Medicare Made Simple

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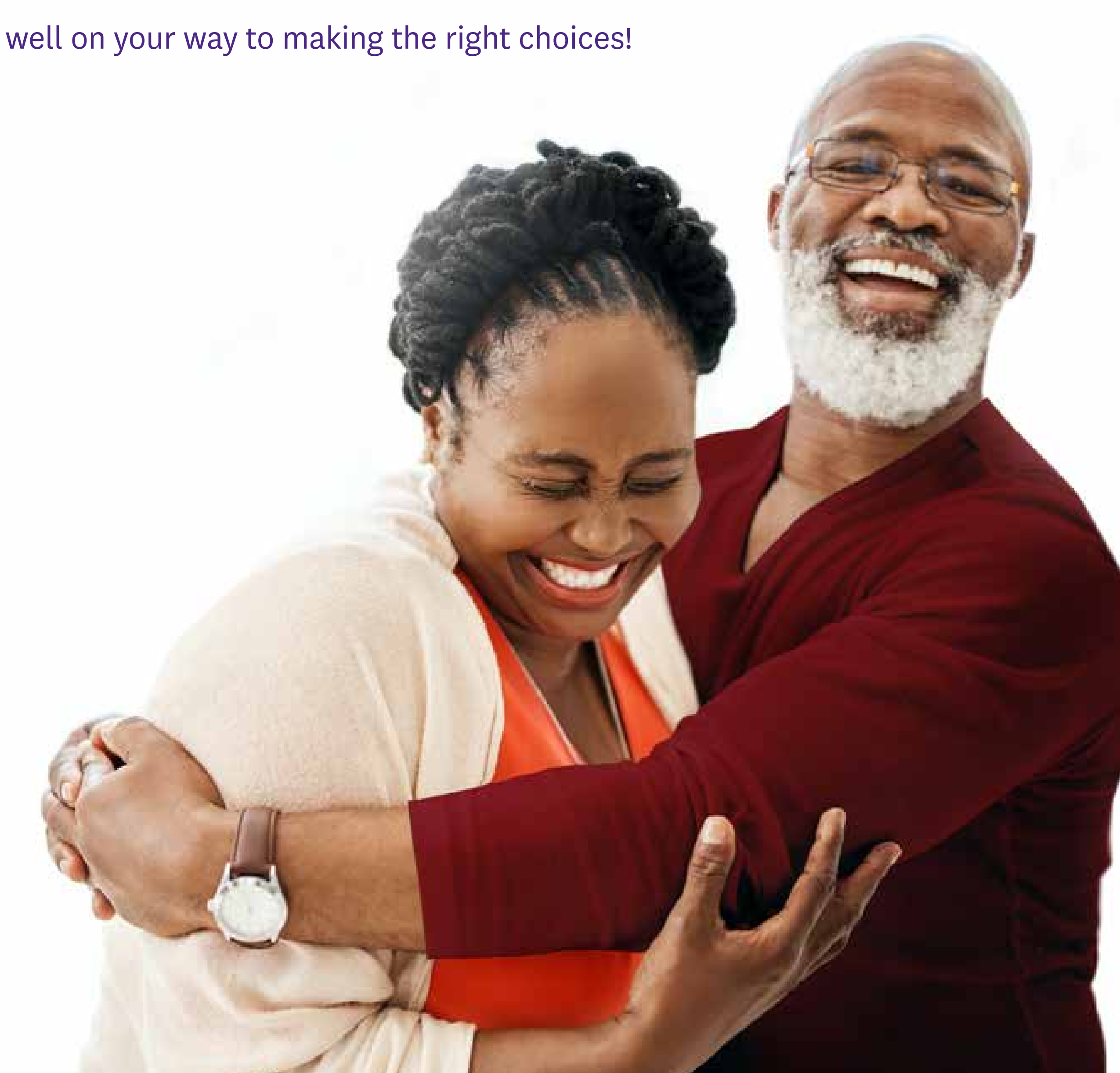
With the Right Information, You Can Make the Right Medicare Choices

Peace of mind starts with clear and simple information. We want you to feel comfortable and secure with your Medicare decisions. It can be easy — when you have the facts.

That's why we created this guide. It makes Medicare simple, and is easy to use.

At EmblemHealth, we believe everyone should be taken care of. We can help you find the Medicare plan that best fits your needs and offers the care you deserve.

You're well on your way to making the right choices!



What Is Medicare?

Medicare is the largest health insurance program in the United States. It is run by the Centers for Medicare & Medicaid Services (CMS), a government agency.

