Empire BlueCross BlueShield
An Anthem Company

Medicare Supplement Insurance plan benefits

(Outline of Coverage)

Plans A, B, F, G & N

Empire BlueCross BlueShield
New York 2022

This booklet includes:
2022 Premium Rates
2021 Medicare deductibles, copays and maximum out-of-pocket costs

Call toll-free 888-849-2420 with questions.
Administrative Office: P.O. Box 659816, San Antonio, TX 78265-9116

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Benefit Chart of Medicare Supplement Plans Sold on or after January 1, 2010 Including Revisions Effective January 1, 2020

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make available Plans "A" & "B" and either "D" or "G". Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F+. Some plans may not be available in your state.

Empire HealthChoice Assurance, Inc. offers those plans in New York State that are marked with an asterisk.

Benefits	Plans Available to All Applicants								Medicare first eligible before 2020 only	
	A*	B*	D	G[1]*	K	L	M	N*	C	F[1]*
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓[1]
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply[3]	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in 2021[2]					$6,220[2]	$3,110[2]				

1 Plans F and G also have a high deductible option which require first paying a plan deductible of $2,370 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G is only available on or after January 1, 2020, and does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

2 Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

3 Plan N pays 100% of the Part B coinsurance, except for a co-payment of up to $20 for some office visits and up to a $50 co-payment for emergency room visits that do not result in an inpatient admission.

Important plan information

Plans A, B, F, G & N
Retain this outline for your records.

PREMIUM INFORMATION

We, Empire BlueCross BlueShield, can only raise your premium if we raise the premium for all plans like yours in this State.

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

READ YOUR POLICY VERY CAREFULLY

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to us at our Administrative Office: Empire BlueCross BlueShield, P.O. Box 659816, San Antonio, TX 78265-9116. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

POLICY REPLACEMENT

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

NOTICE

This policy may not fully cover all of your medical costs.

Neither Empire BlueCross BlueShield nor its agents are connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult *Medicare and You* for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

NEXT STEPS

- Compare the individual plan pages
- Choose the plan that meets your needs

HOW TO SAVE ON YOUR MONTHLY PREMIUM

Pay yearly or with automatic bank draft

- Save up to $48 when you pay your premium for the year.
- Save $2 a month when you pay by automatic bank draft.

Ready to enroll?

Go to the Application section of this booklet.

Finding your monthly premium

Plans A, B, F, G & N | Effective January 1, 2022
Premiums can change. Premium is based upon your area and plan.

Find your premium

	Plan A	Plan B	Plan F	Plan G	Plan N
New York – Area 1	$179.00	$241.11	$337.83	$291.75	$207.60
Mid-Hudson – Area 2	$141.00	$194.94	$267.94	$235.65	$168.32
Albany – Area 3	$141.00	$194.94	$267.94	$235.65	$168.32

New York – Area 1:
Bronx, Kings, Nassau, New York (Manhattan), Queens, Richmond, Rockland, Suffolk, and Westchester County.

Mid-Hudson – Area 2:
Dutchess, Orange, Putnam, Sullivan and Ulster County.

Albany – Area 3:
Columbia, Delaware, and Greene County.

Plan A

Medicare (Part A) – Hospital Services – per benefit period

Services	Medicare pays	Plan pays	You pay
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,484	$0	$1,484 (Part A deductible)
61st thru 90th day	All but $371 a day	$371 a day	$0
91st day and after: ∘ While using 60 lifetime reserve days	All but $742 a day	$742 a day	$0
∘ Once lifetime reserve days are used: — Additional 365 days	$0	100% of Medicare eligible expenses	$0
— Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility care* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $185.50 a day	$0	Up to $185.50 a day
101st day and after	$0	$0	All costs
Blood			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
Hospice care			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Plan A

(continued)

