

Empire BlueCross BlueShield
Medicare Advantage & Part D
New York 2012

Empire MediBlue Freedom I (PPO)
Empire MediBlue Freedom II (PPO)
Empire MediBlue Freedom III (PPO)

To see if this plan is available where you live, please refer to the list of available counties in the *Summary of Benefits* section.

This information is available for free in other languages. Please contact our Customer Service number at **1-866-395-5175** (TTY/TDD line at **711**) 8 a.m. to 8 p.m., seven days a week through February 14, 2012, for additional information.*

Esta información está disponible en otros idiomas de manera gratuita. Comuníquese con el número de nuestro Servicio de Atención al Cliente al **1-866-395-5175** (o a la línea TTY/TDD al **711**) de 8 a.m. a 8 p.m., los 7 días de la semana, hasta el 14 de febrero de 2012, para obtener información adicional. A partir del 15 de febrero de 2012, puede llamar al Servicio de Atención al Cliente al **1-866-395-5175** (o a la línea TTY/TDD al **711**), de 8 a.m. a 8 p.m., de lunes a viernes, excepto feriados.

You can also contact Medicare directly at **1-800-MEDICARE** (TTY/TDD **1-877-486-2048**), 24 hours a day, seven days a week. Or visit www.medicare.gov.

Medicare beneficiaries may enroll through the Centers for Medicare & Medicaid Services Online Enrollment Center located at www.medicare.gov. Call the Customer Service number above for more information.

The benefit information provided herein is a brief summary, not a comprehensive description, of benefits. For more information, contact the plan.

*Beginning February 15, 2012, you may call Customer Service at **1-866-395-5175** (TTY/TDD line at **711**), 8 a.m. to 8 p.m., Monday through Friday, except holidays.

Thank you...

for your interest in our Medicare Advantage plans.

We know you want a health care plan you can count on. One that can be tailored to fit your lifestyle – that keeps the quality of coverage high and your costs low. Just check out a few of the benefits:

- **Premiums as low as \$0¹**
- **Out-of-pocket limits to protect you from high, unexpected medical costs**
- **One plan and one card for your covered medical and Part D drug benefits**
- **Optional benefits for vision care, dental care²**
- **SilverSneakers[®] gym membership, preventive care coverage, online resources and discounts, and more**
- **Service from a company that generations have relied on with confidence**

We invite you to learn more by reading this booklet. For more information about our plans, call your local licensed insurance agent or one of our licensed insurance agents at **1-800-809-7328** (TTY/TDD line at 711), 8 a.m. to 8 p.m., seven days a week. You may also call Customer Service at **1-866-395-5175** (TTY/TDD line at 711), 8 a.m. to 8 p.m., seven days a week through February 14, 2012.* Or, visit us online at www.empireblue.com/medicare.

*Beginning February 15, 2012, you may call Customer Service at **1-866-395-5175** (TTY/TDD line at 711), 8 a.m. to 8 p.m., Monday through Friday, except holidays.

1 You must continue to pay your Medicare Part B premium. To find out more about covered benefits, see the *Summary of Benefits* section in this booklet. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013.

2 For an additional fee. See the *Summary of Benefits* section in this booklet for more details.

You may be able to get help with your prescription drug coverage. See the section, *Extra Help*, and find out how you may be eligible for Medicare's Extra Help program.

Limitations, copayments and restrictions may apply.

Some good terms to know

Before you move on, here are some of the common words you'll find in this booklet:

- **Premium** – The payment you make on a regular basis, usually monthly, to Medicare, an insurance company, or a health care plan for health care or prescription drug coverage.
- **Deductible** – The amount you must pay for health care or prescriptions, before Original Medicare or other insurance begins to pay.
- **Copayment/copay** – The specific dollar amount you may have to pay for certain covered services.
- **Coinsurance** – The percentage of cost you may have to pay for services or prescription drugs after you pay any plan deductibles.
- **Out-of-pocket limit** – Your protection from excessive cost sharing. Your out-of-pocket limit is the most you would pay during a certain time period (usually per year) for deductibles, copayments and coinsurance for in-network covered services.
- **Inpatient hospital care** – Health care that you get when you are admitted to a hospital or skilled nursing facility.
- **Outpatient hospital care** – Health care received in a hospital if you have not been admitted as an inpatient and are registered on hospital records as an outpatient. If a doctor orders that you must be placed under observation, it may be considered outpatient care, even if you stay under observation overnight.
- **Preventive care** – Health care to help keep you healthy or to help prevent illness.
- **Primary care doctor** – The doctor you see first for most health problems. He or she also may speak to other doctors and health care providers about your care and may refer you to them.
- **Specialist** – A doctor with training and expertise in a specific branch of medicine or surgery. For example, a specialist in cardiology treats heart conditions.