You can join **Medicare** if you're 65 or older and:

- You are either a citizen or a permanent resident of the United States, and
- You or your spouse worked at least 10 years in Medicare-covered employment.

You might also be able to join Medicare if you are under 65. See the "Medicare & You" handbook at **medicare.gov**.

There are many ways that you can get Medicare:

ORIGINAL MEDICARE PLAN

Part

Hospital Insurance:
No monthly fee
for most people.

+

Part

Medical Insurance:
This is optional. You pay
a monthly fee for it.

+

MEDIGAP POLICY

This is a
Medicare Supplement
Insurance plan.

It pays for things –
the "gaps" – that
Original Medicare
does not cover.
You can choose to
buy it from
private companies.

+

PART D DRUG COVERAGE

Part

This is a plan that covers
prescription drugs. It is
sold by private companies.
You do not have to buy it
when you first join Medicare.
But if you buy a Part D
plan later, you may
need to pay a late fee
every month.

OR

MEDICARE ADVANTAGE PLAN

Part

Medicare Advantage plans combine what Original Medicare covers, and often Part D,
into a single plan. You can buy these plans from private companies.

We'll describe each of these parts in more detail on the following pages.

Helpful Definitions for Some Common Health Insurance Words

A **premium** is the amount you pay for your insurance every month.

A **deductible** is the amount you pay before your plan starts to pay. Once you meet your deductible each year, you will then pay any coinsurance or copayments owed for the care you receive.

A **copayment** (also called a "copay") is the amount you pay for covered health services, like seeing a doctor or paying for a drug at the pharmacy. Once your deductible has been met, you only pay your copayment.

Coinsurance is the percentage you pay for health services, after you pay your deductible. You and your plan both share the cost.

A **network** is a group of health care professionals or facilities that contract with a health plan. They provide covered products and services to members. You'll usually pay less for covered services when you get them from your network.

ORIGINAL MEDICARE

Original Medicare has two parts: Part A (Hospital Insurance) and Part B (Medical Insurance). It is a "fee-for-service" health plan. This means you pay for each service you receive. To better understand Original Medicare, let's take a look at what each part covers.

Medicare Part A
Hospital Insurance

Medicare Part A covers care you receive when you stay in a hospital (this is called "inpatient" care). It also covers care you get at skilled nursing facilities, home health care, and hospice care.

Most people get Part A from the federal government when they turn 65 if they:

- Have worked for a combined 10 years, or
- Worked 40 quarters (three-month periods) paying into Medicare. They do not need to be quarters that come one after the other.

Most people do not pay any monthly fee, or a "premium," for Part A.

You do pay part of the costs for services you get under Part A. You pay a deductible plus your share of the Medicare-approved cost for services ("coinsurance").

Medicare Part B
Medical Insurance

Medicare Part B helps you pay for medical services. These are services like doctor visits, tests, outpatient hospital services, and other like services. Part B is voluntary, which means you can choose to join it. If you choose Part B, you pay a monthly fee, or "premium," of $135 per month. (This fee might be higher, based on your income.)

If you do not sign up for Part B when you are first able to join Medicare, you will pay a higher monthly fee if you choose to join later.

How much do I pay for care I receive under Part B?

You must first pay a deductible, or a yearly fee for services, before your plan pays for any costs under Part B.

After you pay your deductible, Medicare pays up to 80% of Medicare-approved charges for most covered services. You pay the remaining costs — typically 20% of the total.

You
Medicare

Sometimes, you may pay more than 20%. This can happen if your doctor does not accept "assignment" — the Medicare-approved rate for services. If a doctor does not accept assignment, you must pay your doctor what Medicare does not cover.

To learn more about what Medicare covers and does not cover, please see the "Medicare & You" handbook at **medicare.gov**.

Medicare Supplement Plans

Original Medicare does not pay for all medical costs. So some people choose to buy a Medicare Supplement plan from a private company. These plans are also known as "Medigap" coverage. They help pay some of the costs for services that Original Medicare doesn't cover, like copayments, coinsurance, and deductibles.

Medicare Supplement plans do not include prescription drug coverage. So you will need a separate plan for these drugs (see the Medicare Part D section on page 8).

MEDICARE PART C MEDICARE ADVANTAGE PLANS

With a Medicare Advantage plan from a private company, you can get what you need from a single plan.

Having a Medicare Advantage plan means that you will still get all the benefits of Medicare Parts A and B. And many Medicare Advantage plans also include Medicare Part D drug coverage in the price of the plan. Plus, you'll get extra benefits — often for no more than what you already pay each month for Part B.

