



Medicare Supplement Insurance

EmblemHealth 2019 Medicare Supplement Insurance Plans





Why Medicare Supplement?

Medicare Part A covers some hospital services, while Medicare Part B covers some medical services, but they don't cover all costs. That's why some people with Medicare choose to add a Medicare Supplement Insurance Plan offered by EmblemHealth. It "supplements" Medicare by covering the bills that are only partially covered by Medicare Parts A and B. Medicare Supplement can help pay plan member's cost sharing expenses that Original Medicare doesn't cover, like copayment, coinsurance, and deductibles.

Freedom to Choose: There is no need for plan members to get referrals and there are no networks. Plan members can receive medical care from any doctor, specialist, or hospital that participates with Medicare.

Guaranteed renewable: Once you enroll, you can keep your plan for life — no annual enrollment!

At EmblemHealth, we offer five Medicare Supplement Insurance plans. You choose the plan with the benefit design that suits your needs. Benefits provided will depend upon the plan you select, and premiums may vary by plan and by region.

Free Look Period

After receiving your contract, you will have 30 days to review it. If you are not satisfied with it, simply return it to us. We will provide a refund if the contract is returned to us at the close of the free look period.

All EmblemHealth Medicare Supplement plans cover the following Basic Benefits:

- **Hospitalization:** EmblemHealth pays Part A coinsurance* plus coverage for 365 additional days in your lifetime after Medicare stops paying.
- **Medical Expenses:** EmblemHealth pays Part B coinsurance* (20 percent of Medicare-approved expenses), Medicare pays 80 percent.
- **Blood:** First three pints of blood each year.
- **Hospice care:** EmblemHealth pays Part A coinsurance*.

* Coinsurance is the percentage of the Medicare approved expenses that you pay.

Eligibility

Medicare Supplement Insurance is open for enrollment all year long. To apply for coverage under one of EmblemHealth's Medicare Supplement Insurance Plans, you must:

- Be eligible for Medicare
- Live in New York State
- Not have coverage provided by Medicaid
- Not have Medicare coverage from any other health insurance plan

You may apply for an EmblemHealth Medicare Supplement Insurance Plan if your current coverage is ending and you want to change your plan. You can do this if you have EmblemHealth insurance or another insurance plan.

If you have dependents that are not eligible for Medicare, they may need to apply separately for their own EmblemHealth plan. EmblemHealth will notify them of how to apply. Generally, they will have to apply within 60 days of their current plan ending.

When Benefits Begin for New Members

Once you send in your completed application, we will verify your eligibility and send you an identification card and a contract along with a schedule page, which will show you the effective date of your coverage. If you want to delay your effective date, you can request an effective date in the application.

When Benefits Begin for Current EmblemHealth Members

Coverage usually begins immediately after your previous EmblemHealth plan ends so that there is no break in your coverage. Simply complete the application and return it within 60 days of the end of your previous coverage in order for your Medicare Supplement plan to take effect on the termination date. You may apply after the 60-day period, but you may have a break in coverage.

How to Enroll

We've made enrolling as easy as possible. To apply for an EmblemHealth Medicare Supplement plan, complete and return the enclosed application along with a check for the first payment to us in the self-addressed envelope. If you do not send payment with your application, we will send you an invoice after the application is processed, once your eligibility has been confirmed.

We will send you an identification card along with your contract within 7-10 business days after all parts of the application and the premium has been paid, unless you request a later effective date.

EmblemHealth Medicare Supplemental Plans and Benefits

We offer six Medicare Supplement Insurance plans — Plan A, Plan B, Plan C, Plan F and Plan F+. Benefits provided will depend upon the plan you select, and premiums may vary by plan and by region.

Plan A (PLH-5372MSA-19)	Plan B (PLH-5373MSB-19)	Plan C (PLH-5374MSC-19)	Plan F (PLH-5371MSF-19)	Plan F+ (HCR-MSFHD-19)
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible	Part B Deductible	Part B Deductible
			100% of Part B excess charges	100% of Part B excess charges
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency

2019 monthly rates for these plans are listed on page 2 of the Medicare Supplement Disclosure Statement enclosed in this package.

Plan F+ is a high-deductible plan. If you choose this option, this means you must pay for Medicare-covered costs up to the deductible amount of \$2,300 in 2019 before your Medigap plan pays anything.

All EmblemHealth Medicare Supplement plans cover the following Basic Benefits:

- **Hospitalization:** EmblemHealth pays Part A coinsurance* plus coverage for 365 additional days in your lifetime after Medicare stops paying.
- **Medical Expenses:** EmblemHealth pays Part B coinsurance* (20 percent of Medicare-approved expenses), Medicare pays 80 percent.
- **Blood:** First three pints of blood each year.
- **Hospice care:** EmblemHealth pays Part A coinsurance*.

In addition to the Basic Benefits, **Plan B** also covers:

- **Part A inpatient deductible** per benefit period:** \$1,364 in 2019.

In addition to the Basic Benefits, **Plan C** also covers:

- **Coinsurance*** for skilled nursing facility care.
- **Part A inpatient deductible** per benefit period:** \$1,364 in 2019.
- **Part B annual deductible***:** \$185 in 2019.
- **Emergency care** rendered during the first 60 days of foreign travel.

In addition to the Basic Benefits, **Plan F/F+** also covers:

- **Coinsurance*** for skilled nursing facility care.
- **Part A inpatient deductible** per benefit period:** \$1,364 in 2019.
- **Part B annual deductible:** \$185 in 2019.
- 100% of Part B costs above what Medicare will pay.
- **Emergency care** rendered during the first 60 days of foreign travel.

* Coinsurance is the percentage of the Medicare approved expenses that you pay.

** Part A inpatient deductible is the amount you pay for Medicare Part A hospitalization services, including semi-private room and board, general nursing and other services and supplies during the first 60 days of a hospital stay covered by Medicare.

*** Part B annual deductible is the amount you pay for health care outside of the hospital before your plan starts to pay.

For more benefit details, please refer to pages 4 through 11 of the Medicare Disclosure Statement enclosed in this package.



To learn more about the EmblemHealth Medicare Supplement Plans, please call **866-287-7151**, 8 a.m. to 8 p.m., seven days a week. If you have a hearing or speech impairment and use a TTY, please call **711**, 8 a.m. to 8 p.m., seven days a week. Or visit us on the web at **<https://emblemhealth.com/Our-Plans/Medicare-Supplemental-Plans>**.

EmblemHealth Medicare supplement plans are **underwritten by Group Health incorporated (“GHI”)**, an Emblem Health company. Coverage is subject to all terms, conditions, limitations and exclusions set forth in the applicable EmblemHealth Medicare Supplement plan contract.

Special Notice

Each EmblemHealth Medicare Supplement Insurance plan meets the minimum standards for Medicare Supplement Insurance as defined by the New York State Department of Financial Services. The expected benefit ratio for each of these policies is 90 percent. This ratio is the portion of future premiums which GHI expects to return as benefits when averaged over all people with the policy.

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