

Empire MediBlue HealthPlus Dual Advantage (HMO D-SNP) - 2021 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by Empire MediBlue HealthPlus Dual Advantage. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Empire MediBlue HealthPlus Dual Advantage. Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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If you have questions, call Empire MediBlue HealthPlus Dual Advantage Member Services at **1-800-809-7328** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit <https://shop.empireblue.com/medicare>.


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A. Disclaimers

 This is a summary of health services covered by Empire MediBlue HealthPlus Dual Advantage (HMO D-SNP) for January 1 – December 31, 2021. This is only a summary. Read the *Evidence of Coverage* for the full list of benefits.

- ❖ Empire MediBlue HealthPlus Dual Advantage is an HMO D-SNP plan with a Medicare contract. Enrollment in Empire MediBlue HealthPlus Dual Advantage depends on contract renewal.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call **1-800-809-7328** (TTY: **711**), from 8 a.m. to 8 p.m., seven days a week, October 1 to March 31 (except holidays); 8 a.m. to 8 p.m., Monday - Friday, April 1 to September 30 (except holidays). The call is free.
- ❖ If you call us to request a change to your preferred language or format preference, we will consider that your preference going forward unless you call us to change it.

You can read the *Medicare & You* 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 access it online at the Medicare website (www.medicare.gov) or request a copy 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.

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B. Frequently asked questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP)?	<p>A NY Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP) is a managed health care option for New York Medicaid members with Medicare. A NY HIDE SNP covers all of your Medicare, New York Medicaid (Medicaid) and prescription drug benefits, including Medicare Part D, and extra benefits, in one health plan, with one Member Identification (ID) Card, and no copays for medical services or prescription drugs. A HIDE SNP coordinates all of your care.</p> <p>If you join a HIDE SNP, you do not lose any of your New York Medicaid Managed Care (MMC), Health And Recovery Plan (HARP) or Medicare benefits. Every service you have with New York Medicaid and Medicare is still available, along with access to some additional services.</p> <p>To be eligible to enroll in a HIDE SNP in New York, you must be entitled to Medicare Parts A and B and have one of the following levels of Medicaid coverage:</p> <ul style="list-style-type: none">• Full Benefit Dual Eligible (FBDE)• QMB-Plus, or• SLMB-Plus <p>You must also live in the plan's "service area" (the counties where that plan is offered). The counties that make up Empire MediBlue HealthPlus Dual Advantage's service area are listed on page 5 of this document.</p>



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Will I get the same Medicare and New York Medicaid benefits in Empire MediBlue HealthPlus Dual Advantage that I get now?	<p>If you are coming to Empire MediBlue HealthPlus Dual Advantage from Original Medicare or another Medicare plan, you may get benefits or services differently. You will get almost all of your covered Medicare and New York Medicaid benefits directly from Empire MediBlue HealthPlus Dual Advantage.</p> <p>When you enroll in Empire MediBlue HealthPlus Dual Advantage you and your Care Team will work together to develop an individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals. If you are taking any Medicare Part D prescription drugs that Empire MediBlue HealthPlus Dual Advantage does not normally cover, you can get a temporary supply, and we will help you to transition to another drug or get an exception for Empire MediBlue HealthPlus Dual Advantage to cover your drug if medically necessary.</p>
Can I go to the same health care providers I see now?	<p>That is often the case. If your providers (including doctors, therapists, pharmacies, and other health care providers) work with Empire MediBlue HealthPlus Dual Advantage and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none">• Providers with an agreement with us are “in-network.” You must use the providers in Empire MediBlue HealthPlus Dual Advantage’s network. <p>To find out if your providers are in the plan’s network, call Member Services or read Empire MediBlue HealthPlus Dual Advantage’s <i>Provider and Pharmacy Directory</i>. You can also visit our website at https://shop.empireblue.com/medicare for the most current listing.</p> <p>If Empire MediBlue HealthPlus Dual Advantage is new for you, we will work with you to develop an individualized Plan of Care to address your needs. You can keep seeing the providers you go to now for 90 days or until your individualized Plan of Care is completed.</p>
What is a Care Manager?	<p>A Care Manager is your main contact person at our plan. This person helps to manage all of your providers and services and make sure you get what you need.</p>



