EmblemHealth PPO I (PPO) ***offered by***
Group Health Incorporated (GHI)/Emblem Health

Annual Notice of Changes for 2014

You are currently enrolled as a member of PPO I (PPO).
Next year, there will be some changes to the plan's costs and benefits.
This booklet tells about the changes.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

Additional Resources

- This information is available for free in other languages. Please contact our Customer Service number at **1-866-557-7300** for additional information. (TTY users should call **711**). Hours are Monday to Sunday, 8:00 am to 8:00 pm. Customer Service also has free language interpreter services available for non-English speakers.
- Esta informacion esta disponsible gratis en othos idiomas. Comuniquese con nuestro departmento se Servicio al cliente al **1-866-557-7300** para obtener mas informacion. (Los usarios de TTY deben llamar al **711**). El horario es de lunes a domingo, de 8:00 am a 8:00 pm. Servicio a clientes tambien cuenta con servicios gratuitos de interpretacion a otros idiomas para las personas que no hablan el ingles.
- This information is also available in alternate formats such as large print and Braille. Please call Customer Service at the above numbers for more information.

About EmblemHealth PPO I (PPO)

- Group Health Incorporated (GHI) is a PPO plan with a Medicare contract. Enrollment in GHI depends on contract renewal. GHI is an EmblemHealth company.
- When this booklet says "we," "us," or "our," it means Group Health Incorporated (GHI)/ EmblemHealth. When it says "plan" or "our plan," it means EmblemHealth PPO I (PPO).

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THINK ABOUT YOUR MEDICARE COVERAGE FOR NEXT YEAR

Each fall, Medicare allows you to change your Medicare health and drug coverage during the Annual Enrollment Period. It's important to review your coverage now to make sure it will meet your needs next year.

Important things to do:

- ☐ **Check the changes to our benefits and costs to see if they affect you.** Do the changes affect the services you use? It is important to review benefit and cost changes to make sure they will work for you next year. Look in Section 2 for information about benefit and cost changes for our plan.
- ☐ **Check to see if your doctors and other providers will be in our network next year.** Are your doctors in our network? What about the hospitals or other providers you use?
- ☐ **Think about your overall health care costs.** How much will you spend out-of-pocket for the services and prescription drugs you use regularly? How much will you spend on your premium? How do the total costs compare to other Medicare coverage options?
- ☐ **Think about whether you are happy with our plan.**

If you decide to stay with EmblemHealth PPO I (PPO):

If you want to stay with us next year, it's easy - you don't need to do anything. If you don't make a change by December 7, you will automatically stay enrolled in our plan.

If you decide to change plans:

If you decide other coverage will better meet your needs, you can switch plans between October 15 and December 7. If you enroll in a new plan, your new coverage will begin on January 1, 2014. Look in Section 3 to learn more about your choices.

SUMMARY OF IMPORTANT COSTS FOR 2014

The table below compares the 2013 costs and 2014 costs for EmblemHealth PPO I (PPO) in several important areas. **Please note this is only a summary of changes. It is important to read the rest of this *Annual Notice of Changes*** and review the enclosed *Evidence of Coverage* to see if other benefit or cost changes affect you.

	2013 (this year)	2014 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 2.1 for details.	$49.00	$74.00
Maximum out-of-pocket amounts This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	From in-network providers: $3,400 From in-network and out-of-network providers combined: $5,100	From in-network providers: $3,400 From in-network and out-of-network providers combined: $5,100
Doctor office visits	Primary care visits: $5 per visit Specialist visits: $15 per visit	Primary care visits: $0 per visit Specialist visits: $15 per visit
In-patient hospital stays	$75/days 1 - 7	$75/days 1 - 7

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SECTION 1
WE ARE CHANGING THE PLAN'S NAME

On January 1, 2014, our plan name will change from "PPO I (PPO)" to "EmblemHealth PPO I (PPO)."

You will receive other materials from us with the new plan name, including the enclosed *Evidence of Coverage* and other important plan materials we will send you in the future.

SECTION 2
CHANGES TO BENEFITS AND COSTS FOR NEXT YEAR

Section 2.1 – Changes to the Monthly Premium

	2013 (this year)	2014 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$49.00	$74.00

- Your monthly plan premium will be *more* if you are required to pay a late enrollment penalty.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving "Extra Help" with your prescription drug costs.

