

# Summary of Benefits



An Anthem Company

## Medicare Advantage and Part D

**Plan year:** January 1 – December 31, 2022

### New York

Bronx, Kings, Nassau, New York, Orange, Queens, Richmond,  
Rockland, Suffolk, Westchester counties

### Empire MediBlue HealthPlus Dual Plus (HMO D-SNP)

22NYH1732001

## Introduction

This document is a brief summary of the benefits and services covered by the **Empire MediBlue HealthPlus Dual Plus (HMO D-SNP)** plan. 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 Plus (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the Evidence of Coverage.

The Medicaid Advantage Plus Program is especially designed for people who have Medicare and Medicaid and who need health and long-term care services like home care and personal care to stay in their homes and communities as long as possible.

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## A. Disclaimers

This is a summary of health services covered by Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) for January 1 – December 31, 2022. This is only a summary. Read the Evidence of Coverage for the full list of benefits.

- Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) is a Medicare Advantage, Dual-Eligible Special Needs Plan (D-SNP) with a Medicare contract and a contract with New York State Department of Health. Enrollment in Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) depends on contract renewal. This plan is available to anyone who has both Medicare and full New York Medicaid benefits.
- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-833-713-1080 (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.
- 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](http://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.

## B. Frequently asked questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQs)	Answers
<b>What is a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP)?</b>	<p>In New York, the Medicaid Advantage Plus program is a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP). The Medicaid Advantage Plus Program is especially designed for people who have Medicare and Medicaid and who need health and long-term care services like home care and personal care to stay in their homes and communities as long as possible.</p> <p>A FIDE SNP is a managed health care option for Medicaid members with Medicare. A FIDE SNP covers all of your Medicare, Medicaid and prescription drug benefits, including long term care, 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 FIDE SNP coordinates all of your care.</p> <p>If you join a FIDE SNP, you do not lose any of your New York Medicaid, Long Term Services and Support (LTSS), 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 FIDE SNP in New York, you must be entitled to Medicare Parts A and B, receive some level of Medical Assistance from New York Medicaid, and require Long Term Care services in excess of 120 days. You must also live in the plan's "service area" (the counties where that plan is offered). Empire MediBlue HealthPlus Dual Plus is a Fully Integrated Dual Eligible SNP and a New York Medicaid Advantage Plus program. The counties that make up Empire MediBlue HealthPlus Dual Plus (HMO D-SNP)'s service area are listed on page 5 of this document.</p>

Frequently Asked Questions (FAQs)	Answers
<p><b>Will I get the same Medicare and New York State Department of Health benefits in Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) that I get now?</b></p>	<p>If you are coming to Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) 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 State Department of Health benefits directly from Empire MediBlue HealthPlus Dual Plus (HMO D-SNP).</p> <p>When you enroll in Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) 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 Plus (HMO D-SNP) 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 Plus (HMO D-SNP) to cover your drug if medically necessary.</p>
<p><b>Can I use the same health care providers I use now?</b></p>	<p>That is often the case. If your providers (including doctors, therapists, pharmacies, and other health care providers) work with Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) and have a contract with us, you can keep using them.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Providers with an agreement with us are “in-network.” You must use the providers in Empire MediBlue HealthPlus Dual Plus (HMO D-SNP).</li> <li><input type="checkbox"/> If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Empire MediBlue HealthPlus Dual Plus (HMO D-SNP)'s network.</li> </ul> <p>To find out if your providers are in the plan's network, call Customer Service or read Empire MediBlue HealthPlus Dual Plus (HMO D-SNP)'s <i>Provider and Pharmacy Directory</i>. You can also visit our website at <a href="https://shop.empireblue.com/medicare">https://shop.empireblue.com/medicare</a> for the most current listing.</p> <p>If Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) is new for you, we will work with you to develop an individualized Plan of Care to address your needs. You can keep using the providers you use now for 90 days or until your individualized Plan of Care is completed.</p>

**If you have questions**, call Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) Customer Service 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>.