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What happens if I need a service but no one in Empire MediBlue HealthPlus Dual Advantage's network can provide it?	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Empire MediBlue HealthPlus Dual Advantage will cover services provided by an out-of-network provider.
Where is Empire MediBlue HealthPlus Dual Advantage available?	The service area for this plan includes: Bronx, Kings, New York, Queens, Richmond, Orange, Rockland, Westchester, Nassau and Suffolk counties, NY. You must live in one of these areas to join the plan.
What is prior authorization?	Prior authorization means that you must get approval from Empire MediBlue HealthPlus Dual Advantage before Empire MediBlue HealthPlus Dual Advantage will cover a specific service, item, or drug or out-of-network provider. Empire MediBlue HealthPlus Dual Advantage may not cover the service, item or drug if you don't get prior approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first. Empire MediBlue HealthPlus Dual Advantage can provide you with a list of services or procedures that require you to get prior authorization from Empire MediBlue HealthPlus Dual Advantage before the service is provided. See Chapter 3, Section 2.3, of the <i>Evidence of Coverage</i> to learn more about prior authorization. See the Benefits Chart in Chapter 4 of the <i>Evidence of Coverage</i> to learn which services require a prior authorization.

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Frequently Asked Questions (FAQ)	Answers
<p>What is a referral?</p>	<p>A referral means that your Primary Care Provider (PCP) must give you approval before you can see specialists or other providers in the plan's network. If you don't get approval, Empire MediBlue HealthPlus Dual Advantage may not cover the services. You don't need a referral to see certain specialists, such as women's health specialists.</p> <p>Before you get care from a specialist, we highly recommend you talk to your PCP first. Doing so will keep your PCP informed and will help ensure you get the right care. Many specialist services require a referral from your PCP. So if you have a favorite specialist, make sure to ask if the specialist is in the plan's network.</p> <p>If you don't get approval, Empire MediBlue HealthPlus Dual Advantage may not cover the services. You don't need a referral to see certain specialists, such as women's health specialists.</p> <p>Empire MediBlue HealthPlus Dual Advantage can provide you with a list of services that require you to get a referral from your PCP before the service is provided. For more information on when a referral is needed, call Member Services at the toll-free number below or see Chapter 3, Section 2.2, of the <i>Evidence of Coverage</i>.</p>
<p>Do I pay a monthly amount (also called a premium) under Empire MediBlue HealthPlus Dual Advantage?</p>	<p>No. You will not pay any monthly premiums to Empire MediBlue HealthPlus Dual Advantage for your health coverage.</p> <p>Additionally, Medicaid will pay your Medicare Part B premium for you.</p> <p>You may need to continue to pay your Medicaid surplus if Medicaid has determined that you have one.</p>
<p>Do I pay a deductible as a member of Empire MediBlue HealthPlus Dual Advantage?</p>	<p>No. You do not pay deductibles in Empire MediBlue HealthPlus Dual Advantage.</p>



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What is the maximum out-of-pocket amount that I will pay for medical services as a member of Empire MediBlue HealthPlus Dual Advantage?	There is no cost sharing for medical services in Empire MediBlue HealthPlus Dual Advantage, so your annual out-of-pocket costs will be \$0.

C. Overview of services

The following chart is a quick overview of what services you may need and rules about the benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care (This service is continued on the next page)	Inpatient hospital care	\$0	Covered unless the admission date is prior to the effective date. Also provides coverage of Inpatient stays pending Alternate level of Medical Care. Your provider must get an approval from the plan before you are admitted to a hospital for a procedure, rehabilitation or transplant that you and your doctor planned ahead. This is called getting prior authorization. You do not need approval for emergency or urgently needed services.
	Outpatient hospital services (including outpatient treatment by a doctor or a surgeon)	\$0	

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care (Continued)	Ambulatory surgical center (ASC) services	\$0	
You want to see a health care provider	Doctor visits (including visits to Primary Care Providers, specialists, nurse practitioners, and midwives)	\$0	
	Visits to treat an injury or illness	\$0	
	Preventive care (care to keep you from getting sick, such as flu shots and other immunizations)	\$0	Influenza, Hepatitis B, pneumococcal vaccinations, and other vaccinations recommended for adults are covered. The full childhood immunization schedule is covered for members under the age of 21.
	Wellness visits, such as a physical	\$0	
	“Welcome to Medicare” preventive visit (one time only)	\$0	



