



# Summary of Benefits

## for Empire MediBlue Plus (HMO)

Available in Queens county, NY

Empire BlueCross BlueShield is an HMO plan with a Medicare contract. Enrollment in Empire BlueCross BlueShield depends on contract renewal. Services provided by Empire HealthChoice HMO, Inc. licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

# Summary of Benefits

January 1, 2015 - December 31, 2015

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

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## You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **Empire MediBlue Plus (HMO)**).

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## Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Empire MediBlue Plus (HMO)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.

- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <http://www.medicare.gov> or get 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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## Sections in this booklet

- Things to Know About **Empire MediBlue Plus (HMO)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits
- Optional Benefits (you must pay an extra premium for these benefits)

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at **1-800-499-9554 (TTY 711)**.

Este documento está disponible en otros formatos como Braille o textos con letras grandes.

Este documento podría estar disponible en otros idiomas además del inglés. Para información adicional, llame a nosotros al **1-800-499-9554** (TTY 711).

本文件另提供點字、大字體印刷等其他格式。

本文件另提供非英文版本。如需更多資訊，請致電**1-800-499-9554** (TTY 711)。

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## Things to Know About Empire MediBlue Plus (HMO)

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### Hours of Operation

- From October 1 to February 14, you can call us seven days a week, from 8:00 a.m. - 8:00 p.m. Eastern time.
- From February 15 to September 30, you can call us Monday - Friday, from 8:00 a.m. - 8:00 p.m. Eastern time.

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### Empire MediBlue Plus (HMO) Phone Numbers and Website

- If you are a member of this plan, call toll-free **1-800-499-9554** (TTY 711).

- If you are not a member of this plan, call toll-free **1-800-809-7328** (TTY 711).
- Our website:  
**<http://www.empireblue.com/medicare>**

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### Who can join?

To join **Empire MediBlue Plus (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes the following county in New York: Queens.

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### Which doctors, hospitals, and pharmacies can I use?

**Empire MediBlue Plus (HMO)** has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plan's provider and pharmacy directory at our website (**<http://www.empireblue.com/medicare>**).

Or, call us and we will send you a copy of the provider and pharmacy directories.

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## What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and *more*.

- **Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.**
- **Our plan members also get *more than what is covered by Original Medicare*. Some of the extra benefits are outlined in this booklet.**

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, <http://www.empireblue.com/medicare>.
- Or, call us and we will send you a copy of the formulary.

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## How will I determine my drug costs?

Our plan groups each medication into one of six "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit

you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

# Summary of Benefits

January 1, 2015 - December 31, 2015

	<b>Empire MediBlue Plus (HMO)</b>
<b>Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services</b>	
<b>How much is the monthly premium?</b>	\$0 per month. In addition, you must keep paying your Medicare Part B premium.
<b>How much is the deductible?</b>	\$257 per year for Part D prescription drugs.
<b>Is there any limit on how much I will pay for my covered services?</b>	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"><li>• <b>\$5,800</b> for services you receive from in-network providers.</li></ul> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>
<b>Is there a limit on how much the plan will pay?</b>	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

Empire BlueCross BlueShield is an HMO plan with a Medicare contract. Enrollment in Empire BlueCross BlueShield depends on contract renewal.

## Empire MediBlue Plus (HMO)

### Covered Medical and Hospital Benefits

#### NOTE:

- Services with a <sup>1</sup> may require prior authorization.
- Services with a <sup>2</sup> may require a referral from your doctor.

### Outpatient Care and Services

Acupuncture and Other Alternative Therapies	Not covered
Ambulance <sup>1</sup>	<b>\$270</b> copay
Chiropractic Care <sup>1,2</sup>	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): <b>\$20</b> copay
Dental Services	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): <b>You pay nothing</b>  Preventive dental services: <ul style="list-style-type: none"><li>• Cleaning (for up to 1 every year): <b>You pay nothing</b></li><li>• Oral exam (for up to 1 every year): <b>You pay nothing</b></li></ul>
Diabetes Supplies and Services <sup>1,2</sup>	Diabetes monitoring supplies: <b>You pay nothing</b> Diabetes self-management training: <b>You pay nothing</b> Therapeutic shoes or inserts: <b>You pay nothing</b>
Diagnostic Tests, Lab and Radiology Services, and X-Rays <sup>1,2</sup>	Diagnostic radiology services (such as MRIs, CT scans): <b>\$75-150</b> copay, depending on the service  Diagnostic tests and procedures: <b>\$0-50</b> copay, depending on the service