Let's talk about...

Medicare.

It really doesn't matter which generation you are from. There's so much to know about Medicare, it's understandable to have lots of questions. We have put together this brief guide to help you get a clearer picture of how Medicare works, and how the choices can best fit together for you.



What is Original Medicare and who is eligible?

Medicare is a health insurance program that is run by the U.S. government. This insurance program offers you a broad range of coverage for medical care.

You are eligible to join this program if one of these items applies:

1. You are 65 or older.
2. You are under 65 with certain disabilities.
3. Original Medicare only: You are any age with end-stage renal disease (ESRD) – permanent kidney failure requiring dialysis or kidney transplant.¹
4. If you have ALS (Amyotrophic Lateral Sclerosis, also called Lou Gehrig's disease), you automatically get Part A and Part B the month your disability benefits begin.

And, both of these items describe you:

1. You or your spouse worked and paid Social Security taxes for at least 10 years.
2. You are a permanent resident of the U.S. or a legal citizen who lived in the U.S. for five years in a row.

If you aren't eligible for premium-free Part A, you may be able to buy Part A. To give you an idea of what to expect, in 2011 the Medicare Part A premium for people who bought Part A was \$450. In most cases, you must also have Part B and pay monthly premiums for both. If you have limited income and resources, your state may help you pay for Part A and/or Part B. Please call the Social Security Office at **1-800-772-1213** for more information about the Part A premium. TTY users should call **1-800-325-0778**.

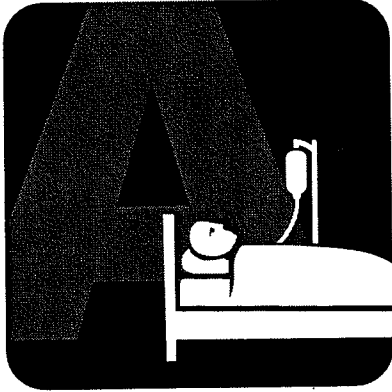
¹ If you have end-stage renal disease and have not had a kidney transplant, you usually can't join a Medicare Advantage plan. For more information about ESRD, view the booklet *Medicare Coverage of Kidney Dialysis and Kidney Transplant Services* at <http://go.usa.gov/lov>.

To ask for a copy, call **1-800-MEDICARE (1-800-633-4227)** or the TTY/TDD line **1-877-486-2048**, 24 hours a day, seven days a week.

Did you know that Medicare comes in separate parts?

The simplest way to get a handle on Medicare is to understand each of the different parts. Parts A and B are Original Medicare run by the government. Parts C and D are offered by private insurers.

Medicare Part A



Medicare Part A is hospital coverage that helps cover the costs for:

- Inpatient care in hospitals and skilled nursing facilities (not custodial or long-term care).
- Hospice and some home health care services.

What are your costs for Medicare Part A?

- **Premium:** You usually won't pay any premium for Part A coverage if you or your spouse paid Medicare taxes while working.
- **Other Costs:** To give you an idea of what to expect, in 2011 the Medicare Part A annual deductible for hospital stays was \$1,132. And, after meeting this deductible, you would pay nothing more for up to 60 days in the hospital. Longer stays required daily coinsurance.

Medicare Part B



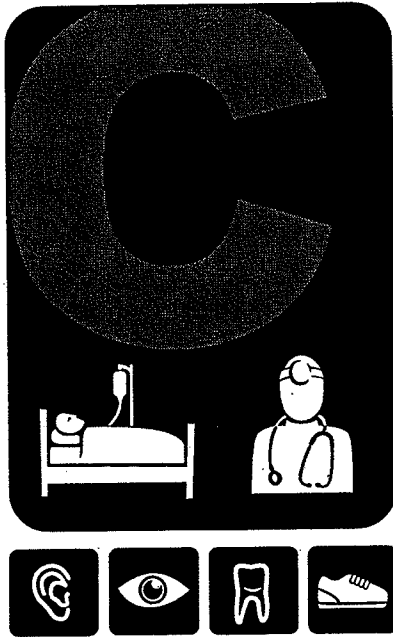
Medicare Part B is medical care coverage that helps cover the cost for:

- Doctors' services, hospital outpatient care and some home health care services as well as lab tests and durable medical equipment.
- Most preventive services, including a yearly wellness exam.