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care	Emergency room services (including post stabilization care services)	\$0	You may go to any emergency room if you reasonably believe you need emergency care. You do not need prior authorization and you do not have to be in-network. This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$100,000 per year for worldwide emergency services. Contact the plan or see the <i>Evidence of Coverage</i> for details.
You need emergency care	Urgently needed services	\$0	Urgently needed services are not emergency care. You do not need prior authorization and you do not have to be in-network. This plan provides some coverage outside the U.S. and its territories. Contact the plan or see the <i>Evidence of Coverage</i> for details.
You need medical tests	Lab tests, such as blood work	\$0	
	X-rays or other pictures, such as CAT scans	\$0	Your provider must get an approval from the plan before you get high-tech imaging or certain diagnostic and therapeutic radiology and lab services.
	Screenings, such as tests to check for cancer	\$0	

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hearing/auditory services	Hearing screenings (including routine hearing exams)	\$0	
	Hearing aids (as well as fittings and associated accessories and supplies)	\$0	Prior authorization required
You need dental care	Dental services (including, but not limited to, routine exams and cleanings, X-rays, fillings, crowns, extractions, dentures, and endodontic and periodontal care)	\$0	Prior authorization required
You need eye care	Vision services (including annual eye exams)	\$0	Examinations for refraction are limited to every two (2) years unless otherwise justified as medically necessary.
	Glasses or contact lenses	\$0	Eyeglasses do not require changing more frequently than every two (2) years unless medically necessary or unless the glasses are lost, damaged or destroyed.
	Other vision care (including diagnosis and treatment for diseases and conditions of the eye)	\$0	



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You have a mental health condition</p>	<p>Inpatient mental health care (long-term mental health services, including inpatient services in a psychiatric hospital, general hospital, psychiatric unit of an acute care hospital, Short Term Care Facility (STCF), or critical access hospital)</p>	<p>\$0</p>	<p>All members are covered by the plan for acute inpatient hospitalization in a general hospital, regardless of the admitting diagnosis or treatment.</p>
	<p>Outpatient mental health care (including, but not limited to, adult mental health rehabilitation in supervised group homes and apartments, clinic and hospital services, partial care, and medication management)</p> <p>(Note: This is not a complete list of the plan’s expanded outpatient mental health services. Call Member Services or read the <i>Evidence of Coverage</i>, Chapter 4, Section 2, for more information.)</p>	<p>\$0</p>	<p>Services may be provided by a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, Independent Practitioner Network (IPN) Psychiatrist, Psychologist or Advanced Practice Nurse (APN), or other qualified mental health care professional as allowed under applicable state laws. A member may self-refer for one assessment from a network provider in a twelve (12) month period.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You have a substance use disorder</p>	<p>Inpatient and outpatient substance use disorder treatment services (including, but not limited to, detoxification and withdrawal management, short-term residential services, residential treatment center services, Buprenorphine prescribers, and methadone Medication Assisted Treatment)</p> <p>(Note: This is not a complete list of the plan’s expanded substance use disorder services. Call Member Services or read the <i>Evidence of Coverage</i>, Chapter 4, Section 2, for more information.)</p>	<p>\$0</p>	<p>Your provider must get an approval from the plan before you are admitted to a hospital for a mental condition, drug or alcohol abuse or rehab. This is called getting prior authorization.</p> <p>A member may self-refer for one assessment from a network provider in a twelve (12) month period.</p>
<p>You need a place to live with people available to help you</p>	<p>Residential Health Care Facility (Nursing Home) Services (RHCF)</p>	<p>\$0</p>	<p>Your provider must get an approval from the plan before you get skilled nursing facility care. This is called getting prior authorization. No prior hospitalization required.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	In addition to Medicare coverage, provides 40 outpatient physical therapy visits, occupational and speech therapy limited to 20 visits each per calendar year. Limits do not apply to Enrollees under age 21, Enrollees who are developmentally disabled, and Enrollees with traumatic brain injury. You may need an approval from the plan before you get physical therapy, occupational therapy and speech/language therapy.
You need help getting to health services	Ambulance services	\$0	Your provider must get an approval from the plan before you get ground, air or water transportation that is not an emergency.
	Emergency transportation	\$0	



