



An Anthem Company

Summary of Benefits

for Empire MediBlue Access (PPO)

Available in Bronx and Kings counties, NY

Empire BlueCross BlueShield is an LPPO plan with a Medicare contract. Enrollment in Empire BlueCross BlueShield depends on contract renewal. Services provided by Empire HealthChoice Assurance, 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, 2016 - December 31, 2016

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."

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 Access (PPO)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Empire MediBlue Access (PPO)** 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**.

Sections in this booklet

- Things to Know About **Empire MediBlue Access (PPO)**
- 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 **1-866-395-5175 (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 **1-866-395-5175** (TTY 711).

Things to Know About Empire MediBlue Access (PPO)

Hours of Operation

- From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.
- From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

Empire MediBlue Access (PPO) Phone Numbers and Website

- If you are a member of this plan, call toll-free **1-866-395-5175** (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>**.

Who can join?

To join **Empire MediBlue Access (PPO)**, 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 counties in New York: Bronx and Kings.

Which doctors, hospitals, and pharmacies can I use?

Empire MediBlue Access (PPO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network.

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.

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.

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 after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Summary of Benefits

January 1, 2016 - December 31, 2016

	Empire MediBlue Access (PPO)
Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services	
How much is the monthly premium?	\$70 per month. In addition, you must keep paying your Medicare Part B premium.
How much is the deductible?	\$240 per year for Part D prescription drugs except for drugs listed on Tier 1 and Tier 6 which are excluded from the deductible.
Is there any limit on how much I will pay for my covered services?	<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">• \$6,200 for services you receive from in-network providers.• \$9,000 for services you receive from any provider. Your limit for services received from in-network providers will count toward this limit. <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>
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain benefits from any provider. Contact us for services that apply.

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

Empire MediBlue Access (PPO)

Covered Medical and Hospital Benefits

Note:

- Services with a ¹ may require prior authorization.
- Services with a ² may require a referral from your doctor.

Outpatient Care and Services

Acupuncture	Not covered
Ambulance ¹	<ul style="list-style-type: none">• In-network: \$295 copay or 20% of the cost, depending on the service• Out-of-network: \$295 copay or 20% of the cost, depending on the service <p>20% coinsurance applies for each Medicare-covered air ambulance trip. The copay applies for all other Medicare-covered ambulance trips.</p>
Chiropractic Care ^{1,2}	<p>Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position):</p> <ul style="list-style-type: none">• In-network: \$20 copay• Out-of-network: \$75 copay
Dental Services	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth):</p> <ul style="list-style-type: none">• In-network: You pay nothing• Out-of-network: 20% of the cost <p>Preventive dental services:</p> <ul style="list-style-type: none">• Cleaning (for up to 1 every year):<ul style="list-style-type: none">• In-network: You pay nothing• Out-of-network: 20% of the cost• Oral exam (for up to 1 every year):

	Empire MediBlue Access (PPO)
Dental Services (continued)	<ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: 20% of the cost
Diabetes Supplies and Services ^{1,2}	<p>Diabetes monitoring supplies:</p> <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: 40% of the cost <p>Diabetes self-management training:</p> <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: 40% of the cost <p>Therapeutic shoes or inserts:</p> <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: 40% of the cost
Diagnostic Tests, Lab and Radiology Services, and X-Rays (<i>Costs for these services may vary based on place of service</i>) ^{1,2}	<p>Diagnostic radiology services (such as MRIs, CT scans):</p> <ul style="list-style-type: none"> • In-network: \$50-150 copay, depending on the service • Out-of-network: 40% of the cost <p>Diagnostic tests and procedures:</p> <ul style="list-style-type: none"> • In-network: \$0-30 copay, depending on the service • Out-of-network: 40% of the cost <p>Lab services:</p> <ul style="list-style-type: none"> • In-network: \$20 copay • Out-of-network: 40% of the cost <p>Outpatient x-rays:</p> <ul style="list-style-type: none"> • In-network: \$50-150 copay, depending on the service • Out-of-network: 40% of the cost <p>Therapeutic radiology services (such as radiation treatment for cancer):</p> <ul style="list-style-type: none"> • In-network: 20% of the cost • Out-of-network: 40% of the cost