Medicare (Part B) – Medical Services – per calendar year

Services	Medicare pays	Plan pays	You pay
Medical Expenses — in or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $203 of Medicare Approved Amounts*	$0	$0	$203 (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges			
Above Medicare Approved Amounts	$0	$0	All costs
Blood			
First 3 pints	$0	All costs	$0
Next $203 of Medicare Approved Amounts*	$0	$0	$203 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0
Clinical Laboratory Services			
Tests for Diagnostic Services	100%	$0	$0

Parts A & B Services

Services	Medicare pays	Plan pays	You pay
Home Health Care — Medicare approved services			
∘ Medically necessary skilled care services and medical supplies	100%	$0	$0
∘ Durable medical equipment:			
— First $203 of Medicare approved amounts*	$0	$0	$203 (Part B deductible)
— Remainder of Medicare approved amounts	80%	20%	$0

* Once you have been billed $203 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

Plan B

Medicare (Part A) – Hospital Services – per benefit period

Services	Medicare pays	Plan pays	You pay
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,484	$1,484 (Part A deductible)	$0
61st thru 90th day	All but $371 a day	$371 a day	$0
91st day and after: ∘ While using 60 lifetime reserve days	All but $742 a day	$742 a day	$0
∘ Once lifetime reserve days are used: — Additional 365 days	$0	100% of Medicare eligible expenses	$0
— Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility care* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $185.50 a day	$0	Up to $185.50 a day
101st day and after	$0	$0	All costs
Blood			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
Hospice care			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Plan B

(continued)

Medicare (Part B) – Medical Services – per calendar year

Services	Medicare pays	Plan pays	You pay
Medical Expenses — in or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $203 of Medicare Approved Amounts*	$0	$0	$203 (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges			
Above Medicare Approved Amounts	$0	$0	All costs
Blood			
First 3 pints	$0	All costs	$0
Next $203 of Medicare Approved Amounts*	$0	$0	$203 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0
Clinical Laboratory Services			
Tests for Diagnostic Services	100%	$0	$0

Parts A & B Services

Services	Medicare pays	Plan pays	You pay
Home Health Care — Medicare approved services			
∘ Medically necessary skilled care services and medical supplies	100%	$0	$0
∘ Durable medical equipment:			
— First $203 of Medicare approved amounts*	$0	$0	$203 (Part B deductible)
— Remainder of Medicare approved amounts	80%	20%	$0

* Once you have been billed $203 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

Plan F

Medicare (Part A) – Hospital Services – per benefit period

Services	Medicare pays	Plan pays	You pay
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,484	$1,484 (Part A deductible)	$0
61st thru 90th day	All but $371 a day	$371 a day	$0
91st day and after: ∘ While using 60 lifetime reserve days	All but $742 a day	$742 a day	$0
∘ Once lifetime reserve days are used: — Additional 365 days	$0	100% of Medicare eligible expenses	$0
— Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility care* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $185.50 a day	Up to $185.50 a day	$0
101st day and after	$0	$0	All costs
Blood			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
Hospice care			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Plan F

(continued)

Medicare (Part B) – Medical Services – per calendar year

Services	Medicare pays	Plan pays	You pay
Medical Expenses — in or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $203 of Medicare Approved Amounts*	$0	$203 (Part B deductible)	$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges			
Above Medicare Approved Amounts	$0	100%	$0
Blood			
First 3 pints	$0	All costs	$0
Next $203 of Medicare Approved Amounts*	$0	$203 (Part B deductible)	$0
Remainder of Medicare Approved Amounts	80%	20%	$0
Clinical Laboratory Services			
Tests for Diagnostic Services	100%	$0	$0

Parts A & B Services

Services	Medicare pays	Plan pays	You pay
Home Health Care — Medicare approved services			
∘ Medically necessary skilled care services and medical supplies	100%	$0	$0
∘ Durable medical equipment:			
— First $203 of Medicare approved amounts*	$0	$203 (Part B deductible)	$0
— Remainder of Medicare approved amounts	80%	20%	$0

