





# Stay healthy while staying at home

-  Online doctor visits from your computer, smartphone, or tablet
-  Prescriptions mailed directly to you so you don't have to drive or wait in line
-  Answers to your health questions from our 24/7 NurseLine
-  Online access to the SilverSneakers® fitness program with on-demand workout videos and live classes, plus health and nutrition tips

Plans and benefits may vary by area. Please contact us directly to check availability in your service area.

Discover the Benefit of Blue.™



All the plans in this guide are available in some or all of the counties below. Some plans may be available in other counties as well. BE SURE TO CHECK THE SUMMARY OF BENEFITS, SECTION 1, FOR THE EXACT SERVICE AREA OF EACH PLAN.

Kings

Hay disponibles servicios de traducción; póngase en contacto con el plan de salud o su agente. 我們提供翻譯服務; 請聯絡您的醫療保健計劃或代理人。

Out-of-network/non-contracted providers are under no obligation to treat Empire BlueCross BlueShield members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. This policy has exclusions, limitations, and terms under which the policy may be continued in force or discontinued. For costs and complete details of coverage, please contact your agent or the health plan. The SilverSneakers fitness program is provided by Tivity Health, an independent company. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2022 Tivity Health, Inc. All rights reserved.

Empire BlueCross BlueShield is a Medicare Advantage Organization with a Medicare contract. Enrollment in Empire BlueCross BlueShield depends on contract renewal. Services provided by Empire HealthChoice HMO, Inc., and/or Empire HealthChoice Assurance, Inc., and/or HEALTHPLUS HP, LLC., licensees of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

Empire   
BLUECROSS BLUESHIELD

An Anthem Company








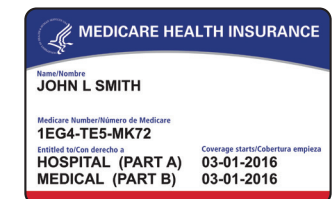
## Empire BlueCross BlueShield Medicare Advantage Plans 2022

# Find a Medicare Advantage plan that's right for you

If you want to find the best health care plan for your needs and budget, this guide can help. You can easily compare benefits and services so you can find a plan that's a good fit.

You get all these benefits with a 2022 Empire BlueCross BlueShield plan:

-  SilverSneakers®
-  Vision
-  Hearing
-  Worldwide coverage
-  Essential Extras