	Empire MediBlue Access (PPO)
Doctor's Office Visits ^{1,2}	<p>Primary care physician visit:</p> <ul style="list-style-type: none"> • In-network: \$20 copay • Out-of-network: \$50 copay <p>Specialist visit:</p> <ul style="list-style-type: none"> • In-network: \$45 copay • Out-of-network: \$75 copay
Durable Medical Equipment (<i>wheelchairs, oxygen, etc.</i>) ¹	<ul style="list-style-type: none"> • In-network: 20% of the cost • Out-of-network: 40% of the cost
Emergency Care	<p>\$75 copay</p> <p>This plan offers limited coverage for urgent and emergency care outside of the United States. This plan may provide coverage up to a \$25,000 limit.</p>
Foot Care (<i>podiatry services</i>) ^{1,2}	<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions:</p> <ul style="list-style-type: none"> • In-network: \$45 copay • Out-of-network: \$75 copay
Hearing Services ^{1,2}	<p>Exam to diagnose and treat hearing and balance issues:</p> <ul style="list-style-type: none"> • In-network: \$45 copay • Out-of-network: 40% of the cost
Home Health Care ^{1,2}	<ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: 40% of the cost
Mental Health Care ^{1,2}	<p>Inpatient visit:</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care</p>

	Empire MediBlue Access (PPO)
Mental Health Care ^{1,2} (continued)	<p>limit does not apply to inpatient mental services provided in a general hospital.</p> <p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</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"> • In-network: <ul style="list-style-type: none"> • \$275 copay per day for days 1 through 4 • You pay nothing per day for days 5 through 90 • Out-of-network: <ul style="list-style-type: none"> • 40% of the cost per stay <p>Outpatient group therapy visit:</p> <ul style="list-style-type: none"> • In-network: \$40 copay • Out-of-network: \$75 copay <p>Outpatient individual therapy visit:</p> <ul style="list-style-type: none"> • In-network: \$40 copay • Out-of-network: \$75 copay <p>In-network and out-of-network per day cost-sharing applies to each inpatient admission within a benefit period (note: transfers</p>

	Empire MediBlue Access (PPO)
Mental Health Care ^{1,2} (continued)	to an inpatient rehabilitation hospital is considered a new admission and cost-sharing per day applies).
Outpatient Rehabilitation ^{1,2}	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks):</p> <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: 40% of the cost <p>Occupational therapy visit:</p> <ul style="list-style-type: none"> • In-network: \$40 copay • Out-of-network: \$75 copay <p>Physical therapy and speech and language therapy visit:</p> <ul style="list-style-type: none"> • In-network: \$40 copay • Out-of-network: \$75 copay
Outpatient Substance Abuse ^{1,2}	<p>Group therapy visit:</p> <ul style="list-style-type: none"> • In-network: \$40 copay • Out-of-network: 40% of the cost <p>Individual therapy visit:</p> <ul style="list-style-type: none"> • In-network: \$40 copay • Out-of-network: 40% of the cost
Outpatient Surgery ^{1,2}	<p>Ambulatory surgical center:</p> <ul style="list-style-type: none"> • In-network: 15% of the cost • Out-of-network: 40% of the cost <p>Outpatient hospital:</p> <ul style="list-style-type: none"> • In-network: 20% of the cost • Out-of-network: 40% of the cost
Over-the-Counter Items	Not Covered

	Empire MediBlue Access (PPO)
Prosthetic Devices (braces, artificial limbs, etc.) ¹	Prosthetic devices: <ul style="list-style-type: none"> • In-network: 20% of the cost • Out-of-network: 40% of the cost Related medical supplies: <ul style="list-style-type: none"> • In-network: 20% of the cost • Out-of-network: 40% of the cost
Renal Dialysis	<ul style="list-style-type: none"> • In-network: 20% of the cost • Out-of-network: 20% of the cost
Transportation	Not covered
Urgently Needed Services	\$55 copay \$75 copay for limited coverage of urgent and emergency care outside of the United States. This plan may provide coverage up to a \$25,000 limit.
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): <ul style="list-style-type: none"> • In-network: \$0-45 copay, depending on the service • Out-of-network: 40% of the cost Routine eye exam (for up to 1 every year): <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: You pay nothing Our plan pays up to \$69 every year for routine eye exams from any provider. Eyeglasses or contact lenses after cataract surgery: <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: You pay nothing
Preventive Care	<ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: 40% of the cost

