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WITH THE RIGHT INFORMATION, YOU CAN MAKE THE RIGHT MEDICARE DECISIONS

Peace of mind starts with clear, reliable information. At EmblemHealth, we believe it should be easy for you to get all of the answers you need to feel comfortable and secure with your Medicare coverage decisions. It doesn’t have to be difficult — if you have the right facts.

We promise to help you find the coverage that best fits your needs and gives you the care you deserve. With this guide, you’re well on your way to making the right choices. It will help make Medicare simple for you: simple to understand, simple to navigate and simple to use.

WATCH FOR QUICK CHECKS THROUGHOUT THIS GUIDE

We’ve included Quick Checks in your guide to help you understand your choices and easily make a decision you feel good about. When you see a Quick Check box, take a minute to fill it out. It will keep you moving on your way to a better Medicare plan for you.

Toll free: 1-800-459-3459, 8 am to 8 pm, seven days a week (TTY/TDD: 711)

Online: emblemhealth.com/medicare
THE MOST BASIC QUESTION: WHAT DO YOU NEED?

It may seem like a simple question, but just a few moments spent thinking about your needs can help you pinpoint better Medicare coverage options.

Just Starting With Medicare?

Enrolling at Age 65

If you’re approaching age 65 and are ready to retire, you’ll probably be enrolling in Medicare for the first time. There’s a limited time in which you may do so, called the Initial Coverage Election Period (ICEP). This period covers three months before the month of your 65th birthday to three months after. During those seven months, you may enroll in any Medicare plan you’re eligible for. But if you miss that window, you’ll have to wait for the next Annual Enrollment Period (AEP), which will begin October 15 and continue through December 7.

Enrolling at a later retirement age

If you’re over 65 and still working, or are an active employee covered under your employer’s plan, you have eight months to enroll in Part B after your employment ends. You then have two months prior to the start of your Part B coverage to choose a new plan. This is called a Special Election Period. If you do not elect coverage during this window, you will not be eligible to enroll again until the next Annual Enrollment Period (AEP) — between October 15 and December 7.

QUICK CHECK – ENROLLING AT AGE 65

Your Medicare enrollment window when turning 65:
Write in your 65th birthday: ____________________________

Enrollment period begins:
Write in three months before your 65th birthday: ____________________________

Enrollment period ends:
Write in three months after your 65th birthday: ____________________________
Already Enrolled In The NY State of Health Marketplace And Turning 65?

If you’re enrolled in a plan through the NY State of Health marketplace, you can keep your coverage active until your Medicare coverage starts. Then you can cancel your marketplace plan without penalty. Once you qualify for Medicare, you’ll have a limited time period (known as an initial enrollment period) to sign up. For most people, the enrollment period starts three months before their 65th birthday and ends three months after their 65th birthday.

In most cases, it’s to your advantage to sign up for Medicare when you’re first eligible because:

• Once your Medicare Part A (hospital costs) coverage starts, you won’t be able to keep any premium tax credits or lower your out of pocket costs for a marketplace plan based on your income. If you like, you can keep your marketplace plan too, but you’ll have to pay full price for it. Medicare Part A is free for most people.

• If you miss the seven-month sign-up window for Medicare Part B (doctor costs), you’ll have to wait until the next “general enrollment period” which runs from Jan. 1 to March 31 with benefits beginning the following July 1.

Your Select Care marketplace plan may not terminate you if you are enrolled in Medicare unless you request it. For more information, visit our website at emblemhealth.com/medicare/moving.

If you don’t sign up for Part B when you’re first eligible, you may have to pay a late enrollment penalty.

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QUICK CHECK – ENROLLING AT A LATER RETIREMENT AGE

Your special enrollment period when retiring:
Write in the month you are retiring: ____________________________

Enrollment period begins:
Write in the month after you retire: ____________________________

Enrollment period ends:
Write in eight months after the start of your enrollment period: ____________________________
ALREADY ENROLLED IN MEDICARE?

Add or switch coverage when you have the most options available to you.
If you’re over 65 and would like to switch Medicare plans, or if you did not sign up during your initial enrollment period, you may change or add plans during the Annual Enrollment Period (AEP) — October 15 through December 7.