Acupuncture	**Hearing aids and exams for fitting**
Dental care	**Routine foot care**
Eye exams related to prescribing glasses	**Teladoc®**
Fitness program	**24/7 nurse hotline**

Benefits and what you pay to get services will vary from plan to plan.

Toll free: **800-459-3459** (TTY: **711**)

Types of Medicare Advantage Plans

Health Maintenance Organization (HMO) plans give you all the benefits of Original Medicare plus extra benefits. With an HMO plan:

- You choose a primary care doctor (PCP) who will provide your everyday care and will arrange for any referrals to specialists that you may need.
- You are usually only covered for care and services you get from your HMO network of doctors.

Health Maintenance Organization Point of Service (HMO-POS) plans give you all the benefits of Original Medicare plus extra benefits. They are just like HMO plans, but with added flexibility. With an HMO-POS plan:

- You can get covered services from doctors and other health care professionals in your plan's network.
- You can also get care outside of the network.
- You often pay less when you use your plan's provider network.
- Some HMO-POS plans ask you to choose a PCP. This doctor can be in or out of your plan's network.

Preferred Provider Organization (PPO) plans give you all the benefits of Original Medicare plus extra benefits. In most cases, PPOs will:

- Have a network of doctors, other health care professionals, and facilities.
- Let you get covered services outside the network, often at a higher cost.

Special Needs Plan (SNP) is a type of Medicare Advantage plan that is only available to people who:

- Are eligible for both Medicare and Medicaid,
- Live in certain institutions (like a nursing home) or who require nursing care at home, OR
- Have specific chronic or disabling conditions (like diabetes or chronic heart failure).

It can be an HMO or a PPO plan. You can join an SNP plan at any time allowed during the Special Election Period if you qualify for one.

MEDICARE PART D PRESCRIPTION DRUG COVERAGE

What is Medicare Part D and how do I enroll?

Medicare Part D is a prescription drug coverage plan for people who have either Medicare Part A or Part B. To sign up, all you need to do is join a plan that offers Part D.

Medicare Part D is a voluntary program. This means you don't have to buy it when you join Medicare. But if you decide to buy a Part D plan after you first sign up for Medicare, you may pay more for it each month. This is called a "late enrollment penalty."

Where do I get Medicare Part D?

Medicare Part D is not offered by Medicare itself. You can get Medicare Part D from a Medicare Advantage plan. This is called a Medicare Advantage Prescription Drug Plan, or MAPD. You can also get a plan that offers Medicare Part D alone. This is called a Prescription Drug Plan, or PDP. Emblemhealth offers both.

What drugs are covered under Medicare Part D?

All Medicare Part D plans have a list of covered drugs. This is called a "formulary." Plan drug lists will include both generic and brand-name drugs, and will list them in levels, or "tiers," based on cost. The lower the level or tier, the lower your cost for the drug will be.

Companies that offer Medicare Part D may cover different drugs or charge different amounts for them. So choose a plan that offers you the best solution for your own needs.

How much will a Medicare Part D plan cost?

To join, you simply enroll and pay a monthly amount, or "premium," to the plan you choose. Some Medicare Advantage plans include Part D at no extra cost in their monthly plan premium. Depending on your plan, you may also pay deductible and coinsurance costs. If you need help paying for your drugs, you may qualify for "Extra Help." See page 10 for more details.

What if I receive my prescription drug coverage through my retiree group or union?

Your retiree group or union must send you a notice every year that tells you if your plan is "creditable." That means it is at least as good as Medicare's coverage. If your plan is not creditable, you may have to pay a late enrollment penalty if you decide to join a Part D plan. Please check with your benefits administrator to make sure you understand your options.

How much will I pay for covered drugs?

The amount you pay for covered drugs depends on the drug's level, or "tier," and what stage of the benefit you have reached.

Below is a summary of the four stages of standard Medicare Part D:

Four Stages of Medicare Part D	You Pay
Yearly Deductible Stage	You pay 100% of covered drugs.
Initial Coverage Stage	Your plan will pay its share of covered drug costs and you pay your share. The costs that you pay are called copayments or coinsurance.
Coverage Gap Stage (also known as the "Donut Hole")	You pay for a lower share (25%) of your drug costs and your plan pays the rest.
Catastrophic Coverage Stage	You pay only a small share (typically 5%) of your drug costs and your plan pays the rest.

WHAT IF I NEED HELP PAYING FOR MEDICARE COVERAGE?

There are many programs that can help you pay for Medicare:

Medicare Savings Programs

If you have limited income and resources, you may be able to get help from your state to pay your Medicare costs. Some of the programs may help to pay your Medicare Part B premium, or some of your costs to get services, like deductibles, coinsurance, or copays.