	<p>Empire MediBlue Access (PPO)</p>
<p>Preventive Care (continued)</p>	<p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) • Yearly "Wellness" visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p>Annual physical exam:</p> <p>In Network: You pay nothing</p> <p>Out of Network: 40% of the cost</p>
<p>Hospice</p>	<p>You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and</p>

	Empire MediBlue Access (PPO)
Hospice (continued)	respite care. Hospice is covered outside of our plan. Please contact us for more details.
Inpatient Care	
Inpatient Hospital Care ¹	<p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</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"> • In-network: <ul style="list-style-type: none"> • \$315 copay per day for days 1 through 5 • You pay nothing per day for days 6 through 90 • Out-of-network: <ul style="list-style-type: none"> • 40% of the cost per stay <p>In-network and out-of-network per day cost-sharing applies to each inpatient admission within a benefit period (note: transfers to an inpatient rehabilitation hospital is considered a new admission and cost-sharing per day applies).</p>
Inpatient Mental Health Care	For inpatient mental health care, see the "Mental Health Care" section of this booklet.

	Empire MediBlue Access (PPO)
Skilled Nursing Facility (SNF) ¹	<p>Our plan covers up to 100 days in a SNF.</p> <ul style="list-style-type: none"> • In-network: <ul style="list-style-type: none"> • You pay nothing per day for days 1 through 20 • \$156 copay per day for days 21 through 100 • Out-of-network: <ul style="list-style-type: none"> • \$125 copay per day for days 1 through 20 • \$170 copay per day for days 21 through 100
Prescription Drug Benefits	
How much do I pay?	<p>For Part B drugs such as chemotherapy drugs¹:</p> <ul style="list-style-type: none"> • In-network: 20% of the cost • Out-of-network: 40% of the cost <p>Other Part B drugs¹:</p> <ul style="list-style-type: none"> • In-network: 20% of the cost • Out-of-network: 40% of the cost <p>\$240 deductible per year for Part D prescription drugs except for drugs listed on Tier 1 and Tier 6 which are excluded from the deductible.</p>
Initial Coverage	<p>After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$3,310. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>

Initial Coverage (continued)		Empire MediBlue Access (PPO)
Standard Retail Cost-Sharing		
	Tier 1 (Preferred Generic) One-month supply Two-month supply Three-month supply	\$8 copay \$16 copay \$24 copay
	Tier 2 (Generic) One-month supply Two-month supply Three-month supply	\$15 copay \$30 copay \$45 copay
	Tier 3 (Preferred Brand) One-month supply Two-month supply Three-month supply	\$47 copay \$94 copay \$141 copay
	Tier 4 (Non-Preferred Brand) One-month supply Two-month supply Three-month supply	\$100 copay \$200 copay \$300 copay
	Tier 5 (Specialty Tier) One-month supply Two-month supply Three-month supply	27% of the cost Not Offered Not Offered
	Tier 6 (Select Care Drugs) One-month supply Two-month supply Three-month supply	\$0 \$0 \$0

Initial Coverage (continued)		Empire MediBlue Access (PPO)
Preferred Retail Cost-Sharing		
	Tier 1 (Preferred Generic) One-month supply Two-month supply Three-month supply	\$3 copay \$6 copay \$9 copay
	Tier 2 (Generic) One-month supply Two-month supply Three-month supply	\$10 copay \$20 copay \$30 copay
	Tier 3 (Preferred Brand) One-month supply Two-month supply Three-month supply	\$42 copay \$84 copay \$126 copay
	Tier 4 (Non-Preferred Brand) One-month supply Two-month supply Three-month supply	\$95 copay \$190 copay \$285 copay
	Tier 5 (Specialty Tier) One-month supply Two-month supply Three-month supply	27% of the cost Not Offered Not Offered
	Tier 6 (Select Care Drugs) One-month supply Two-month supply Three-month supply	\$0 \$0 \$0