Some exceptions allow you to enroll throughout the year.
For a variety of reasons, you may qualify to enroll in Medicare coverage at any time of the year. You might qualify for a Special Election Period (SEP) if:

• You are new to Medicare.
• You recently moved outside your current Medicare health plan’s or Medicare prescription drug plan’s service area.
• You have both Medicare and Medicaid, or your state helps pay your Medicare premiums.
• You receive Extra Help paying for Medicare prescription drug coverage.
• You are no longer eligible for Extra Help paying for Medicare prescription drugs.
• You are moving into, live in or recently moved out of a long-term care facility (for example, a nursing home).

• You recently left a PACE program.

• You recently involuntarily lost your creditable prescription drug coverage (coverage as good as Medicare’s).

• You are either losing coverage you had from an employer or leaving employer coverage.

• You belong to a pharmacy assistance program provided by your state.

• You recently returned to the United States after living permanently outside the U.S.

• Your plan is ending its contract with Medicare, or Medicare is ending its contract with your plan.

• You were enrolled in a Special Needs Plan (SNP) but have lost the special needs qualification.

If you have any questions, or have a unique situation that is not on this list, call EmblemHealth immediately. An EmblemHealth Medicare specialist can help you determine whether you qualify.
A COVERAGE OVERVIEW

Let’s take a look at the different parts of Medicare and what each one does for you.

Hospital Coverage (PART A)

Most people get Part A coverage from the Federal government automatically when they turn 65 if they have worked for a combined 10 years, or 40 nonconsecutive quarters, paying into Medicare. Part A doesn’t charge any premiums for most people.

Part A covers:
• medically necessary care requiring an overnight hospital stay
• follow-up nursing care after a hospital stay
• hospice care
• some home health care

Medical Coverage (PART B)

Also provided by the Federal government, medical coverage, or Part B, is optional and combines with Part A. If you enroll in Part B, you’ll pay a premium of up to $104.90* a month. (See page 10 for more on costs.) You cannot be refused Part B coverage.

Part B covers medically necessary services that don’t require an overnight hospital stay, such as:
• doctor’s office visits
• hospital or clinical care
• lab tests
• some screenings

PARTS A AND B ARE ORIGINAL MEDICARE.

*Amount is for 2015 and may change in 2016. Source: www.medicare.gov

Medicare Advantage (PART C)

Coordinated coverage under one stable plan.
Medicare Advantage Plans, otherwise known as Part C, can offer you reliable coverage under one single plan. So there’s less hassle, without the confusion of multiple plans, uncoordinated billing and different administrators and networks.

And in addition to all of the benefits of Original Medicare (Parts A and B), a Medicare Advantage plan usually includes extra benefits — often at no additional premium cost beyond your Part B premium. Many Medicare Advantage Plans also include Medicare Part D prescription drug coverage for the same monthly premium. These are called Medicare Advantage Prescription Drug (MAPD) plans. (See the next page for more information about Part D — including stand-alone options and Prescription Drug Coverage under a Medicare Advantage Plan.)
Prescription Drug Coverage  
(PART D)

Original Medicare does not cover prescription drugs, so it’s important to choose a Part D Prescription Drug Plan.

You can enroll in a Part D Prescription Drug Plan from a private insurance company to get prescription drug coverage in addition to Part A and/or Part B coverage, or to complement a Medicare Supplement Plan (see below). If you do, you’ll pay an additional premium as well as copayments and deductibles. This is called a “stand-alone” Part D Plan.

You can also get Part D coverage as part of a Medicare Advantage plan, often for no additional plan premium. This is called a Medicare Advantage Prescription Drug plan, or an MAPD plan.

For any Part D plan, pay attention to the list of medications the plan covers, called the “formulary.” This will help you make sure that your plan covers any medications that you take.

You’ll also be happy to know that under the health care reform law, otherwise known as “Obamacare,” you will be eligible to receive a discount on prescription drugs purchased during the coverage gap, or donut hole. And over the next several years, people with Medicare will pay an increasingly smaller amount, until the donut hole reaches 25 percent for both brand and generic drugs in the year 2020.