Frequently Asked Questions (FAQs)	Answers
<b>What is a Care Manager?</b>	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.
<b>What are Long Term Care Services and Support (LTSS)?</b>	Managed Long Term Services and Support (LTSS) are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Often these services are provided at your home or in your community, but they could also be provided in a nursing home or hospital when necessary. LTSS is available to members who meet certain clinical and financial requirements.
<b>What happens if I need a service but no one in Empire MediBlue HealthPlus Dual Plus (HMO D-SNP)'s network can provide it?</b>	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 Plus (HMO D-SNP) will cover services provided by an out-of-network provider.
<b>Where is Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) available?</b>	<p>The service area for this plan includes:</p> <p>Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Rockland, Suffolk, Westchester counties, New York.</p> <p>You must live in one of these areas to join the plan.</p>

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Frequently Asked Questions (FAQs)	Answers
<p><b>What is prior authorization?</b></p>	<p>Prior authorization means that you must get approval from Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) before Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) will cover a specific service, item, or drug or out-of-network provider. Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) 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 Plus (HMO D-SNP) can provide you with a list of services or procedures that require you to get prior authorization from Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) before the service is provided.</p> <p>Refer to Chapter 3, Section 2.3, of the <i>Evidence of Coverage</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Evidence of Coverage</i> to learn which services require a prior authorization.</p>
<p><b>What is a referral?</b></p>	<p>A referral means that your Primary Care Provider (PCP) must give you approval before you can use specialists or other providers in the plan's network. If you don't get approval, Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) may not cover the services. You don't need a referral for 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 Plus (HMO D-SNP) 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 Plus (HMO D-SNP) 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 Customer Service at the toll-free number below or refer to Chapter 3, Section 2.2, of the <i>Evidence of Coverage</i>.</p>

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Frequently Asked Questions (FAQs)	Answers
<p><b>Do I pay a monthly amount (also called a premium) under Empire MediBlue HealthPlus Dual Plus (HMO D-SNP)?</b></p>	<p>No. You will not pay any monthly premiums to Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) 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><b>Do I pay a deductible as a member of Empire MediBlue HealthPlus Dual Plus (HMO D-SNP)?</b></p>	<p>No. You do not pay deductibles in Empire MediBlue HealthPlus Dual Plus (HMO D-SNP).</p>
<p><b>What is the maximum out-of-pocket amount that I will pay for medical services as a member of Empire MediBlue HealthPlus Dual Plus (HMO D-SNP)?</b></p>	<p>There is no cost sharing for medical services in Empire MediBlue HealthPlus Dual Plus (HMO D-SNP), so your annual out-of-pocket costs will be \$0.</p>



## 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)
<b>You need hospital care</b>	Inpatient hospital care	<b>\$0</b>	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)	<b>\$0</b>	
	Ambulatory surgical center (ASC) services	<b>\$0</b>	
<b>You want to see a health care provider</b> (This service is continued on the next page)	Doctor visits (including visits to Primary Care Providers and specialists)	<b>\$0</b>	
	Visits to treat an injury or illness	<b>\$0</b>	
	Preventive care (care to keep you from getting sick, such as flu shots and other immunizations)	<b>\$0</b>	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.

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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)
<b>You want to see a health care provider</b> (continued)	Wellness visits, such as a physical	<b>\$0</b>	
	“Welcome to Medicare” preventive visit (one time only)	<b>\$0</b>	
<b>You need emergency care</b>	Emergency room services	<b>\$0</b>	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 <b>\$100,000</b> per year for worldwide emergency services. Contact the plan or see the <i>Evidence of Coverage</i> for details.
	Urgently needed services	<b>\$0</b>	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.
<b>You need medical tests</b> (This service is continued on the next page)	Lab tests, such as blood work	<b>\$0</b>	

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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)
<b>You need medical tests</b> (continued)	X-rays or other pictures, such as CAT scans	<b>\$0</b>	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	<b>\$0</b>	
<b>You need hearing/auditory services</b>	Hearing screenings (including routine hearing exams)	<b>\$0</b>	
	Hearing aids (as well as fittings and associated accessories and supplies)	<b>\$0</b>	Prior authorization required.
<b>You need dental care</b>	Dental services (including, but not limited to, routine exams and cleanings, X-rays, fillings, crowns, extractions, dentures, and endodontic and periodontal care)	<b>\$0</b>	
<b>You need eye care</b> (This service is continued on the next page)	Vision services (including annual eye exams)	<b>\$0</b>	Examinations for refraction are limited to every two (2) years unless otherwise justified as medically necessary.
	Glasses or contact lenses	<b>\$0</b>	Eyeglasses do not require changing more frequently than every two (2) years unless medically necessary or unless the glasses are lost, damaged or destroyed.

