



Medicare Made Simple



It's time to start
exploring your
options.



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

Peace of mind starts with understanding. When you have all the facts, it's easy to decide what's right for you.

We want you to feel comfortable with your Medicare decisions. That's why we created this guide. It's simple to use and makes Medicare simpler, too.

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!

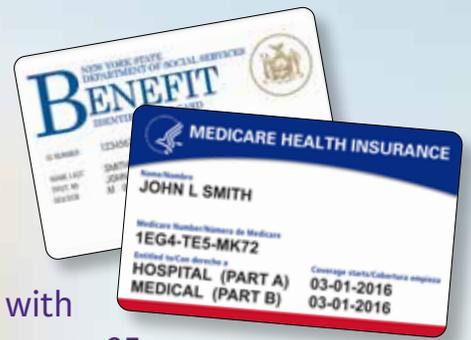
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What Is Medicare?

Established in 1965, Medicare is a federal health insurance program that provides health coverage for individuals age 65 and older. It also covers people with certain disabilities who are under age 65.



Today, Medicare is the largest health insurance provider for seniors and is managed by the Centers for Medicare & Medicaid Services (CMS), a branch of the Department of Health and Human Services.

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 you can get Medicare. Here are two paths you can take to enhance your coverage to get more than Original Medicare alone provides:

I

Original Medicare Part A and Part B

- Medicare provides this coverage.
- After you meet your Part A deductible and your Part B deductible, generally Medicare pays 80% of covered costs and you pay 20%.
- You must continue to pay your Part B monthly premium.

∨ You can add: ∨

Medicare Supplement Plan (optional)

- Offered by private companies, like EmblemHealth.
- Fills the gaps of cost-sharing for Medicare Parts A and B.
- Generally, does not provide more benefits than Original Medicare.
- You pay an additional monthly premium.

∨ You can add: ∨

Part D Prescription Drug Coverage (optional)

- If you want this coverage, you must join a Medicare Part D prescription drug plan offered by a private company approved by Medicare.
- You may need to pay an additional monthly premium.

II

Medicare Advantage Plans Part C

- Offered by private companies, like EmblemHealth.
- Include both Medicare Part A and Part B coverage.
- Many plans include Part D prescription drug coverage. (These are called Medicare Advantage Prescription Drug plans.)
- May offer additional benefits beyond Original Medicare, like routine care, fitness, and dental.
- Have one monthly plan premium or, in some cases, no monthly plan premium (in addition to your Part B premium).
- Convenience — all your medical and prescription drug benefits.

OR

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 pay your copay.

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.
The quarters don’t have to be consecutive (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 doctor visits, tests, outpatient hospital care, and other services. Part B is voluntary, which means it’s your choice to join or not. If you choose Part B, you pay a monthly fee, or “premium,” of \$170.10 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 may pay a higher monthly fee if you choose to join later.

*Subject to change in 2023.

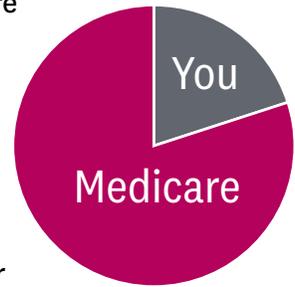
How much do I pay for care I receive under Part B?

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.

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](https://www.medicare.gov).



Medicare Supplement Plans

Original Medicare does not pay for all medical costs. That’s why some people choose to buy a Medicare Supplement plan from a private company. These plans are also known as “Medigap” coverage. They help fill in the gaps to pay some of the costs for services that Original Medicare doesn’t cover, like copays, coinsurance, and deductibles.

Medicare Supplement plans do not include prescription drug coverage. You need a separate plan for 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. You'll still get all the benefits of Medicare Parts A and B. Medicare Advantage Prescription Drug Plans also include Medicare Part D drug coverage. Plus, you'll get extra benefits — often for no more than what you already pay each month for Part B.

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

 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



There are several types of Medicare Advantage plans:

- **Health Maintenance Organization (HMO) plans** — require you to use medical providers who are in the plan’s network, except for emergency or urgent care situations.
- **Point-of-Service (POS) plans** — allow you to use medical providers outside the plan’s network for some services, usually for a higher copayment or coinsurance.
- **Preferred Provider Organization (PPO) plans** — like POS plans, you can see doctors outside the plan’s network, usually for a higher copayment or coinsurance.
- **Special Needs Plans (SNPs)** — are designed to provide targeted care and are only available to certain individuals, including:
 - Institutionalized individuals,
 - Individuals who are eligible for both Medicare and Medicaid, also known as dual eligibles, or
 - Individuals with severe or disabling chronic conditions, as specified by the Centers for Medicare & Medicaid Services (CMS).

More information on Special Needs Plans is available on the official Medicare website, [medicare.gov](https://www.medicare.gov).

Eligibility

You’re eligible to enroll in a Medicare Advantage plan if:

- You qualify for Medicare Part A,
- You are enrolled in and continue to pay for Medicare Part B, and
- You live in the plan’s service area.



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 later, after you first sign up for Medicare, you may have to 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 included in Original Medicare. You can get Medicare Part D from a Medicare Advantage plan. This is called a Medicare Advantage Prescription Drug plan. You can also get a plan that offers Medicare Part D alone. This is called a prescription drug plan, or PDP.

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 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 drug coverage for your needs.

How do I pay for Medicare Part D?

Once you enroll, you'll pay a monthly fee, or "premium." Medicare Advantage Prescription Drug plans include the cost of Part D in the 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 to let you know if your plan is "creditable." This means it is at least as good as Medicare's coverage. If your plan is not creditable, you can decide to join a Part D plan. But you may have to pay a late enrollment penalty. 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 copays 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 you pay your Medicare Part B premium, or some other costs to get services, such as 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.

