identifying Low Income Subsidy (LIS) resources that help cover Part D costs while you are in the coverage gap.

An overview of how Medicare works

If you're new to Medicare, this can help you decide what is right for you.

Original Medicare (Parts A and B) is a federal government program that helps cover:

A + B

- ☐ Inpatient care in hospitals and skilled nursing facilities (not custodial or long-term care).
- ☐ Hospice and some home healthcare services.
- ☐ Doctor services, hospital outpatient care, lab tests, medical equipment, and supplies.
- ☐ Most preventive services, including a yearly wellness exam.

Original Medicare (Parts A and B) does not cover:

- ☐ Prescription drugs.
- ☐ Vision, dental, or hearing care.

Here are your options

Option 1: an all-in-one Medicare Advantage plan	Option 2: One or both of the following
Medicare Part C **C+D+Extras** ☐ Includes all of Part A (hospital) and Part B (medical) coverage ☐ Usually includes Part D prescription drug coverage ☐ Often offers extra services and benefits ☐ Caps what you'll pay out-of-pocket for medical services	**Medicare Supplement** ☐ Medicare Part A or Part B deductibles, coinsurance, or copayments ☐ Medicare Part B excess charges ☐ Skilled nursing facility care coinsurance ☐ Foreign travel emergencies **Prescription drug coverage** **Part D** ☐ Helps pay for many of your prescribed drugs ☐ Gives you access to home delivery services and pharmacies across the country

When you can enroll

Initial Enrollment Period

You can sign up for a D-SNP plan when you are first eligible for Medicare. Your Initial Enrollment Period is a seven-month period that includes the three months before your 65th birthday month, the month you turn 65, and the three months after your 65th birthday month. You must be eligible for both Medicare and Medicaid to join a D-SNP.

Annual Enrollment Period - October 15 to December 7

This is the time each year to enroll in or change your Medicare Advantage or Part D plan. You may also switch to only Original Medicare (Parts A and B). New coverage begins January 1 of each year.

Special Enrollment Period - January 1 to September 30

As a D-SNP member, you can change plans one time per calendar quarter. This option is known as a Special Enrollment Period. For more help, call your agent or call us at the toll-free number on page 2.

Medicare ID cards

If you choose a Dual Eligible Special Needs plan (D-SNP):

You will not need your red, white, and blue Medicare ID card. Just present your DSNP member ID card for all your covered medical and drug benefits. We recommend you also carry your state Medicaid ID card in case your doctor needs it.

Avoid late-enrollment penalties

It's important to enroll in a Medicare plan when you're first eligible. If you don't, you may have to pay the following penalties:

Medicare Part A: You may have to buy Part A if you don't qualify for premium-free Part A. If you do not buy it when you're first eligible for Medicare, your monthly premium may go up 10%. You will have to pay the higher premium for twice the number of years you didn't sign up.

For example, if you delayed enrollment for one year and your monthly Part A premium was $100, then you would have to pay a $110 (10% increase) premium for two years (two times the one year you didn't have Medicare Part A).

Medicare Part B: Your monthly premium may increase 10% for each 12-month period you could have had Part B but didn't sign up. You'll have to pay this penalty for as long as you have Part B.

Medicare Part D: If you don't sign up when you're first eligible, you may have to pay this penalty for as long as you are enrolled in Part D, and it may increase every year. You may not have to pay it if you receive Extra Help or have proof of other creditable (as good as Medicare's) coverage.

How can I learn more about Medicare?

Medicare & You, a helpful tool

The United States government's *Medicare & You* handbook is a great way to learn about Medicare and find answers to your questions. If you do not have a copy, you can view it online at **medicare.gov** or call Medicare for a copy at **1-800-MEDICARE (1-800-633-4227)**, 24/7. TTY users can call **1-877-486-2048**.

Hay disponibles servicios de traducción; póngase en contacto con el plan o su agente.

If you need emergency or urgent care, call 911 or go to the nearest doctor or facility that can help you. Most times, you must use doctors in our plan to receive covered medical care, except for emergencies and urgently needed care when doctors in our plan are not available or dialysis services when you are out of the service area. If you receive routine care from doctors outside our plan, neither Medicare nor Empire BlueCross BlueShield will pay for it.

Empire BlueCross BlueShield is an HMO D-SNP plan with a Medicare contract and either a contract or a coordination of benefits agreement with the New York State Department of Health. Enrollment in Empire BlueCross BlueShield depends on contract renewal.

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

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IMPORTANT INFORMATION:
2022 Medicare Star Ratings

Official U.S. Government Medicare Information

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Empire BlueCross BlueShield - H8432

For 2022, Empire BlueCross BlueShield - H8432 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★☆☆

Health Services Rating: ★★★☆☆

Drug Services Rating: ★★★½☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important
Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

The number of stars show how well a plan performs.

★★★★★ EXCELLENT

★★★★☆ ABOVE AVERAGE

★★★☆☆ AVERAGE

★★☆☆☆ BELOW AVERAGE

★☆☆☆☆ POOR

More stars mean a better plan – for example, members may get better care and better, faster customer service.

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at **medicare.gov/plan-compare.**

Questions about this plan?

Contact Empire BlueCross BlueShield 7 days a week from 8 a.m. to 8 p.m., (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30 at 1-844-248-6098 (toll-free) or 711 (TTY).
Current members please call 1-844-469-1762 (toll-free) or 711 (TTY).

This plan is available to anyone who has both Medical Assistance from the State and Medicare.

Empire BlueCross BlueShield is an HMO D-SNP plan with a Medicare contract and either a contract or a coordination of benefits agreement with the New York State Department of Health. Enrollment in Empire BlueCross BlueShield depends on contract renewal.

Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-844-248-6098** TTY: **711**, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

Understanding the Benefits

- [ ] Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit **https://shop.empireblue.com/medicare** or call **1-844-248-6098** to view a copy of the EOC.
- [ ] Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- [ ] Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- [ ] In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- [ ] Benefits, premiums and/or copayments/co-insurance may change on January 1, 2023.
- [ ] Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- [ ] This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.