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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)
<b>You need eye care</b> (continued)	Other vision care (including diagnosis and treatment for diseases and conditions of the eye)	<b>\$0</b>	
<b>You have a mental health condition</b> (This service is continued on the next page)	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)	<b>\$0</b>	All members are covered by the plan for acute inpatient hospitalization in a general hospital, regardless of the admitting diagnosis or treatment.

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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><b>You have a mental health condition (continued)</b></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 Customer Service or read the Evidence of Coverage, Chapter 4, Section 2, for more information.)</p>	<p><b>\$0</b></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><b>You have a substance use disorder</b></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 Customer Service or read the Evidence of Coverage, Chapter 4, Section 2, for more information.)</p>	<p><b>\$0</b></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><b>You need a place to live with people available to help you</b> (This service is continued on the next page)</p>	<p>Residential Health Care Facility (Nursing Home) Services (RHCF)</p>	<p><b>\$0</b></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)
<b>You need a place to live with people available to help you</b> (continued)	Custodial care (long-term care in a Nursing Facility)	<b>\$0</b>	Services are covered for those who meet nursing facility level of care and whose rehabilitation goals have been met or discontinued with no plan to discharge to the community within 180 days of admission.
<b>You need therapy after a stroke or accident</b>	Occupational, physical, or speech therapy	<b>\$0</b>	<p>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.</p> <p>You may need an approval from the plan before you get physical therapy, occupational therapy and speech/ language therapy.</p>
<b>You need help getting to health services</b>	Ambulance services	<b>\$0</b>	Your provider must get an approval from the plan before you get ground, air or water transportation that is not an emergency.
	Emergency transportation	<b>\$0</b>	

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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><b>You need drugs to treat your illness or condition</b> (This service is continued on the next page)</p>	<p>Medicare Part B prescription drugs (including those given by your provider in their office, some oral anti-cancer drugs, and some drugs used with certain medical equipment)</p>	<p><b>\$0</b></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 Customer Service for more information.</p> <p>Read the <i>Evidence of Coverage</i>, Chapter 4, Section 2, for more information on these drugs.</p>



Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition</b> (continued)</p>	<p>Medicare Part D prescription drugs</p> <p>Generic and brand name drugs</p>	<p><b>\$0</b></p>	<p>There may be limitations on the types of drugs covered. Refer to Empire MediBlue HealthPlus Dual Plus (HMO D-SNP)'s list of covered drugs (formulary) at the website listed at the bottom of the page.</p> <p>Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) 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 Plus (HMO D-SNP) for certain drugs.</p> <p>You must use 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, list of covered drugs (formulary), and printed materials, as well as on the Medicare Prescription Drug Plan Finder on <a href="http://www.medicare.gov/plan-compare">www.medicare.gov/plan-compare</a>.</p> <p>Extended day supplies are available through retail pharmacies and mail-order.</p>
	<p>Over-the-counter (OTC) drugs</p>	<p><b>\$0</b></p>	<p>There may be limitations on the types of drugs covered.</p>
	<p>Diabetes medications</p>	<p><b>\$0</b></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 foot care	Podiatry services (including routine exams)	\$0	Unlimited routine foot care visits each year.
	Orthotic services	\$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><b>You need durable medical equipment (DME) or supplies</b></p>	<p>Wheelchairs, nebulizers, crutches, rollabout knee walkers, walkers, and oxygen equipment and supplies, for example</p> <p><b>(Note:</b> This is not a complete list of covered DME or supplies. Call Customer Service or read the Evidence of Coverage for more information.)</p>	<p><b>\$0</b></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 <b>MUST</b> 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"> <li><input type="checkbox"/> 2 Sensors per month</li> <li><input type="checkbox"/> One receiver every 2 years</li> </ul> <p>Insulin pumps are different than a CGM and can be purchased through a DME provider.</p> <p>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>