	<b>Empire MediBlue Plus (HMO)</b>
Diagnostic Tests, Lab and Radiology Services, and X-Rays <sup>1,2</sup> (continued)	Lab services: <b>You pay nothing</b> Outpatient x-rays: <b>\$75-150</b> copay, depending on the service Therapeutic radiology services (such as radiation treatment for cancer): <b>20%</b> of the cost
Doctor's Office Visits <sup>1,2</sup>	Primary care physician visit: <b>\$15</b> copay Specialist visit: <b>\$45</b> copay
Durable Medical Equipment ( <i>wheelchairs, oxygen, etc.</i> ) <sup>1</sup>	<b>20%</b> of the cost
Emergency Care	<b>\$65</b> copay
Foot Care ( <i>podiatry services</i> ) <sup>1,2</sup>	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: <b>\$45</b> copay
Hearing Services <sup>1,2</sup>	Exam to diagnose and treat hearing and balance issues: <b>\$45</b> copay Routine hearing exam (for up to 1 every year): <b>You pay nothing</b> Hearing aid fitting/evaluation (for up to 1 every year): <b>You pay nothing</b> Hearing aid: <b>You pay nothing</b> Our plan pays up to <b>\$50</b> every year for routine hearing exams and hearing aid fitting/evaluations. Our plan pays up to <b>\$1,000</b> every year for hearing aids.
Home Health Care <sup>1</sup>	<b>You pay nothing</b>
Mental Health Care <sup>1,2</sup>	Inpatient visit:

	<b>Empire MediBlue Plus (HMO)</b>
Mental Health Care <sup>1,2</sup> (continued)	<p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <ul style="list-style-type: none"> <li>• <b>\$270</b> copay per day for days 1 through 5</li> <li>• <b>You pay nothing</b> per day for days 6 through 90</li> </ul> <p>Outpatient group therapy visit: <b>\$40</b> copay</p> <p>Outpatient individual therapy visit: <b>\$40</b> copay</p>
Outpatient Rehabilitation <sup>1,2</sup>	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): <b>You pay nothing</b></p> <p>Occupational therapy visit: <b>\$40</b> copay</p> <p>Physical therapy and speech and language therapy visit: <b>\$40</b> copay</p>
Outpatient Substance Abuse <sup>1,2</sup>	<p>Group therapy visit: <b>\$40</b> copay</p> <p>Individual therapy visit: <b>\$40</b> copay</p>
Outpatient Surgery <sup>1,2</sup>	<p>Ambulatory surgical center: <b>0-20%</b> of the cost, depending on the service</p> <p>Outpatient hospital: <b>\$0-45</b> copay or <b>0-20%</b> of the cost, depending on the service</p>



	<b>Empire MediBlue Plus (HMO)</b>
Over-the-Counter Items	Not Covered
Prosthetic Devices ( <i>braces, artificial limbs, etc.</i> ) <sup>1</sup>	Prosthetic devices: <b>20%</b> of the cost Related medical supplies: <b>20%</b> of the cost
Renal Dialysis	<b>20%</b> of the cost
Transportation	Not covered
Urgent Care	<b>\$45</b> copay
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): <b>\$0-45</b> copay, depending on the service Routine eye exam (for up to 1 every year): <b>You pay nothing</b> Contact lenses (for up to 1 every two years): <b>You pay nothing</b> Our plan pays up to <b>\$80</b> every two years for contact lenses. Eyeglasses (frames and lenses) (for up to 1 every two years): <b>You pay nothing</b> Our plan pays up to <b>\$80</b> every two years for eyeglasses (frames and lenses). Eyeglasses or contact lenses after cataract surgery: <b>You pay nothing</b>
<b>Preventive Care</b>	<b>You pay nothing</b> Our plan covers many preventive services, including: <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse counseling</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> </ul>