What are your costs for Medicare Part B?

- **Premium:** Your monthly premium is on a sliding scale based on your annual income. Most will pay the standard monthly premium, which was \$115.40 per month for those who joined Medicare in 2011.
- **Other Costs:** To give you an idea of what to expect, in 2011 the Medicare Part B annual deductible was \$162. And, for most services, you would pay 20% of the Medicare-approved amount.

Medicare Part C



You can replace Medicare Parts A and B with Medicare Part C, also called Medicare Advantage.

Unlike Original Medicare Parts A and B, which are part of the government-run insurance program, Medicare Part C consists of Medicare Advantage plans offered by private insurers that have been approved by Medicare. Medicare Advantage (MA) plans offer similar coverage to Part A (hospital services) and Part B (medical services), but typically offer additional benefits.¹ These may include prescription drug coverage, expanded preventive services, gym membership and wellness programs. Depending on where you live, you may be able to choose MA PPO plans, MA HMO plans and MA plans with prescription drug plans (as well as other options).

What are your costs for Medicare Part C?

- **Premiums:** A range of options with different monthly premiums based on the type and level of coverage you want. **You must continue to pay your Medicare Part B premium.**
- **Other Costs:** Deductibles, copays and coinsurance may still apply.

Medicare Part D



Medicare Part D is for prescription drug coverage.

Medicare Part D is only offered by private insurers approved by Medicare. These plans:

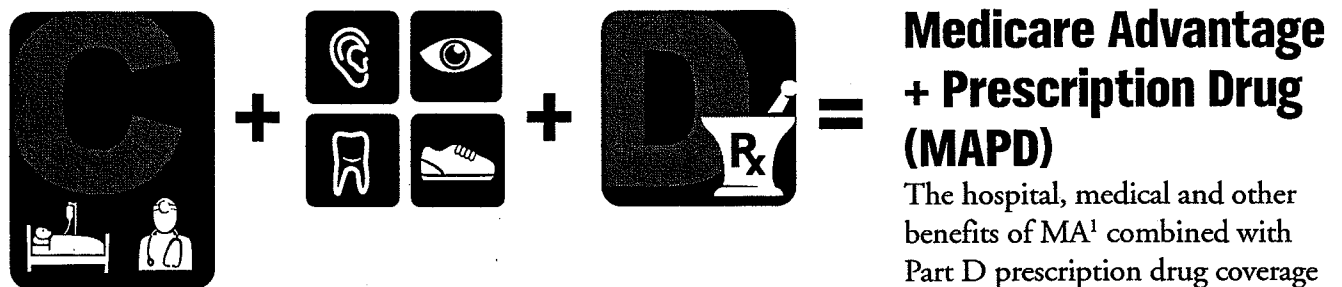
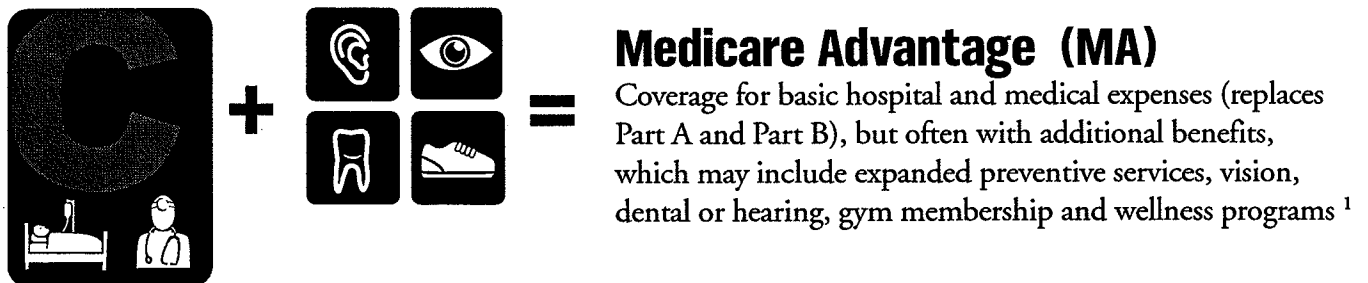
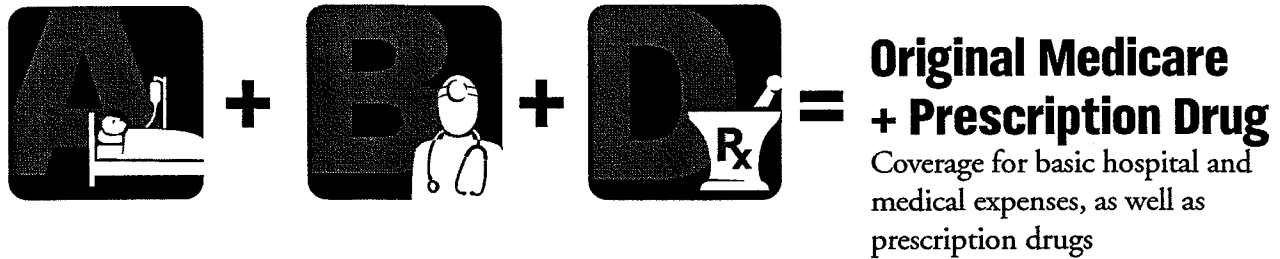
- Help pay for most brand-name and generic prescribed drugs.
- Provide access to retail drugstores across the country and mail-order options.