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (This service is continued on the next page)</p>	<p>Medicare Part B prescription drugs (including those given by your provider in his or her office, some oral anti-cancer drugs, and some drugs used with certain medical equipment)</p>	<p>\$0</p>	<p>Your plan currently may require step therapy for any Part B drugs. Step Therapy is a utilization tool that requires you to first try another drug to treat your medical condition before we will cover the drug your doctor may have initially prescribed.</p> <p>You may also be required to try a Part B drug before using a Part D drug and in some cases you may be required to try a Part D drug before getting a Part B drug. You can contact Member Services for more information.</p> <p>Read the <i>Evidence of Coverage</i>, Chapter 4, Section 2, for more information on these drugs.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued)</p>	<p>Medicare Part D prescription drugs</p> <p>Generic and brand name drugs</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. See Empire MediBlue HealthPlus Dual Advantage’s formulary (list of covered drugs) at https://shop.empireblue.com/medicare for more information.</p> <p>Empire MediBlue HealthPlus Dual Advantage may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Empire MediBlue HealthPlus Dual Advantage for certain drugs.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)			You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These specialty drugs are listed on the plan's website, formulary (list of covered drugs), and printed materials, as well as on the Medicare Prescription Drug Plan Finder on www.medicare.gov/plan-compare . Extended day supplies are available through retail pharmacies and mail-order.
	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered.
	Diabetes medications	\$0	
You need foot care	Podiatry services (including routine exams)	\$0	Unlimited routine foot care visits each year.
	Orthotic/Orthopedic footwear	\$0	

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<p>You need durable medical equipment (DME) or supplies</p>	<p>Wheelchairs, nebulizers, crutches, rollabout knee walkers, walkers, and oxygen equipment and supplies, for example</p> <p>(Note: This is not a complete list of covered DME or supplies. Call Member Services or read the <i>Evidence of Coverage</i> for more information.)</p>	<p>\$0</p>	<p>Therapeutic Continuous Glucose Monitors (CGMs) and related supplies are covered by Medicare when they meet Medicare National Coverage Determination (NCD) and Local Coverage Determinations (LCD) criteria. In addition, where there is not NCD/ LCD criteria, therapeutic CGM must meet any plan benefit limits, and the plan’s evidence based clinical practice guidelines.</p> <p>This plan only covers FreeStyle Libre Continuous Glucose Monitors (CGMs). We will not cover other brands unless your provider tells us it is medically necessary. CGMs MUST be purchased at a network retail or our mail-order pharmacy to be covered. If you purchase these supplies through a Durable Medical Equipment (DME) provider these items will not be covered.</p> <p>Coverage limitations:</p> <ul style="list-style-type: none"> • 2 Sensors per month • One receiver every 2 years <p>Insulin pumps are different than a CGM and can be purchased through a DME provider. This plan covers only DUROLANE, EUFLEXXA, SUPARTZ, and Gel-SYN-3 Hyaluronic Acids. We will not cover other brands unless your provider tells us it is medically necessary.</p>



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You need interpreter services	Spoken language interpreter	\$0	
	Sign language interpreter	\$0	
Other covered services (This service is continued on the next page)	Acupuncture	\$0	Provides up to 12 acupuncture visits each year to treat lower back pain not related to a systemic cause, pregnancy or surgery. An additional 12 visits are available to treat illness or numb pain.
	Care coordination	\$0	
	Chiropractic services	\$0	You are covered for manual manipulation of the spine to correct subluxation. In addition, this plan provides an additional 12 routine visits with a chiropractor. You may need an approval from the plan before you get chiropractic services.



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Other covered services (continued)	Diabetic supplies	\$0	<p>This plan covers only OneTouch® (made by LifeScan, Inc.) and ACCU-CHECK® (made by Roche Diagnostics) blood glucose test strips and glucometers.</p> <p>We will not cover other brands unless your provider tells us it is medically necessary. Blood glucose test strips and glucometers MUST be purchased at a network retail or our mail-order pharmacy to be covered. If you purchase these supplies through a Durable Medical Equipment (DME) provider these items will NOT be paid for.</p> <p>Lancets are limited to the following manufacturers: LifeScan / Delica, Roche, Kroger and its affiliates which include Fred Meyer, King Soopers, City Market, Fry's Food Stores, Smith's Food and Drug Centers, Dillon Companies, Ralphs, Quality Food Centers, Baker, Scott's, Owen, Payless, Gerbes, Jay-C, Prodigy, and Good Neighbor.</p>
	Family planning	\$0	<p>Family planning services furnished by out-of-network providers are covered directly by Medicaid fee-for-service.</p> <p>Services primarily related to the diagnosis and treatment of infertility are not covered.</p>



If you have questions, call Empire MediBlue HealthPlus Dual Advantage Member Services at **1-800-809-7328** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit <https://shop.empireblue.com/medicare>.