Medicaid

Medicaid is a health plan for low-income and disabled people. Each state runs its own program. The federal government and each state government share the costs of this program. Some people have both Medicare and Medicaid. They are called "dual eligibles." As a dual eligible, most of your health care expenses will be covered.

What is "Extra Help?"

Extra Help is a Medicare program to help people with limited income and resources pay Part D drug plan costs. It can help pay monthly premium fees, deductibles, and coinsurance. You can get Extra Help if:

- You have full Medicaid coverage.
- You get help from your state Medicaid program to pay your Part B premiums in a Medicare Savings Program.
- You get Supplemental Security Income (SSI) benefits.

If you get Extra Help, what you pay for your plan and what you pay at the pharmacy will be lower. It may even lower your premium and deductible costs to $0. You will also have no coverage gap, pay no late enrollment penalties, and you can switch plans at any time allowed during the Special Election Period.

If you have any questions about any of these programs or, to see if you can get Extra Help, an EmblemHealth Medicare specialist can help you if you want.

HELPFUL RESOURCES

Elderly Pharmaceutical Insurance Coverage (EPIC) Program

Call: **800-332-3742** TTY: **800-290-9138**
Monday through Friday, 8:30 am to 5 pm
Website: **health.ny.gov/health_care/epic/index.htm**

Health Insurance Information Counseling and Assistance Program (HIICAP) [New York's State Health Insurance Counseling (SHIP)]

Representatives will help you with Medicare bills, questions about Medigap, dealing with payment denials and appeals, Medicare rights, and protection.
Call: **800-701-0501** TTY: **711**
Website: **aging.ny.gov**

Medicare.gov (The Official U.S. Government Site for Medicare)

Call: **1-800-MEDICARE (1-800-633-4227)** TTY: **1-877-486-2048**
Calls to this number are free, 24 hours a day, seven days a week.
Website: **medicare.gov**

Social Security Administration

Call: **800-772-1213** TTY: **800-325-0778**
Monday through Friday, 7 am to 7 pm
Website: **ssa.gov**

HOW TO ENROLL IN MEDICARE

Who Can Join a Medicare Advantage Plan?

You can join a plan if you:

- Live in the plan's service area.
- Are eligible for Medicare Part A and are enrolled in Medicare Part B.

If you qualify, you may be able to join a Special Needs Plan (see the prior section). You must continue to pay your monthly Part B premium, as well as any monthly fees ("premiums") the plan charges.

Enrolling at Age 65

If you are almost age 65 and are retired or ready to retire, you are likely signing up for Medicare for the first time.

You have a limited time to enroll, called the **Initial Coverage Election Period (ICEP)**. This period covers three months before the month of your 65th birthday to three months after. During these seven months, you may enroll in any Medicare plan you're eligible for.

To apply for Medicare Parts A and B, contact your Social Security Administration office (see page 11).

For more information on moving from the NY State of Health Marketplace to Medicare, visit **emblemhealth.com/moving**.

Enrolling at a Later Retirement Age

If you are over 65 and still working, you may not need to sign up for Medicare right away. If you work for a company with 20 or more employees that provides health insurance:

- You do not need to sign up for Medicare right away.
- You may want to enroll in Medicare Part A anyway. It may help pay some costs not covered by your company health care plan.

Once your employment ends:

- You have eight months to enroll in Medicare Part B.
- You will need to choose a plan in the two months before your Medicare Part B begins. This is called a Special Election Period.

If your company has less than 20 employees:

- You should enroll in Medicare.
- Medicare will be your primary plan.

Already enrolled in Medicare? Add or switch plans when you have the most choices.
If you're over 65 and would like to switch to Medicare plans, or if you did not sign up during your Initial Enrollment Period (IEP), you may only change plans at certain points in the year.

MEDICARE ADVANTAGE ENROLLMENT TIMELINE

OCT 1 – OCT 14 Pre-Enrollment Period

Learn about what plans offer for the upcoming year.

OCT 15 – DEC 7 Annual Election Period

People with Medicare can make plan changes for January 1 coverage.

JAN 1 – MAR 31 Open Enrollment Period

People enrolled in a Medicare Advantage plan as of January 1 can make one plan change. You can:

- Switch Medicare Advantage plans
- Switch Medicare Advantage Part D plans
- Switch to Original Medicare (with or without a stand-alone Part D); or
- Add or drop a Part D drug plan.

If you enrolled in Original Medicare for January 1, you will not be able to switch to a Medicare Advantage plan at this time unless you qualify for a Special Election. You will need to wait until the next Annual Election Period.