	<b>Empire MediBlue Plus (HMO)</b>
<b>Preventive Care</b> (continued)	<ul style="list-style-type: none"> <li>• Cardiovascular screenings</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colonoscopy</li> <li>• Colorectal cancer screenings</li> <li>• Depression screening</li> <li>• Diabetes screenings</li> <li>• Fecal occult blood test</li> <li>• Flexible sigmoidoscopy</li> <li>• HIV screening</li> <li>• Medical nutrition therapy services</li> <li>• Obesity screening and counseling</li> <li>• Prostate cancer screenings (PSA)</li> <li>• Sexually transmitted infections screening and counseling</li> <li>• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>• Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots</li> <li>• "Welcome to Medicare" preventive visit (one-time)</li> <li>• Yearly "Wellness" visit</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
<b>Hospice</b>	<b>You pay nothing</b> for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.
<b>Inpatient Care</b>	
Inpatient Hospital Care <sup>1</sup>	Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used

	<b>Empire MediBlue Plus (HMO)</b>
Inpatient Hospital Care <sup>1</sup> (continued)	up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. <ul style="list-style-type: none"> <li>• <b>\$285</b> copay per day for days 1 through 6</li> <li>• <b>You pay nothing</b> per day for days 7 through 90</li> </ul>
Inpatient Mental Health Care	For inpatient mental health care, see the "Mental Health Care" section of this booklet.
Skilled Nursing Facility (SNF) <sup>1</sup>	Our plan covers up to 100 days in a SNF. <ul style="list-style-type: none"> <li>• <b>\$0</b> copay per day for days 1 through 20</li> <li>• <b>\$156</b> copay per day for days 21 through 100</li> </ul>
<b>Prescription Drug Benefits</b>	
<b>How much do I pay?</b>	For Part B drugs such as chemotherapy drugs <sup>1</sup> : <b>20%</b> of the cost Other Part B drugs <sup>1</sup> : <b>20%</b> of the cost
<b>Initial Coverage</b>	After you pay your yearly deductible, you pay the following until your total yearly drug costs reach <b>\$2,960</b> . Total yearly drug costs are the total drug costs paid by both you and our Part D plan.  You may get your drugs at network retail pharmacies and mail order pharmacies.

<b>Initial Coverage</b> (continued)		<b>Empire MediBlue Plus (HMO)</b>
	<b>Preferred Retail Cost-Sharing</b>	
	<b>Tier 1 (Preferred Generic)</b>	
	One-month supply	\$5 copay
	Two-month supply	\$10 copay
	Three-month supply	\$15 copay
	<b>Tier 2 (Non-Preferred Generic)</b>	
	One-month supply	\$22 copay
	Two-month supply	\$44 copay
Three-month supply	\$66 copay	
<b>Tier 3 (Preferred Brand)</b>		
One-month supply	\$40 copay	
Two-month supply	\$80 copay	
Three-month supply	\$120 copay	
<b>Tier 4 (Non-Preferred Brand)</b>		
One-month supply	\$90 copay	
Two-month supply	\$180 copay	
Three-month supply	\$270 copay	
<b>Tier 5 (Specialty Tier)</b>		
One-month supply	33% of the cost	
Two-month supply	Not Offered	
Three-month supply	Not Offered	
<b>Tier 6 (Select Care Drugs)</b>		
One-month supply	\$2 copay	
Two-month supply	\$4 copay	
Three-month supply	\$6 copay	