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need interpreter services</b>	Spoken language interpreter	<b>\$0</b>	
	Sign language interpreter	<b>\$0</b>	
<b>You need help living at home</b> (This service is continued on the next page)	Personal care services (PCS)	<b>\$0</b>	Personal care services must be medically necessary and approved by your physician.
	Private-duty nursing services	<b>\$0</b>	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.
	Adaptive home modification	<b>\$0</b>	Prior authorization required.
	Home services such as pest control	<b>\$0</b>	Prior authorization required.
	Social day care for socialization, supervision, and nutrition in a protective setting	<b>\$0</b>	Prior authorization required.
	Nutritional assessment, education	<b>\$0</b>	

**If you have questions**, call Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) Customer Service 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>.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need help living at home</b> (continued)	Home delivered and congregate meals		Prior authorization required.
	Medical Social Services	<b>\$0</b>	Prior authorization required.
	Adult Day Health Care for nursing, rehabilitation, meals and other medical services	<b>\$0</b>	Services must be provided in an approved SNF or extension site.  Prior authorization required.
	Consumer Directed Personal Care Services	<b>\$0</b>	Personal care services must be medically necessary and approved by your physician.
	Respite/Caregiver needs time off	<b>\$0</b>	Prior authorization required.
<b>Other covered services</b> (This service is continued on the next page)	Acupuncture	<b>\$0</b>	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	<b>\$0</b>	
	Chiropractic services	<b>\$0</b>	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.

**If you have questions**, call Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) Customer Service 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>.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Other covered services</b> (continued)	Diabetic supplies	<b>\$0</b>	<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 <b>MUST</b> 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 <b>NOT</b> 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, Ralphps, Quality Food Centers, Baker, Scott's, Owen, Payless, Gerbes, Jay-C, Prodigy, and Good Neighbor.</p>
	Family planning	<b>\$0</b>	<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>
	Mammograms	<b>\$0</b>	

**If you have questions**, call Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) Customer Service 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>.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Other covered services</b> (continued)	Medical Social Services	<b>\$0</b>	Covered only when transitioning from the Long Term Home Health Care Program (LTHHCP) and who received Medical Social Services while in the LTHHCP.
	Private Duty Nursing (Community Based)	<b>\$0</b>	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.
	Prosthetic services	<b>\$0</b>	Prior authorization required.
	Services to help manage your disease-	<b>\$0</b>	
	Smoking Cessation Products	<b>\$0</b>	

The above summary of benefits is provided for informational purposes only. For more information about your benefits, you can read Empire MediBlue HealthPlus Dual Plus (HMO D-SNP)'s Evidence of Coverage. If you have questions, you can also call Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) Customer Service.

## D. Additional services Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) covers

This is not a complete list. Call Customer Service or read the *Evidence of Coverage* to find out about other covered services.

Additional services Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) covers	Your costs
<p><b>24/7 NurseLine</b></p> <p>24-hour access to a nurse helpline, 7 days a week, 365 days a year: <b>1-855-658-9249</b>.</p>	<p><b>\$0</b></p>
<p><b>Healthy Groceries</b></p> <p>Save on the cost of healthy groceries each month with <b>\$50.00</b> every month - good toward purchases at participating stores near you.</p>	<p><b>\$0</b></p>
<p><b>LiveHealth Online</b></p> <p>Lets you talk to a board-certified doctor, or licensed psychiatrist, psychologist or therapist, by live, two-way video on a computer, smartphone or tablet.</p>	<p><b>\$0</b></p>
<p><b>Medicare Community Resource Support</b></p> <p>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> <p>Call us at the number listed on your plan ID card and ask for the Medicare Community Resource Support team for more details.</p>	<p><b>\$0</b></p>

**If you have questions**, call Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) Customer Service 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>.