JAN 1 – DEC 30 Special Election Period

You can only make plan changes throughout the year if you qualify for a "special election." For example, if you qualify for a Special Needs Plan or move outside your plan's service area. People with a Special Needs Plan may switch plans once per quarter from January 1 through September 30. For a full list of reasons that allow you to make a special election, see **emblemhealth.com/medicare.**

If you have any questions, or have a unique situation that is not on this list, call EmblemHealth right away. An EmblemHealth Medicare specialist can help you see if you can join or change your plan.

If you don't enroll when you are first eligible, you will have to wait for the next Annual Election Period — between October 15 and December 7. You may also have to pay a fee for Part B, known as a "late enrollment penalty."

EMBLEMHEALTH VIP MEDICARE PLANS

No matter your need or budget — we have a plan for you.

Based on more than 80 years of experience, EmblemHealth has designed great Medicare plans for the needs of New Yorkers. We offer many low-cost VIP Medicare plans — some even at $0 — with a wide range of benefits. And we have large networks of doctors, health care professionals, and hospitals to give you the care you need.

All-in-One Plans

Our VIP Medicare plans are Medicare Advantage HMO plans. They give you all of the benefits of Medicare Parts A and B — **plus** Part D — for little or no more than what you pay each month for Medicare Part B. And our plans have low, fixed costs for most services — so you'll know what the cost will be before you use services.

Benefits Beyond Medicare

On top of getting all your medical and drug benefits through one plan, our VIP Medicare plans include extra benefits that Original Medicare does not cover — like vision, hearing, comprehensive dental, hearing aids, and fitness benefits. One of our plans covers care you receive out-of-network. And our multiple Special Needs Plans also offers acupuncture and an over-the-counter benefit.

Coordinated Care

With all of our VIP Medicare plans, we want to make getting your medical services easy. You choose an everyday doctor from our network — your primary care doctor. This doctor will refer you to specialists and facilities when you need them, and get approval for services. This makes your care more efficient. And you don't have to worry about finding your own specialists. With our HMO-POS plan, your primary doctor can be out-of-network and you don't need referrals.

Compare your current Medicare plan to Emblemhealth VIP plans. More benefits than Original Medicare and Medicare Supplement plans. Don't settle for less.

	EmblemHealth VIP Plans	Your Plan
$0 and Low Premium	✓	
$0 Preventive Care Copays	✓	
$0 Lab Copays	✓	
$0 Preferred Generic Drugs at Preferred Pharmacies	✓	
$0 Primary Care Doctor Visits	✓	
Comprehensive Dental with No Annual Limit	✓	
Preventive Hearing and Hearing Aid Benefits	✓	
Up to $450 in Eyewear	✓	
Quality Network of Doctors and Hospitals	✓	
SilverSneakers® Fitness Program	✓	

Plans and benefits vary by county.

FINAL CHECK

Do I understand the basics? (pages 2-7):

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What type of coverage do I need? (pages 2-7, 14-15):

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What type of plan is best for me? (pages 2-9, 14-15):

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Can I get a Special Needs Plan? (page 7, 12-13):

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When can I enroll? (pages 12-13):

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How do I apply for Extra Help? (page 10):

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WE'RE HERE FOR ALL OF YOUR MEDICARE NEEDS — AND IT'S EASY TO REACH US

Do you have questions? Are you ready to take the next step? Our EmblemHealth Medicare experts are ready to help you.

IN PERSON
Call to schedule a one-on-one consultation with an EmblemHealth Medicare expert.

PHONE
Toll free **800-459-3459**
TTY: **711**

WEBSITE
emblemhealth.com/medicare
24 hours a day, seven days a week.

Our website makes it easy to find the right plan for you with . . .

Easy-to-Use Plan Finder

Prescription Drug Cost Calculator

Quick Doctor Finder

Pharmacy Finder

55 Water Street, New York, NY 10041-8190 | emblemhealth.com/medicare

Toll free **800-459-3459** (TTY: **711**)
October 1 through March 31: 8 am to 8 pm, seven days a week
April 1 through September 30: 8 am to 8 pm, Monday through Friday

emblemhealth.com/medicare

Health Insurance Plan of Greater New York (HIP) is an HMO/HMO-POS/HMO D-SNP plan with a Medicare contract. HIP has a contract with the New York Medicaid Program for HMO D-SNP. Enrollment in HIP depends on contract renewal. HIP is an EmblemHealth company. Plans vary by county. Out-of-network/non-contracted providers are under no obligation to treat EmblemHealth members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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