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amounts

To protect you, Medicare requires all health plans to limit how much you pay "out-of-pocket" during the year. This limit is called the "maximum out-of-pocket amount." Once you reach the maximum out-of-pocket amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

	2013 (this year)	2014 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays and coinsurance) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$3,400	$3,400 Once you have paid $3,400 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copays and coinsurance) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.	$5,100	$5,100 Once you have paid $5,100 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.

Section 2.3 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2014 Evidence of Coverage.*

	2013 (this year)	2014 (next year)
Supplemental Annual Physical Exam	Not Covered	**In Network** You pay a $0 copayment **Out-of-Network** You pay a 50% coinsurance
Supplemental Education/Health Management Programs: • **Health Education** • **Nursing Hotline** • **Enhanced Disease Management**	Not Covered	**In Network** You pay a $0 copayment **Out-of-Network** You pay a 50% coinsurance
Inpatient Hospital	**Out-of-Network** You pay a 25% coinsurance	**Out-of-Network** You pay a 50% coinsurance
Inpatient Mental Health	**Out-of-Network** You pay a 25% coinsurance	**Out-of-Network** You pay a 50% coinsurance
Skilled Nursing Facility	**Out-of-Network** You pay a 25% coinsurance	**Out-of-Network** You pay a 50% coinsurance
Partial Hospitalization	**Out-of-Network** You pay a 25% coinsurance	**Out-of-Network** You pay a 50% coinsurance
Primary Care Physician	**In Network** You pay a $5 copay **Out-of-Network** You pay a 25% coinsurance	**In Network** You pay a $0 copay **Out-of-Network** You pay a 50% coinsurance
Chiropractic Services	**Out-of-Network** You pay a $40 copay	**Out-of-Network** You pay a 50% coinsurance

	2013 (this year)	2014 (next year)
Specialist	**Out-of-Network** You pay a 25% coinsurance	**Out-of-Network** You pay a 50% coinsurance
Outpatient Mental Health Care	**Out-of-Network** You pay a 25% coinsurance	**Out-of-Network** You pay a 50% coinsurance
Podiatry	**Out-of-Network** You pay: **Routine:** $40 copay **Medicare Covered:** $40 Copay	**Out-of-Network** You pay: **Routine:** 50% coinsurance **Medicare Covered:** 50% coinsurance
Outpatient Lab Services/Diagnostic Tests	**Out-of-Network** You pay a 25% coinsurance	**Out-of-Network** You pay a 50% coinsurance
Outpatient X-ray/High Tech Radiology	**Out-of-Network** You pay a 25% coinsurance	**Out-of-Network** You pay a 50% coinsurance
Outpatient Radiation Therapy	**Out-of-Network** You pay a 25% coinsurance	**Out-of-Network** You pay a 50% coinsurance
Outpatient Surgery Services	**Out-of-Network** You pay a 25% coinsurance	**Out-of-Network** You pay a 50% coinsurance
Ambulatory Surgery Centers	**Out-of-Network** You pay a 25% coinsurance	**Out-of-Network** You pay a 50% coinsurance
Outpatient Substance Abuse Services	**Out-of-Network** You pay a 25% coinsurance	**Out-of-Network** You pay a 50% coinsurance
Outpatient Blood Services	**Out-of-Network** You pay a 25% coinsurance	**Out-of-Network** You pay a 50% coinsurance
Durable Medical Equipment	**In Network** You pay a 20% coinsurance **Out-of-Network** You pay a 30% coinsurance	**In Network** You pay a 10% coinsurance **Out-of-Network** You pay a 50% coinsurance