Empire MediBlue HealthPlus Dual Advantage (HMO D-SNP) - 2021 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)	Mammograms	\$0	
	Medical day care (including preventive, diagnostic, therapeutic, and rehabilitative services under medical and nursing supervision in an ambulatory care setting)	\$0	Medical day care is provided to meet the needs of individuals with physical and/or cognitive impairments in order to support their community living.
	Medical Social Services	\$0	Covered only when transitioning from the Long Term Home Health Care Program (LTHHCP) and who received Medical Social Services while in the LTHHCP.
	Personal Care Services (PCS) (including health-related tasks performed by a qualified individual in a member's home, under the supervision of a registered professional nurse, as certified by a physician in accordance with a member's written plan of care)	\$0	Personal care services (PCS): Covered due to disability and only when Level one (1) services provided, limited to 8 hours a week. Level one (1) services include help with housekeeping, cleaning, meal preparation, grocery shopping, and laundry.
	Prosthetic services	\$0	Prior authorization required



If you have questions, call Empire MediBlue HealthPlus Dual Advantage Member Services at **1-800-809-7328** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit <https://shop.empireblue.com/medicare>.

Empire MediBlue HealthPlus Dual Advantage (HMO D-SNP) - 2021 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)	Private Duty Nursing (Community Based)	\$0	Requires a written physician's order and an assessment indicating that you are in need of continuous nursing service beyond the scope of care available from a certified home health agency (CHHA) or when intermittent nursing services normally provided by a CHHA are unavailable.
	Services to help manage your disease	\$0	
	Smoking Cessation Products	\$0	

The above summary of benefits is provided for informational purposes only. For more information about your benefits, you can read Empire MediBlue HealthPlus Dual Advantage's *Evidence of Coverage*. If you have questions, you can also call Empire MediBlue HealthPlus Dual Advantage Member Services.



If you have questions, call Empire MediBlue HealthPlus Dual Advantage Member Services at **1-800-809-7328** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit <https://shop.empireblue.com/medicare>.

Empire MediBlue HealthPlus Dual Advantage (HMO D-SNP) - 2021 Summary of Benefits

D. Additional services Empire MediBlue HealthPlus Dual Advantage covers

This is not a complete list. Call Member Services or read the Evidence of Coverage to find out about other covered services. Prior authorization may be required.

Additional services Empire MediBlue HealthPlus Dual Advantage covers (continued)	Your costs
24-Hour Nurse Helpline Call our 24-hour access to a nurse helpline, 7 days a week, 365 days a year: 1-855-658-9249 .	\$0
Adult Day HealthCare	\$0
AIDS Adult Day Health Care	\$0
Consumer Directed Personal Assistance Services	\$0
Crisis Intervention Services (adults)	\$0
Health and Fitness Tracker You could enjoy a fitness tracking device (every other year) plus access to online programs and coaching to help you achieve your health goals. Requires a referral.	\$0
Healthy Meals Enjoy healthy meals delivered directly to your home. You could get up to 14 meals, 4 times per year, for qualifying events. Qualifying events include a body mass index (BMI) of 18.5 or lower, a BMI 25 or higher, and/or A1C level higher than 9.0, or discharge from the hospital. Additional coverage may be available for those members transitioning from LTHHCP and who received Home Delivered Meals while in the LTHHCP	\$0
Healthy Pantry If you have a diagnosed chronic condition, you could receive monthly nutritional counseling sessions and monthly delivery of non-perishable pantry staples to help you make important changes to your diet.	\$0



If you have questions, call Empire MediBlue HealthPlus Dual Advantage Member Services at **1-800-809-7328** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit <https://shop.empireblue.com/medicare>.