* Once you have been billed $203 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

Other Benefits – not covered by Medicare

Services	Medicare pays	Plan pays	You pay
Foreign Travel — not covered by Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$0	$0	$250
Remainder of Charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

Plan G

Medicare (Part A) – Hospital Services – per benefit period

Services	Medicare pays	Plan pays	You pay
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,484	$1,484 (Part A deductible)	$0
61st thru 90th day	All but $371 a day	$371 a day	$0
91st day and after: ∘ While using 60 lifetime reserve days	All but $742 a day	$742 a day	$0
∘ Once lifetime reserve days are used: — Additional 365 days	$0	100% of Medicare eligible expenses	$0
— Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility care* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $185.50 a day	Up to $185.50 a day	$0
101st day and after	$0	$0	All costs
Blood			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
Hospice care			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Plan G

(continued)

Medicare (Part B) – Medical Services – per calendar year

Services	Medicare pays	Plan pays	You pay
Medical Expenses — in or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $203 of Medicare Approved Amounts*	$0	$0	$203 (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges			
Above Medicare Approved Amounts	$0	100%	$0
Blood			
First 3 pints	$0	All costs	$0
Next $203 of Medicare Approved Amounts*	$0	$0	$203 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0
Clinical Laboratory Services			
Tests for Diagnostic Services	100%	$0	$0

Parts A & B Services

Services	Medicare pays	Plan pays	You pay
Home Health Care — Medicare approved services			
∘ Medically necessary skilled care services and medical supplies	100%	$0	$0
∘ Durable medical equipment:			
— First $203 of Medicare approved amounts*	$0	$0	$203 (Part B deductible)
— Remainder of Medicare approved amounts	80%	20%	$0

* Once you have been billed $203 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

Other Benefits – not covered by Medicare

Services	Medicare pays	Plan pays	You pay
Foreign Travel — not covered by Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$0	$0	$250
Remainder of Charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

Plan N

Medicare (Part A) – Hospital Services – per benefit period

Services	Medicare pays	Plan pays	You pay
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,484	$1,484 (Part A deductible)	$0
61st thru 90th day	All but $371 a day	$371 a day	$0
91st day and after: ∘ While using 60 lifetime reserve days	All but $742 a day	$742 a day	$0
∘ Once lifetime reserve days are used: — Additional 365 days	$0	100% of Medicare eligible expenses	$0
— Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility care* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $185.50 a day	Up to $185.50 a day	$0
101st day and after	$0	$0	All costs
Blood			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
Hospice care			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Plan N

(continued)

Medicare (Part B) – Medical Services – per calendar year

Services	Medicare pays	Plan pays	You pay
Medical Expenses — in or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $203 of Medicare Approved Amounts*	$0	$0	$203 (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Balance, other than up to $20 per office visit and up to $50 per emergency room visit. The co-payment of up to $50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to $20 per office visit and up to $50 per emergency room visit. The co-payment of up to $50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B Excess Charges			
Above Medicare Approved Amounts	$0	$0	All costs
Blood			
First 3 pints	$0	All costs	$0
Next $203 of Medicare Approved Amounts*	$0	$0	$203 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0
Clinical Laboratory Services			
Tests for Diagnostic Services	100%	$0	$0

* Once you have been billed $203 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

Plan N

(continued)

Parts A & B Services

Services	Medicare pays	Plan pays	You pay
Home Health Care — Medicare approved services			
° Medically necessary skilled care services and medical supplies	100%	$0	$0
° Durable medical equipment:			
— First $203 of Medicare approved amounts*	$0	$0	$203 (Part B deductible)
— Remainder of Medicare approved amounts	80%	20%	$0

Other Benefits – not covered by Medicare

Services	Medicare pays	Plan pays	You pay
Foreign Travel — not covered by Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$0	$0	$250
Remainder of Charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

* Once you have been billed $203 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

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