<b>Initial Coverage</b> (continued)		<b>Empire MediBlue Plus (HMO)</b>
	<b>Standard Retail Cost-Sharing</b>	
	<b>Tier 1 (Preferred Generic)</b>	
	One-month supply	<b>\$10 copay</b>
	Two-month supply	<b>\$20 copay</b>
	Three-month supply	<b>\$30 copay</b>
	<b>Tier 2 (Non-Preferred Generic)</b>	
	One-month supply	<b>\$27 copay</b>
	Two-month supply	<b>\$54 copay</b>
	Three-month supply	<b>\$81 copay</b>
<b>Tier 3 (Preferred Brand)</b>		
One-month supply	<b>\$45 copay</b>	
Two-month supply	<b>\$90 copay</b>	
Three-month supply	<b>\$135 copay</b>	
<b>Tier 4 (Non-Preferred Brand)</b>		
One-month supply	<b>\$95 copay</b>	
Two-month supply	<b>\$190 copay</b>	
Three-month supply	<b>\$285 copay</b>	
<b>Tier 5 (Specialty Tier)</b>		
One-month supply	<b>33% of the cost</b>	
Two-month supply	<b>Not Offered</b>	
Three-month supply	<b>Not Offered</b>	
<b>Tier 6 (Select Care Drugs)</b>		
One-month supply	<b>\$2 copay</b>	
Two-month supply	<b>\$4 copay</b>	
Three-month supply	<b>\$6 copay</b>	

<b>Initial Coverage</b> (continued)		<b>Empire MediBlue Plus (HMO)</b>
	<b>Standard Mail Order Cost-Sharing</b>	
	<b>Tier 1 (Preferred Generic)</b>	
	One-month supply	\$5 copay
	Two-month supply	\$10 copay
	Three-month supply	\$10 copay
	<b>Tier 2 (Non-Preferred Generic)</b>	
	One-month supply	\$22 copay
	Two-month supply	\$44 copay
Three-month supply	\$44 copay	
<b>Tier 3 (Preferred Brand)</b>		
One-month supply	\$40 copay	
Two-month supply	\$120 copay	
Three-month supply	\$120 copay	
<b>Tier 4 (Non-Preferred Brand)</b>		
One-month supply	\$90 copay	
Two-month supply	\$270 copay	
Three-month supply	\$270 copay	
<b>Tier 5 (Specialty Tier)</b>		
One-month supply	33% of the cost	
Two-month supply	Not Offered	
Three-month supply	Not Offered	
<b>Tier 6 (Select Care Drugs)</b>		
One-month supply	\$2 copay	
Two-month supply	\$4 copay	
Three-month supply	\$4 copay	

	<b>Empire MediBlue Plus (HMO)</b>
<b>Initial Coverage</b> (continued)	<p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.</p>
<b>Coverage Gap</b>	<p>Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches <b>\$2,960</b>.</p> <p>After you enter the coverage gap, you pay <b>45%</b> of the plan's cost for covered brand name drugs and <b>65%</b> of the plan's cost for covered generic drugs until your costs total <b>\$4,700</b>, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>
<b>Catastrophic Coverage</b>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach <b>\$4,700</b>, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• <b>5%</b> of the cost, or</li> <li>• <b>\$2.65</b> copay for generic (including brand drugs treated as generic) and a <b>\$6.60</b> copayment for all other drugs.</li> </ul>

## Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-499-9554. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-499-9554. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

### **Chinese Mandarin:**

我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-499-9554。我们的中文工作人员很乐意帮助您。这是一项免费服务。

### **Chinese Cantonese:**

您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-499-9554。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-499-9554. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-499-9554. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-499-9554 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-499-9554. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-499-9554 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.



**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-499-9554. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:**

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-499-9554. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे सवास्थय या दवा की योजना के बारे में आपके किसी भी पशन के जवाब देने के लिए हमारे पास मुफत दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया परापत करने के लिए, बस हमें 1-800-499-9554 पर फोन करें. कोई व्यक्ति जो हिनदी बोलता है आपकी मदद कर सकता है. यह एक मुफत सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-499-9554. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-499-9554. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-499-9554. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-499-9554. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-499-9554 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

## Empire BlueCross BlueShield - H3370

### 2014 Medicare Star Ratings\*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. 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 focuses 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 2014, Empire BlueCross BlueShield received the following Overall Star Rating from Medicare.

★★★  
3 Stars

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

Health Plan Services: ★★★  
3 Stars

Drug Plan Services: ★★★  
3 Stars

The number of stars shows how well our plan performs.

★★★★★	excellent
★★★★	above average
★★★	average
★★	below average
★	poor

Learn more about our plan and how we are different from other plans at [www.medicare.gov](http://www.medicare.gov).

You may also contact us Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Eastern at 800-797-6159 (toll-free) or 711 (TTY).

Current members please call 800-499-9554 (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.