Empire MediBlue HealthPlus Dual Advantage (HMO D-SNP) - 2021 Summary of Benefits

Additional services Empire MediBlue HealthPlus Dual Advantage covers (continued)	Your costs
<p>LiveHealth Online Lets you talk to a board-certified doctor, or licensed psychologist or therapist, by live, two-way video on a computer, smartphone or tablet.</p>	\$0
<p>Medicare Community Resource Support We assist you right over the phone by providing you with health-related information and by connecting you to local community-based services and support programs. We'll help you coordinate these services based on your unique needs.</p>	\$0
<p>Over-the-Counter Items This plan covers certain approved, non-prescription, over-the-counter (OTC) drugs and health-related items, up to \$158 every quarter. Unused OTC amounts do roll over to the next quarter. Unused OTC amounts do not roll over to the next calendar year.</p>	\$0
<p>Personal Emergency Response System (PERS) Includes the monitoring device and monitoring service. To start and install services, give us a call. We can help you. Please refer to the <i>Evidence of Coverage</i> for more details.</p>	\$0
<p>Personal Home Helper Provides up to 31 days (up to 4 hours each day) of home health aide services, if you need help with two or more activities of daily living such as mobility help around the home, bathing and dressing, meal prep, light chores like laundry or dishes, or to provide respite care.</p>	\$0
<p>Transportation Non-Emergency (Routine) Transportation (including mobile assistance vehicles (MAVs)); non-emergency basic life support (BLS) ambulance (stretcher); and livery transportation services (such as bus and train fare or passes, or car service and reimbursement for mileage).</p>	\$0



If you have questions, call Empire MediBlue HealthPlus Dual Advantage Member Services at **1-800-809-7328** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit <https://shop.empireblue.com/medicare>.

Empire MediBlue HealthPlus Dual Advantage (HMO D-SNP) - 2021 Summary of Benefits

Additional services Empire MediBlue HealthPlus Dual Advantage covers (continued)	Your costs
<p>SilverSneakers*® Fitness program When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to www.silversneakers.com or call SilverSneakers at 1-855-741-4985 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. ET.</p> <p>* SilverSneakers and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. © 2020 Tivity Health, Inc. All rights reserved.</p>	\$0

D. Benefits covered outside of Empire MediBlue HealthPlus Dual Advantage

This is not a complete list. Call Member Services to find out about other services not covered by Empire MediBlue HealthPlus Dual Advantage but available through Medicaid fee-for-service.

Other services covered directly by Medicaid fee-for-service	Your costs
Targeted case management (chronic mental illness)	\$0
Behavioral Health Home (Care Management)	\$0
PACT (Program in Assertive Community Treatment)	\$0
CSS (Community Support Services)	\$0
Psychiatric Emergency Services (PES)/Affiliated Emergency Services (AES)	\$0
Non Emergent transportation after 04/01/2021	\$0



If you have questions, call Empire MediBlue HealthPlus Dual Advantage Member Services at **1-800-809-7328** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit <https://shop.empireblue.com/medicare>.

Empire MediBlue HealthPlus Dual Advantage (HMO D-SNP) - 2021 Summary of Benefits

E. Services not covered by Empire MediBlue HealthPlus Dual Advantage (exclusions)

The following services are not covered by our plan. This is not a complete list. Call Member Services to find out about other excluded services.

Services not covered by Empire MediBlue HealthPlus Dual Advantage (exclusions)
Services not considered “reasonable and necessary” according to standards of Medicare and New York Medicaid
Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study
Surgical treatment for morbid obesity except when medically necessary
Elective or voluntary enhancement procedures
Cosmetic surgery or other cosmetic work unless required criteria are met
LASIK surgery
Hospice



If you have questions, call Empire MediBlue HealthPlus Dual Advantage Member Services at **1-800-809-7328** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit <https://shop.empireblue.com/medicare>.

Empire MediBlue HealthPlus Dual Advantage (HMO D-SNP) - 2021 Summary of Benefits

F. Your rights and responsibilities as a member of the plan

As a member of Empire MediBlue HealthPlus Dual Advantage you have certain rights concerning your health care. You also have certain responsibilities to the health care providers who are taking care of you. Regardless of your health condition, you cannot be refused medically necessary treatment. You can use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, read the *Evidence of Coverage*.

Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
 - Get covered services without concern about race, ethnicity, national origin, color, religion, creed, sex (including sex stereotypes and gender identity), age, health status, mental, physical, or sensory disability, sexual orientation, genetic information, ability to pay, or ability to speak English. No health care provider should engage in any practice, with respect to any member that constitutes unlawful discrimination under any state or federal law or regulation.
 - Ask for and get information in other formats (for example, large print, braille, audio) free of charge
 - Be free from any form of physical restraint or seclusion
 - Not be billed by network providers
 - Have your questions and concerns answered completely and courteously
 - Apply your rights freely without any negative effect on the way Empire MediBlue HealthPlus Dual Advantage or your provider treats you
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options, regardless of cost or benefit coverage. This information should be in a format and language you can understand. These rights include getting information on:
 - Empire MediBlue HealthPlus Dual Advantage
 - The services we cover
 - How to get services
 - How much services will cost you



If you have questions, call Empire MediBlue HealthPlus Dual Advantage Member Services at **1-800-809-7328** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit <https://shop.empireblue.com/medicare>.

Empire MediBlue HealthPlus Dual Advantage (HMO D-SNP) - 2021 Summary of Benefits

- Names of health care providers and Care Managers
- Your rights and responsibilities
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP). You can change your PCP at any time during the year. You can call **1-800-809-7328** if you want to change your PCP.
 - See a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they are covered
 - Refuse treatment as far as the law allows, even if your health care provider advises against it
 - Stop taking medicine, even if your health care provider advises against it
 - Ask for a second opinion about any health care that your PCP or your Care Team advises you to have. Empire MediBlue HealthPlus Dual Advantage will pay for the cost of your second opinion visit.
 - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
 - Have interpreters to help with communication with your doctors, other providers, and your health plan. Call **1-800-809-7328** if you need help with this service
 - Have your *Evidence of Coverage* and any printed materials from Empire MediBlue HealthPlus Dual Advantage translated into your primary language, and/or have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
 - Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience, or retaliation



If you have questions, call Empire MediBlue HealthPlus Dual Advantage Member Services at **1-800-809-7328** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit <https://shop.empireblue.com/medicare>.

Empire MediBlue HealthPlus Dual Advantage (HMO D-SNP) - 2021 Summary of Benefits

- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency and urgent care services, 24 hours a day, 7 days a week, without prior approval
 - See an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private. No personal health information will be released to anyone without your consent, unless required by law.
 - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - Access an easy process to voice your concerns, and to expect follow-up by Empire MediBlue HealthPlus Dual Advantage
 - File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers
 - Ask for a State Appeal (State Fair Hearing)
 - Get a detailed reason why services were denied

Your responsibilities include, but are not limited to, the following:

- **You have a responsibility to treat others with respect, fairness, and dignity.** You should:
 - Treat your health care providers with dignity and respect
 - Keep appointments, be on time, and call in advance if you're going to be late or have to cancel
- **You have the responsibility to give information about you and your health.** You should:
 - Tell your health care provider your health complaints clearly and provide as much information as possible
 - Tell your health care provider about yourself and your health history



If you have questions, call Empire MediBlue HealthPlus Dual Advantage Member Services at **1-800-809-7328** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit <https://shop.empireblue.com/medicare>.

Empire MediBlue HealthPlus Dual Advantage (HMO D-SNP) - 2021 Summary of Benefits

- Tell your health care provider that you are an Empire MediBlue HealthPlus Dual Advantage member
- Talk to your PCP, Care Manager, or other appropriate person about seeking the services of a specialist before you go to a hospital (except in cases of emergency)
- Tell your PCP, Care Manager, or other appropriate person within 24 hours of any emergency or out-of-network treatment
- Notify Empire MediBlue HealthPlus Dual Advantage Member Services if there are any changes in your personal information, such as your address or phone number
- **You have the responsibility to make decisions about your care, including refusing treatment.** You should:
 - Learn about your health problems and any recommended treatment, and consider the treatment before it's performed
 - Partner with your Care Team and work out treatment plans and goals together
 - Follow the instructions and plans for care that you and your health care provider have agreed to, and remember that refusing treatment recommended by your health care provider might harm your health
- **You have the responsibility to obtain your services from Empire MediBlue HealthPlus Dual Advantage.** You should:
 - Get all your health care from Empire MediBlue HealthPlus Dual Advantage, except in cases of emergency, urgent care, out-of-area dialysis services, or family planning services, unless Empire MediBlue HealthPlus Dual Advantage provides a prior authorization for out-of-network care
 - Not allow anyone else to use your Empire MediBlue HealthPlus Dual Advantage Member ID Card to obtain healthcare services
 - Notify Empire MediBlue HealthPlus Dual Advantage when you believe that someone has purposely misused Empire MediBlue HealthPlus Dual Advantage benefits or services