Additional services Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) covers	Your costs
<p><b>Over-the-Counter Items</b></p> <p>This plan covers certain approved, non-prescription, over-the-counter (OTC) drugs and health-related items, up to <b>\$425</b> 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> <p>There are many ways to access your benefit:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Shop online or use the mobile app and have items sent to your home or to a store location near you for pickup</li> <li><input type="checkbox"/> Shop at more than 4,600 Walmart and Neighborhood Market stores and other participating retailers</li> <li><input type="checkbox"/> Call to place an order and have items sent to your home</li> </ul>	<p><b>\$0</b></p>
<p><b>Service Dog Support</b></p> <p>You could receive up to <b>\$500</b> per year to help pay for items used to care for your ADA service dog, such as food, leashes or vests.</p>	<p><b>\$0</b></p>
<p><b>SilverSneakers*® Fitness program</b></p> <p>When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to <b>www.silversneakers.com</b> or call SilverSneakers at 1-855-741-4985 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. ET.</p> <p>* The SilverSneakers Fitness Program is provided by Tivity Health, an independent company. SilverSneakers and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. © 2021 Tivity Health, Inc. All rights reserved.</p>	<p><b>\$0</b></p>

### E. Services not covered by Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) (Exclusions)

Coverage of these services is dependent on your level of Medicaid coverage. If you have Full Medicaid coverage, you may be eligible for the following services. In addition, if you

are an IB-Dual program member enrolled with us, Empire will provide many of these services to you.

Services not covered by Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) (exclusions)
Services not considered “reasonable and necessary” according to standards of Medicare and New York State Department of Health
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

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

As a member of Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) 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 Plus (HMO D-SNP) 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 Plus (HMO D-SNP)
  - The services we cover
  - How to get services
  - How much services will cost you
  - 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) and change your PCP at any time during the year. You can call **1-833-713-1080** if you want to change your PCP.
  - Use 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 Plus (HMO D-SNP) 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 **1-833-713-1080** if you need help with this service.
  - Have your Evidence of Coverage and any printed materials from Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) 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
- **You have the right to 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
  - Use 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 Plus (HMO D-SNP)
  - 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
  - Tell your health care provider that you are an Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) 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 Plus (HMO D-SNP) 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 Plus (HMO D-SNP).** You should:
  - Get all your health care from Empire MediBlue HealthPlus Dual Plus (HMO D-SNP), except in cases of emergency, urgent care, out-of-area dialysis services, or family planning services, unless Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) provides a prior authorization for out-of-network care
  - Not allow anyone else to use your Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) Member ID Card to obtain healthcare services
  - Notify Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) when you believe that someone has purposely misused Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) benefits or services

For more information about your rights, you can read Empire MediBlue HealthPlus Dual Plus (HMO D-SNP)'s Evidence of Coverage. If you have questions, you can also call Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) Customer Service.

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

If you have a complaint or think Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) should cover something we denied, call Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) at **1-833-713-1080** (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. 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 Plus (HMO D-SNP)'s *Evidence of Coverage*. You can also call Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) Customer Service at **1-833-713-1080** (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 Plus (HMO D-SNP) Customer Service. The 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 Division (of the Office of the State Comptroller) by calling 1-609-292-1272 Control Division by calling (800) 771-7755. Calls to this number are free.

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 (HMO D-SNP) Customer Service:

**CALL: 1-833-713-1080**

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.

Customer Service also has free language interpreter services available for people who do not speak English.

**TTY: 711**

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

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**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 (HMO D-SNP)'s 24/7 NurseLine at **1-855-658-9249** (TTY: **711**). A nurse will listen to your problem and tell you how to get care.



## IMPORTANT INFORMATION:

2022 Medicare Star Ratings

Official U.S.  
Government  
Medicare  
Information



Empire BlueCross BlueShield - H1732

**For 2022, Empire BlueCross BlueShield - H1732 received the following Star Ratings from Medicare:**

**Overall Star Rating:** Plan too new to be measured

**Health Services Rating:** Plan too new to be measured

**Drug Services Rating:** Plan too new to be measured

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

**Every year, Medicare evaluates plans based on a 5-star rating system.**

### Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

**The number of stars show how well a plan performs.**

★★★★★ EXCELLENT

★★★★☆ ABOVE AVERAGE

★★★☆☆ AVERAGE

★★☆☆☆ BELOW AVERAGE

★☆☆☆☆ POOR

More stars mean a better plan – for example, members may get better care and better, faster customer service.

### Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

### Questions about this plan?

Contact Empire BlueCross BlueShield 7 days a week from 8 a.m. to 8 p.m., (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30 at 1-800-809-7328 (toll-free) or 711 (TTY).

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

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, 2023.
- 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.