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.
- You meet income and resources requirements.

If you get Extra Help, what you pay for your plan and what you pay at the pharmacy will be lower. Extra Help 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 are eligible for Extra Help, call an EmblemHealth Medicare Specialist.



HELPFUL RESOURCES

Elderly Pharmaceutical Insurance Coverage (EPIC) Program

Call: **800-332-3742** TTY: **800-290-9138**

Monday through Friday, 8:30 a.m. to 5 p.m.

Website: **health.ny.gov/health_care/epic/index.htm**

Health Insurance Information Counseling and Assistance Program (HIICAP) New York's State Health Insurance Program (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, 8 a.m. to 7 p.m.

Website: **ssa.gov**

HOW AND WHEN TO SIGN UP FOR MEDICARE

Signing up for Medicare takes careful planning and the right timing. Add or switch plans when you have the most choices.

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 page 7). You must continue to pay your monthly Part B premium, as well as any monthly fees (premiums) the plan charges.

Enrolling at Age 65

Most people are eligible for Medicare when they turn 65. Some people will get Medicare automatically, and some have to apply. If you are already getting Social Security or disability benefits (or Railroad Retirement Board benefits) when you turn 65:

- You will be enrolled in Medicare Parts A and B (Original Medicare) automatically.
- You should get a "Welcome to Medicare" packet and Medicare card in the mail from the Social Security Administration about three months before you turn 65.

If you are not yet collecting retirement benefits:

- You need to contact Social Security to apply for Medicare.
- It is best to apply three months before you turn 65, which is the beginning of your Initial Enrollment Period. If you do not apply, you will not be enrolled in Medicare.

Enrolling at a Later Retirement Age

Are you still working? If you're over 65 and work for a company that has 20 or more employees and offers you health insurance:

- You do not need to sign up for Medicare right away.
- However, you may want to enroll in Medicare Part A to pay for costs not covered by your company health plan.

Once your employment ends:

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

If your company has fewer than 20 employees:

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

For more information on moving from the NY State of Health Marketplace to Medicare, visit [emblemhealth.com/moving](https://www.emblemhealth.com/moving).

MEDICARE ADVANTAGE ENROLLMENT TIMELINE



OCT 1 – OCT 14 Pre-Enrollment Period

Learn about plans for the upcoming year.



OCT 15 – DEC 7 Annual Election Period

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



JAN 1 – DEC 31 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 Jan. 1 through Sept. 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 determine if you can join or change a plan.



If you don’t enroll when you are first eligible, you may have to wait for the next Annual Election Period — between Oct. 15 and Dec. 7. You may also have to pay a fee for Part D, known as a “late enrollment penalty.”



EMBLEMHEALTH VIP MEDICARE PLANS

Whatever your needs or budget — we have a plan for you.

With more than 80 years of experience, we design quality Medicare plans to meet your needs. We offer many low-cost VIP Medicare plan options — some even at \$0 — with a wide range of benefits. With us, you'll get the large networks of highly rated doctors and hospitals you want. And, you don't need referrals to see specialists.

All-in-One Plans

Our VIP Medicare plans are Medicare Advantage HMO plans. They give you all 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 your appointment.

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, acupuncture, and fitness benefits. And some of our plans have an over-the-counter benefit.

Care Made Easy

With all our VIP Medicare plans, you can choose a primary care provider (PCP) from your network. This provider can oversee your care and recommend specialists whenever you need them. You can also schedule telehealth visits with doctors who offer them. Plus, with many of our plans, you get 24-hour access to doctors through Teladoc®.

How does your current plan compare to EmblemHealth VIP Medicare plans?

	EmblemHealth VIP Plans
\$0 and Low Premium	✓
\$0 Preventive Care Copays	✓
\$0 Lab Copays	✓
\$0 Generic Drugs by Preferred Mail	✓
\$0 Primary Care Provider Visits	✓
Comprehensive Dental With No Annual Limit	✓
Preventive Hearing and Hearing Aid Benefits	✓
Coverage for Eyewear	✓
Quality Network of Doctors and Hospitals	✓
SilverSneakers® Fitness Program	✓
Wellness Rewards Program	✓

Plans and benefits vary by county.

Start With the Right Plan

- Do I want a health plan that offers more than Original Medicare?
- Are there local doctors in the plan's network?
- Are my prescriptions included in the plan's drug list (also called a formulary)?
- Do I want coverage for wellness services like my annual physical, routine dental, vision, and hearing exams?
- Do I want a plan with an annual out-of-pocket limit for covered medical expenses?
- Do I qualify for Extra Help (low-income subsidy) to help pay for my prescription drugs?



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

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



FACE TO FACE

Call to schedule a meeting with us.



PHONE

Toll free: **800-447-0578**

TTY: **711**



WEBSITE

emblemhealth.com/medicare

24 hours a day, seven days a week.

Our website makes it easy to find the right plan with:



**Easy-to-Use
Plan Finder**



**Prescription Drug
Cost Calculator**



**Quick Doctor
Finder**



**Pharmacy
Finder**



Toll free: **800-447-0578** (TTY: **711**)

Oct. 1 through March 31: 8 a.m. to 8 p.m., seven days a week

April 1 through Sept. 30: 8 a.m. to 8 p.m., Monday through Friday



emblemhealth.com/medicare



To learn more, scan this QR code with your smartphone or go to **emblemhealth.com/video** to watch our “What is Medicare?” video.

Health Insurance Plan of Greater New York (HIP) is an HMO/HMO D-SNP plan with a Medicare contract and a contract with the New York State Department of Health. Enrollment in HIP depends on contract renewal. HIP is an EmblemHealth company. For accommodations of persons with special needs at meetings, call **800-447-0578** TTY: **711**.

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