Medicare Supplement  
(MEDIGAP)

Medicare Parts A and B don’t cover everything. They leave gaps for things like deductibles, copayments and coinsurance. If you like, you may choose from the long list of Medicare Supplement Plans offered by insurance companies to Medicare beneficiaries. Plan options, which vary by state, each offer a different combination of benefits with different levels of coverage. All are tightly regulated by the Federal government.

Please note: Medicare Supplement Plans don’t include Prescription Drug coverage (Part D). If you choose a Medigap Plan and want Prescription Drug coverage, you’ll need to pay extra for a Part D Plan.

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Online: emblemhealth.com/medicare
## COST COMPARISON — LET’S RUN THE NUMBERS

A quick summary of your Medicare cost options.

<table>
<thead>
<tr>
<th></th>
<th>HOSPITAL COVERAGE (PART A)</th>
<th>MEDICAL COVERAGE (PART B)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MONTHLY PREMIUM</strong></td>
<td><strong>FREE</strong> for most people.</td>
<td><strong>Up to $104.90/month</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>for 2015 for most individuals making less than $85,000 per year.</em></td>
</tr>
<tr>
<td><strong>ANNUAL DEDUCTIBLE</strong></td>
<td><strong>$1,260 per benefit period</strong> for 2015.</td>
<td><strong>$147 per year</strong> in 2015.</td>
</tr>
<tr>
<td><strong>COPAYMENT COSTS</strong></td>
<td><strong>$315 per-day copayment</strong> begins after a certain number of days in the hospital per benefit period.</td>
<td><strong>Copayments are required for outpatient services.</strong></td>
</tr>
<tr>
<td><strong>COINSURANCE PERCENTAGE</strong></td>
<td>Only for certain services.</td>
<td><strong>You pay 20%; Part B pays 80%.</strong></td>
</tr>
</tbody>
</table>

*Amounts are for 2015 and may change in 2016. Source: www.medicare.gov*
Museums are a great destination for when it’s cold outside and many New York museums are free to the public. One example is the Bronx Museum of the Arts. Others — like the Queens Museum of the Arts and the Brooklyn Museum — let you pay what you wish. Find a full listing at [http://freemuseumday.org/nyc.html](http://freemuseumday.org/nyc.html).

<table>
<thead>
<tr>
<th>MEDICARE ADVANTAGE (PART C or PARTS C &amp; D)</th>
<th>PRESCRIPTION DRUG COVERAGE (PART D)</th>
<th>MEDICARE SUPPLEMENT (MEDIGAP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>As low as $0.</td>
<td>Base amount is $34.10.* It may be lower depending on the plan. Many Medicare Advantage Plans include Part D coverage.</td>
<td>From $52 to $469 per month.* Premiums vary depending on which plan and which insurer you choose.</td>
</tr>
<tr>
<td>As low as $0.</td>
<td>From $0 up. Lower deductibles usually mean higher premiums.</td>
<td>Varies significantly from plan to plan.</td>
</tr>
<tr>
<td>Copayments are generally low but can vary widely. Many plans offer low copayments for basic services like office and hospital visits.</td>
<td>From $0 to $90.* Generic drugs generally have lower copayments.</td>
<td>No copayments — however, you still have copayments for Parts A and B.</td>
</tr>
<tr>
<td>You pay 0% in most cases — but you may still pay any applicable coinsurance for Part D-covered drugs and out-of-network services.</td>
<td>As low as 0% or as high as 100%.</td>
<td>You pay 0% — but you still pay applicable coinsurance for services covered by Parts A and B.</td>
</tr>
</tbody>
</table>
MAKE SURE YOUR PRIORITIES ARE COVERED

Choose a plan that has your best interests in mind — we can help.
To determine which Medicare plan is right for you, think about your needs in these areas:

How much you pay in monthly premiums
Generally, the higher your monthly premiums, the lower your copayments and deductibles will be. Consider how often you need to see your doctor and which would be a better value for you.

Selecting your own doctor
Some plans are more flexible than others. If you have a primary care physician or a specialist you would like to see, making sure they are accepted under your plan is a good idea. You will also want to see whether they are in or out of the plan’s network. Remember, hospital and provider networks can vary from plan to plan, even among plans offered by the same company.

