



Medicare Supplement Insurance

EmblemHealth 2026 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 members' 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 as long as you pay the premium — no annual enrollment!

At EmblemHealth, we offer eight 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 core 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% of Medicare-approved expenses), Medicare pays 80%.
- **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 and enrolled in Medicare Part B.
- Live in New York State.
- Not have coverage provided by Medicaid.
- Not have Medicare Supplement 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.

A Medicare Supplement policy only covers one person. If you have dependents who are not eligible for Medicare, they may need to apply separately for their own EmblemHealth plan. 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 using 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 a member ID along with your contract and a schedule page within 7-10 business days after all parts of the application are received and the premium has been paid, unless you request a later effective date.

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

EmblemHealth Medicare Supplemental Plans and Benefits

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

Plan A (EHPI-MSA-21)	Plan B (EHPI-MSB-21)	Plan C* (EHPI-MSB-21)	Plan F* (EHPI-MSF-21)	Plan F+* (EHPI-MSHDF-21)	Plan G (EHPI-MSG-21)	Plan G+ (EHPI-MSH-DG-21)	Plan N** (EHPI-MSN-21)
Core benefits	Core benefits	Core benefits	Core benefits	Core benefits	Core benefits	Core benefits	Core benefits
		Skilled nursing facility coinsurance	Skilled nursing facility coinsurance	Skilled nursing facility coinsurance	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 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	100% of Part B excess charges	100% of Part B excess charges	
		Foreign travel emergency***	Foreign travel emergency***	Foreign travel emergency***	Foreign travel emergency***	Foreign travel emergency***	Foreign travel emergency***
				SilverSneakers®	SilverSneakers®	SilverSneakers®	SilverSneakers®

2026 monthly rates for these plans are listed on page 2 of the Medicare Supplement Disclosure Statement enclosed in this package.

Plans F+ and G+ are high-deductible plans. If you choose any of these two options, you must pay for Medicare-covered costs up to the deductible amount of \$2,950 in 2026 before your Medicare Supplement plan pays anything.

*As of January 1, 2020, Medicare Supplement plans sold to newly Medicare eligible people are not allowed to cover the Part B deductible. Because of this, Plans C, F, and F+ are no longer available to newly Medicare eligible people as of January 1, 2020. If you already have either of these three plans or were already covered by one of these plans before January 1, 2020, you'll be able to keep your plan. If you were eligible for Medicare before January 1, 2020, but not yet enrolled, you may be able to buy one of these plans.

**Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that don't result in inpatient admission.

***Covers foreign travel emergency care if it begins during the first 60 days of your trip and if Medicare doesn't otherwise cover the care. Includes a lifetime maximum benefit of \$50,000 with a \$250 calendar year deductible.

All EmblemHealth Medicare Supplement plans cover the following core 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% of Medicare-approved expenses), Medicare pays 80%.
- **Blood:** First three pints of blood each year.
- **Hospice care:** EmblemHealth pays Part A coinsurance[†].

In addition to the core benefits, **Plan B** also covers:

- **Part A inpatient deductible^{††} per benefit period:** \$1,736 in 2026.

In addition to the core benefits, **Plan C** also covers:

- **Coinsurance[†]** for skilled nursing facility care.
- **Part A inpatient deductible^{††} per benefit period:** \$1,736 in 2026.
- **Part B annual deductible^{†††}:** \$283 in 2026.
- **Emergency care** rendered during the first 60 days of foreign travel.

In addition to the core benefits, **Plan F/F+** also covers:

- **Coinsurance[†]** for skilled nursing facility care.
- **Part A inpatient deductible^{††} per benefit period:** \$1,736 in 2026.
- **Part B annual deductible^{†††}:** \$283 in 2026.
- 100% of Part B costs above what Medicare will pay.
- **Emergency care** rendered during the first 60 days of foreign travel.

In addition to the core benefits, **Plan G/G+** also covers:

- **Coinsurance[†]** for skilled nursing facility care.
- **Part A inpatient deductible^{††} per benefit period:** \$1,736 in 2026.
- 100% of Part B costs above what Medicare will pay.
- **Emergency care** rendered during the first 60 days of foreign travel.

In addition to the core benefits, **Plan N** also covers:

- **Coinsurance[†]** for skilled nursing facility care.
- **Part A inpatient deductible^{††} per benefit period:** \$1,736 in 2026.
- **Emergency care** rendered during the first 60 days of foreign travel.

[†]Coinurance 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.



To learn more about the EmblemHealth Medicare Supplement plans, please call **866-287-7151** (TTY: **711**), 8 a.m. to 6 p.m., Monday to Friday. Or visit us on the web at **emblemhealth.com/medsupp**.

EmblemHealth Medicare supplement plans are underwritten by EmblemHealth Plan, Inc. 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 EmblemHealth Plan, Inc., expects to return as benefits when averaged over all people with the policy.

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