	2013 (this year)	2014 (next year)
Prosthetics/Orthotics	**In Network** You pay a 20% coinsurance **Out-of-Network** You pay a 30% coinsurance	**In Network** You pay a 10% coinsurance **Out-of-Network** You pay a 50% coinsurance
Diabetic Supplies and Services (non-Part D)	**Out-of-Network** You pay a 30% coinsurance	**Out-of-Network** You pay a 50% coinsurance
Renal Dialysis	**In Network** You pay a $0 copayment **Out-of-Network** You pay a $0 copayment	**In Network** You pay a 20% coinsurance **Out-of-Network** You pay a 50% coinsurance
Additional Pap/Pelvic Exam	**In Network** You pay a $0 copayment **Out-of-Network** You pay a 25% coinsurance	Not Covered
Preventive Services	**Out-of-Network** You pay a 25% coinsurance	**Out-of-Network** You pay a 50% coinsurance
Diabetes Self-Management Training	**Out-of-Network** You pay a 25% coinsurance	**Out-of-Network** You pay a 50% coinsurance
Medicare Covered Comprehensive Dental Services	**Out-of-Network** You pay a 25% coinsurance	**Out-of-Network** You pay a 50% coinsurance
Medicare Covered Vision Exams	**Out-of-Network** You pay a 25% coinsurance	**Out-of-Network** You pay a 50% coinsurance
Medicare Covered Hearing Exams	**Out-of-Network** You pay a 25% coinsurance	**Out-of-Network** You pay a 50% coinsurance

SECTION 3
DECIDING WHICH PLAN TO CHOOSE

Section 3.1 – If you want to stay in EmblemHealth PPO I (PPO)

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically stay enrolled as a member of our plan for 2014.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2014 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan and whether to buy a Medicare supplement (Medigap) policy.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2014*, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare Web site. Go to **http://www.medicare.gov** and click "Compare Drug and Health Plans." **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, EmblemHealth offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To change **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from EmblemHealth PPO I (PPO).
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from EmblemHealth PPO I (PPO).
- To **change to Original Medicare without a prescription drug plan,** you must either:
  - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
  - – *or* – Contact **Medicare**, at **1-800-MEDICARE** (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call **1-877-486-2048**.

SECTION 4
DEADLINE FOR CHANGING PLANS

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7.** The change will take effect on January 1, 2014.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get "Extra Help" paying for their drugs, and those who move out of the service area are allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.3 of the *Evidence of Coverage.*

If you enrolled in a Medicare Advantage plan for January 1, 2014, and don't like your plan choice, you can switch to Original Medicare between January 1 and February 14, 2014. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

SECTION 5
PROGRAMS THAT OFFER FREE COUNSELING ABOUT MEDICARE

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In New York State, the SHIP is called the Health Insurance Information Counseling and Assistance Program (HIICAP).

HIICAP is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. HIICAP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call HIICAP at **1-800-701-0501**. You can learn more about HIICAP by visiting their Web site (**www.aging.ny.gov**).

SECTION 6
PROGRAMS THAT HELP PAY FOR PRESCRIPTION DRUGS

You may qualify for help paying for prescription drugs. There are two basic kinds of help:

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to seventy-five (75) percent or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don't even know it. To see if you qualify, call:
  - **1-800-MEDICARE** (1-800-633-4227). TTY users should call **1-877-486-2048**, 24 hours a day/7 days a week;
  - The Social Security Office at **1-800-772-1213** between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, **1-800-325-0778**; or
  - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program.** New York State has a program called Elderly Pharmaceutical Insurance Coverage (EPIC) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Section 5 of this booklet).

SECTION 7
QUESTIONS?

Section 7.1 – Getting Help from EmblemHealth PPO I (PPO)

Questions? We're here to help. Please call Customer Service at **1-866-557-7300**. (TTY only, call **711)** We are available for phone calls from Monday to Sunday, 8:00 am to 8:00 pm. Calls to these numbers are free.

Read your 2014 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2014. For details, look in the 2014 *Evidence of Coverage* for EmblemHealth PPO I (PPO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* was included in this envelope.

Visit our Web site

You can also visit our Web site at **www.emblemhealth.com/our-plans/medicare**. As a reminder, our Web site has the most up-to-date information about our provider network (*Provider/Pharmacy Directory*).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call **1-800-MEDICARE** (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Visit the Medicare Web site

You can visit the Medicare Web site (**http://www.medicare.gov**). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare Web site. (To view the information about plans, go to **http://www.medicare.gov** and click on "Compare Drug and Health Plans.")

Read *Medicare & You 2014*

You can read *Medicare & You 2014* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare Web site (**http://www.medicare.gov**) or by calling **1-800-MEDICARE** (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.