QUICK CHECK – WHAT ARE YOUR MONTHLY MEDICAL BILLS?

Coverage Premiums: $ ____________________________

Coinsurance: $ ____________________________

Doctor Visit Copayments: $ ____________________________

Drug Costs: $ ____________________________

Total: $ ____________________________
Extra benefits
Benefits like dental, vision and hearing are included in some plans at no extra charge. Determine how much you’re paying out of pocket for these costs. You may save money with these benefits included.

Prescription drug coverage
Some plans include prescription drug coverage. Consider totaling your prescription drug costs before selecting a plan. If you have high prescription drug costs, it may make sense to choose a plan that provides prescription drug coverage.

Primary care physician
Some plans use your primary care physician to manage your health care. If you like the convenience of having your care in the hands of one doctor, a plan like this may fit your needs.

These are some of the considerations you’ll discuss when you speak to an EmblemHealth Medicare expert. If you know which of the above benefits are important to you, then finding the right plan is that much easier. You can rest easy knowing your priorities are covered with EmblemHealth.

Toll free: 1-800-459-3459, 8 am to 8 pm, seven days a week (TTY/TDD: 711)
Online: emblemhealth.com/medicare
THE RIGHT COVERAGE IS ALL ABOUT THE RIGHT CHOICES

EmblemHealth has designed a variety of great Medicare Advantage plans expressly for the needs of New Yorkers.

When choosing the type of Medicare Advantage plan that will best suit you, remember to look for:

**Reliability** — a stable health plan you can count on

**Options** — a plan design and benefits that meet your needs

Based on more than 75 years of experience, we know that different people have different needs. EmblemHealth offers the flexibility of both Medicare Advantage HMOs and a Medicare Advantage PPO, so you get the best of both worlds: reliability and plan options.

**EmblemHealth Medicare HMO**

An excellent choice for affordable coverage that gives you coordinated care from one of New York’s quality networks.

**All-in-one plan**

Our Medicare Advantage HMO Plans give you all of the benefits of Medicare Parts A and B, PLUS Medicare Part D — for little or no additional cost above your Medicare Part B premium.

**Benefits beyond Medicare**

In addition to getting all of these parts in one plan, our Medicare Advantage HMO includes additional benefits beyond Original Medicare — like vision, hearing and dental.

**Coordinated care**

With our Medicare Advantage HMO, you get to choose an in-network primary care physician (PCP) whose job it is to refer you to the specialists and facilities you need. This makes your care more efficient, and you don’t have to worry about finding your own specialists.

The goal of coordinated care is to make accessing your medical services as easy as possible, often under one roof.
Save money
You can get all of this for a low cost or, depending on where you live, a $0 plan premium — a substantial savings over plans that have you pay much higher premiums.

You will also save with low copayments because you are getting in-network care. That means with an EmblemHealth Medicare Advantage HMO, your out-of-pocket costs can be lower.

Your HMO coverage
You're in control. EmblemHealth offers Medicare Advantage HMO Plans with a diversity in plan design, listed below, so you can cover all of your needs. Choose a plan based on network and copayment levels.

5-Tier Formulary for All Plans

- $0 Preferred Generic Drugs
- $15 Generic Drugs

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMBLEMHEALTH ESSENTIAL (HMO)</td>
<td>All of the benefits of Original Medicare, $0 for PCPs, low copays for specialists and a Prescription Drug Plan. Plus preventive and comprehensive dental, including cleanings, X-rays, fillings and more. You have access to the Medicare Essential Network, which includes leading primary and specialty care doctors and hospitals.</td>
</tr>
<tr>
<td>EMBLEMHEALTH (HMO)</td>
<td>All of the benefits of Original Medicare, low copays for PCPs, specialists and inpatient hospital stays, and Prescription Drug coverage. Plus preventive and comprehensive dental, including cleanings, X-rays, fillings and more. You have access to any of the providers within our extensive Medicare HMO provider network.</td>
</tr>
<tr>
<td>EMBLEMHEALTH HIGH OPTION (HMO)</td>
<td>For one monthly premium, you get all of the benefits of Original Medicare including Prescription Drug coverage and $0 copays for most medical benefits. Plus preventive and comprehensive dental, including cleanings, X-rays, fillings and more. You have access to the Medicare Essential Network, which includes leading primary and specialty care doctors and hospitals.</td>
</tr>
</tbody>
</table>
Our Medicare Advantage PPO Plan provides all of the benefits of Original Medicare Part A and Part B, PLUS the option to include Part D Prescription Drug coverage in one plan.