Initial Coverage (continued)		Empire MediBlue Access (PPO)
Standard Mail Order Cost-Sharing		
	Tier 1 (Preferred Generic) One-month supply Two-month supply Three-month supply	\$3 copay \$9 copay \$9 copay
	Tier 2 (Generic) One-month supply Two-month supply Three-month supply	\$10 copay \$30 copay \$30 copay
	Tier 3 (Preferred Brand) One-month supply Two-month supply Three-month supply	\$42 copay \$126 copay \$126 copay
	Tier 4 (Non-Preferred Brand) One-month supply Two-month supply Three-month supply	\$95 copay \$285 copay \$285 copay
	Tier 5 (Specialty Tier) One-month supply Two-month supply Three-month supply	27% of the cost Not Offered Not Offered
	Tier 6 (Select Care Drugs) One-month supply Two-month supply Three-month supply	\$0 \$0 \$0

	Empire MediBlue Access (PPO)
Initial Coverage (continued)	If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.
Coverage Gap	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 \$3,310 . After you enter the coverage gap, you pay 45% of the plan's cost for covered brand name drugs and 58% of the plan's cost for covered generic drugs until your costs total \$4,850 , which is the end of the coverage gap. Not everyone will enter the coverage gap.
Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,850 , you pay the greater of: <ul style="list-style-type: none"> • 5% of the cost, or • \$2.95 copay for generic (including brand drugs treated as generic) and a \$7.40 copayment for all other drugs.
Optional Benefits <i>(you must pay an extra premium each month for these benefits)</i>	
PACKAGE 1: Preventive Dental Package	Benefits include: <ul style="list-style-type: none"> • Preventive Dental
How much is the monthly premium?	Additional \$17.00 per month. You must keep paying your Medicare Part B premium and your \$70 monthly plan premium.
How much is the deductible?	This package does not have a deductible.

	Empire MediBlue Access (PPO)
Is there a limit on how much the plan will pay?	Our plan has a coverage limit for certain benefits.
PACKAGE 2: Dental and Vision Package	Benefits include: <ul style="list-style-type: none"> • Preventive Dental • Comprehensive Dental • Eyewear
How much is the monthly premium?	Additional \$28.00 per month. You must keep paying your Medicare Part B premium and your \$70 monthly plan premium.
How much is the deductible?	This package does not have a deductible.
Is there a limit on how much the plan will pay?	Our plan has a coverage limit for certain benefits.
PACKAGE 3: Enhanced Dental and Vision Package	Benefits include: <ul style="list-style-type: none"> • Preventive Dental • Comprehensive Dental • Eyewear
How much is the monthly premium?	Additional \$38.00 per month. You must keep paying your Medicare Part B premium and your \$70 monthly plan premium.
How much is the deductible?	This package does not have a deductible.
Is there a limit on how much the plan will pay?	Our plan has a coverage limit for certain benefits.

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 1-866-395-5175. 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 1-866-395-5175. 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 1-866-395-5175。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 1-866-395-5175。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 1-866-395-5175. 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 1-866-395-5175. 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 1-866-395-5175 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 1-866-395-5175. 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 1-866-395-5175 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 1-866-395-5175. 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 1-866-395-5175. سيقوم شخص بمساعدتك. هذه خدمة مجانية ما يتحدث العربية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी पश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया पराप्त करने के लिए, बस हमें 1-866-395-5175 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त 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 1-866-395-5175. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: 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 1-866-395-5175. 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 1-866-395-5175. 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 1-866-395-5175. 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、1-866-395-5175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 - H3342

2015 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 2015, Empire BlueCross BlueShield received the following Overall Star Rating from Medicare.

★★★★
3.5 Stars

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

Health Plan Services:

★★★★
4 Stars

Drug Plan Services:

★★★★
3.5 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.

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time. at 800-797-6308 (toll-free) or 711 (TTY), from October 15 to December 7. Our hours of operation for the rest of the year are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

Current members please call 866-395-5175 (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.