For more information about your rights, you can read Empire MediBlue HealthPlus Dual Advantage's *Evidence of Coverage*. If you have questions, you can also call Empire MediBlue HealthPlus Dual Advantage) Member Services.



If you have questions, call Empire MediBlue HealthPlus Dual Advantage Member Services at **1-800-809-7328** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit <https://shop.empireblue.com/medicare>.

Empire MediBlue HealthPlus Dual Advantage (HMO D-SNP): 2021 Summary of Benefits

G. How to file a complaint or appeal a denied service

If you have a complaint or think Empire MediBlue HealthPlus Dual Advantage should cover something we denied, call Empire MediBlue HealthPlus Dual Advantage at **1-800-809-7328** (TTY: **711**), from 8 a.m. to 8 p.m., seven days a week, October 1 to March 31 (except holidays); 8 a.m. to 8 p.m., Monday - Friday, April 1 to September 30 (except holidays). You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read Chapter 8 of Empire MediBlue HealthPlus Dual Advantage's *Evidence of Coverage*. You can also call Empire MediBlue HealthPlus Dual Advantage Member Services at **1-800-809-7328** (TTY: **711**).

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, contact us.

- Call us at Empire MediBlue HealthPlus Dual Advantage Member Services. Phone number is at the bottom of each page of this summary.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- You can also contact New York's Medicaid Fraud Control Division by calling (800) 771-7755. Calls to this number are free.



If you have questions, call Empire MediBlue HealthPlus Dual Advantage Member Services at 1-877-470-4131 (TTY: 711), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit <https://shop.amerigroup.com/medicare>.

Empire MediBlue HealthPlus Dual Advantage (HMO D-SNP): 2021 Summary of Benefits

If you have general questions or questions about our plan, services, service area, billing, Member ID Cards, or need immediate behavioral health services, call Empire MediBlue HealthPlus Dual Plus Member Services:

CALL: 1-800-809-7328

TTY: 711

Calls to this number are free.

8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

Member Services also has free language interpreter services available for people who do not speak English.

This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.

If you have questions about your health:

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call Empire MediBlue HealthPlus Dual Plus's 24-Hour Nurse HelpLine at **1-855-658-9249** (TTY: 711). A nurse will listen to your problem and tell you how to get care.



If you have questions, call Empire MediBlue HealthPlus Dual Advantage Member Services at **1-800-809-7328** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit <https://shop.empireblue.com/medicare>.

Empire BlueCross BlueShield - H1732 2021 Medicare Star Ratings

Every year, Medicare evaluates plans based on a 5-star rating system. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focus on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2021, Empire BlueCross BlueShield received the following Overall Star Rating from Medicare.

Plan too new to be measured*

We received the following Summary Star Rating for Empire BlueCross BlueShield's health/drug plan services:

Health Plan Services: Plan too new to be measured

Drug Plan Services: Plan too new to be measured

The number of stars shows how well our plan performs.

★★★★★	5 stars - excellent
★★★★	4 stars - above average
★★★	3 stars - average
★★	2 stars - below average
★	1 star - poor

*Some plans do not have enough data to rate performance.

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us at 1-800-809-7328 (toll-free) or 711 (TTY), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

Current members please call 1-833-713-1080 (toll-free) or 711 (TTY).

Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

This plan is available to anyone who has both Medical Assistance from the State and Medicare.

Empire BlueCross BlueShield is an HMO D-SNP plan with a Medicare contract and either a contract or a coordination of benefits agreement with the New York State Department of Health. Enrollment in Empire BlueCross BlueShield depends on contract renewal.

Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-800-809-7328** TTY: **711**, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit <https://shop.empireblue.com/medicare> or call **1-800-809-7328** to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2022.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.