Available in Kings

# Compare these Empire BlueCross BlueShield plans to find one that fits your needs and budget

Plan name	Empire MediBlue HealthPlus (HMO)	Empire MediBlue HealthPlus Select (HMO)	Empire MediBlue Plus (HMO)	Empire MediBlue Choice (HMO-POS)		Empire MediBlue Select (HMO)	Empire MediBlue Service Select (HMO)	Empire MediBlue Service (HMO)
Monthly premium	\$0	\$0	\$16	\$105		\$0	\$0	\$0
In-network out-of-pocket limit	\$6,900	\$6,900	\$7,550	\$7,550		\$7,550	\$6,700	\$7,550
Combined in- and out-of-network out-of-pocket limit	N/A	N/A	N/A	\$11,300		N/A	N/A	N/A
Medical care	In network	In network	In network	In network	Out of network	In network	In network	In network
Inpatient hospital <sup>1</sup>	Days 1-5: \$375 per day, per admission; Days 6-90: \$0 per day, per admission	Days 1-5: \$275 per day, per admission; Days 6-90: \$0 per day, per admission	Days 1-4: \$500 per day, per admission; Days 5-90: \$0 per day, per admission	Days 1-4: \$450 per day, per admission; Days 5-90: \$0 per day, per admission	40% coinsurance per stay	Days 1-5: \$400 per day, per admission; Days 6-90: \$0 per day, per admission	Days 1-5: \$350 per day, per admission; Days 6-90: \$0 per day, per admission	Days 1-5: \$400 per day, per admission; Days 6-90: \$0 per day, per admission
Primary care doctor visit	\$0 copay	\$0 copay	\$20 copay	\$15 copay	40% coinsurance	\$20 copay	\$10 copay	\$20 copay
Specialist visit	\$40 copay	\$25 copay	\$50 copay	\$50 copay	40% coinsurance	\$50 copay	\$30 copay	\$50 copay
Outpatient hospital surgery	\$295 copay	\$295 copay	30% coinsurance	30% coinsurance	40% coinsurance	\$400 copay	\$300 copay	30% coinsurance
Urgent care	\$45 copay	\$45 copay	\$65 copay	\$65 copay	\$65 copay	\$65 copay	\$65 copay	\$65 copay
Lab work	\$0 copay	\$0 copay	\$0 copay	\$0 copay	40% coinsurance	\$0 copay	\$0 copay	\$0 copay
X-rays	\$25-\$75 copay	\$25-\$75 copay	\$50-\$90 copay	\$55-\$85 copay	40% coinsurance	\$25-\$75 copay	\$20-\$50 copay	\$60-\$100 copay
Hearing	\$0 copay, 1 exam, 1 hearing aid fitting/evaluation, \$1,500 for hearing aids per year	\$0 copay, 1 exam, 1 hearing aid fitting/evaluation, \$1,500 for hearing aids per year	N/A	N/A		N/A	N/A	N/A
Vision	\$0 copay, 1 exam, \$150 for eyewear per year	\$0 copay, 1 exam, \$150 for eyewear per year	\$0 copay, 1 exam	\$0 copay, 1 exam		\$0 copay, 1 exam, \$100 for eyewear per year	\$0 copay, 1 exam	\$0 copay, 1 exam
Dental	\$0 copay, 2 exams, 2 cleanings, 1 X-ray per year. \$1,000 allowance for comprehensive services per year	\$0 copay, 2 exams, 2 cleanings, 1 X-ray per year. \$2,000 allowance for comprehensive services per year	N/A	N/A		N/A	N/A	\$0 copay, 2 exams, 2 cleanings, 1 X-ray per year. \$125 allowance for comprehensive services per quarter
Essential Extras	Pick 1 extra support benefit	Pick 1 extra support benefit	N/A	N/A		N/A	N/A	N/A
<b>Part D prescription drugs: Amounts are for mail order/preferred/standard pharmacies. Mail order copay is for a 90-day supply except Tier 5 which is a 30-day supply. Pharmacy copays are for a 30-day supply.</b>								
Part D deductible <sup>2</sup>	\$350	\$350 <sup>3</sup>	\$350	\$350		\$350	This plan does not include Part D prescription drug coverage.	This plan does not include Part D prescription drug coverage.
Deductible applies to tiers	3, 4, 5	3, 4, 5 <sup>3</sup>	3, 4, 5	3, 4, 5		3, 4, 5		
Tier 1: preferred generic	\$0/\$3/\$8 copay	\$0/\$0/\$5 copay	\$0/\$0/\$0 copay	\$0/\$0/\$0 copay		\$9/\$3/\$8 copay		
Tier 2: generic	\$0/\$15/\$20 copay	\$0/\$15/\$20 copay	\$45/\$15/\$20 copay	\$45/\$15/\$20 copay		\$45/\$15/\$20 copay		
Tier 3: preferred brand	\$126/\$42/\$47 copay	\$105/\$35/\$35 copay <sup>3</sup>	\$126/\$42/\$47 copay	\$126/\$42/\$47 copay		\$126/\$42/\$47 copay		
Tier 4: nonpreferred brand	\$282/\$94/\$99 copay	\$282/\$94/\$99 copay	\$282/\$94/\$99 copay	\$279/\$93/\$98 copay		\$282/\$94/\$99 copay		
Tier 5: specialty	27%/27%/27% coinsurance	27%/27%/27% coinsurance	27%/27%/27% coinsurance	27%/27%/27% coinsurance		27%/27%/27% coinsurance		
Tier 6: select care drugs	\$0/\$0/\$0 copay	\$0/\$0/\$0 copay	N/A	N/A		\$0/\$0/\$0 copay		
Supplemental gap coverage tiers	6	3, 6 <sup>3</sup>	N/A	N/A		6		

<sup>1</sup> Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.  
<sup>2</sup> If a plan includes a pharmacy deductible, you will pay the full cost of your covered prescriptions in the applicable tiers until you reach the deductible amount.  
<sup>3</sup> Part D Senior Savings Model – Insulin Savings Program: For select insulin drugs, you will pay a \$0-\$35 copay during the deductible, ICL, and gap stages for a 30-day supply. What you pay will depend on what tier your insulin is on, and whether or not you receive Extra Help.