The flexibility to choose doctors in or out of network
What makes EmblemHealth PPO flexible is that it offers you the freedom to select any provider in or out of network within the plan service area.

No referrals
With a PPO, you manage your own care. You do not need referrals from your primary care provider. So you are free to see any specialist without a referral.

Benefits beyond Medicare
As with our HMO plans, EmblemHealth Medicare Advantage PPO:

• includes benefits beyond Original Medicare, like vision, hearing and dental
• offers substantial savings over plans that have you pay much higher premiums
• can save you even more if you use in-network providers, with low copayments and lower out-of-pocket cost

5-Tier Formulary for All Plans

• $0 Preferred Generic Drugs
• $15 Generic Drugs
TAKE A TRIP OUT OF TOWN AND BACK IN TIME
Hop on the Staten Island Ferry for unmatched views of the city — free! Disembark at St. George, Staten Island, and make your way to Historic Richmond Town, an authentic farmtown dating back to the mid-1600s. Tour the complex and escape to a simpler time.

EmblemHealth Medicare SNP
Efficient, coordinated care and controlled costs for people who receive State assistance.

EmblemHealth has Special Needs Plans for people who are eligible for both Medicare and some level of Medicaid, or are in a Medicare Savings Program. We offer efficient, coordinated care to control costs and best deliver specialized health services. Our Utilization Management staff can even develop an individual care plan to ensure your needs are met.

If you receive full Medicaid benefits from the State, you can apply to receive Medicaid Advantage benefits within the Dual-Eligible Plans.

HMO: Get these benefits with an EmblemHealth Dual-Eligible (HMO SNP) Plan:
- $0 copay for PCP office visits
- $0 copay for specialists
- Prescription Drug coverage
- Over-the-counter drug benefits
Cost sharing may apply based on your Medicaid level.

PPO: Get these benefits with an EmblemHealth Dual-Eligible (PPO SNP) Plan:
- $0 copay for PCP office visits (in network)
- $0 copay for specialists (in network)
- Out-of-network benefits
- Prescription Drug coverage
- Over-the-counter drug benefits
Cost sharing may apply based on your Medicaid level.

5-Tier Formulary for All Plans
ANSWER THESE QUESTIONS TO HELP MAKE YOUR MEDICARE CHOICE SIMPLER

QUICK CHECK

When can I enroll? (pages 4-5): ________________________________

What type of coverage do I need? (pages 8-9): ________________________________

How much can I afford? (pages 10-11): ________________________________

Do I want a convenient HMO plan or a flexible PPO plan? (pages 14-16): ________________________________

Do I qualify for an SNP? (page 17): ________________________________

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

1. In Person: Call now to schedule a one-on-one consultation with an EmblemHealth Medicare expert.

2. Phone: Toll free 1-800-459-3459, seven days a week, from 8 am to 8 pm. (TTY/ TDD: 711)

3. Web: 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
Group Health Incorporated (GHI) is a PPO plan and HIP Health Plan of New York (HIP) is an HMO plan with a Medicare contract. Enrollment in GHI and HIP depends on contract renewal. GHI and HIP are EmblemHealth companies. Plans vary by county. Limitations, copayments, and restrictions may apply. Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Premium, copays, coinsurance and deductibles may vary based on the level of Extra Help you receive. A Special Needs Plan is available to anyone who has both Medical Assistance from the State and Medicare. You must continue to pay your Medicare Part B premium. This information is not a complete description of benefits. Contact the plan for more information. This information is available for free in other languages. Please call our customer service number at 1-800-459-3459; TTY/TDD 711, 8 am to 8 pm, seven days a week. Por favor llame a nuestro número de servicios de atención al cliente al 1-800-459-3459; TTY/TDD 711, de 8 am a 8 pm, los siete días de la semana.