What are your costs for Medicare Part D?

- **Premiums:** Monthly premiums will vary by plan, based on the coverage you choose.
- Most people will pay only the standard monthly Part D premium listed in the *Summary of Benefits*. However, if your annual income is above a certain limit, you will pay an income-related monthly adjustment amount in addition to your premium. If it applies, this amount will be billed by Medicare and deducted from your monthly Social Security check.
- **Other Costs:** Deductibles, copays and coinsurance may apply.

¹ Some of these additional benefits may require an additional fee. See the *Summary of Benefits* section in this booklet for more details.

Here's how our plans work with Medicare



More questions about Medicare?

You can get more details on how Medicare works at **1-800-MEDICARE (1-800-633-4227)** or the TTY/TDD line **1-877-486-2048**, 24 hours a day, seven days a week. The *Medicare & You* 2011 handbook at www.medicare.gov is also an excellent resource.

¹ Some of these additional benefits may require an additional fee. See the *Summary of Benefits* section in this booklet for more details.

When can you enroll?

When it comes to enrolling ... timing matters!

Getting Medicare benefits is not always as simple as just turning 65. There are actions to take during preset "enrollment periods." For example, if you are like most, you must sign up when you are first eligible to receive Part A, Part B and Part D to avoid coverage delays and premium penalties that last for as long as you have Medicare.

A late enrollment penalty may cause your Part A premium to increase 10%, and you will have to pay the higher premium for twice the number of

years you could have had Part A, but didn't sign up. Also, a late enrollment penalty may cause your Part B monthly premium to increase 10% for each full 12-month period that you could have had Part B, but didn't sign up.

If you are already enrolled, you should review your plan each year during the annual election period. There may be changes to your costs or coverage. You may even wish to change to another plan, and can typically only do so at this time.

Initial enrollment period

7 months surrounding your Medicare eligibility: This is the 3 months before you turn 65, the month when you turn 65, and the 3 months after.



Annual election period

October 15 to December 7, 2011. The period you can enroll in or change your MA or MAPD plan. This is also the period you can enroll in, change or disenroll from a Part D plan. You may also switch to Original Medicare. New coverage will begin January 1, 2012. **Note that the annual election period dates are new for 2011.**

Medicare Advantage disenrollment period

January 1 to February 14, 2012. You may disenroll from your MA plan. During this time, you will be enrolled in Original Medicare and will have the option of choosing a stand-alone Part D plan.

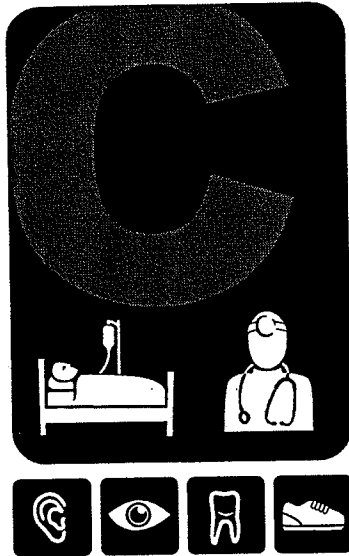
Special enrollment period (SEP)

A common SEP is for those covered under their employer's health plans who retire after 65. In this case, you can enroll with no penalty during the three months before your Part B takes effect. Other examples include: if you qualify for Medicare's Extra Help for Part D (see the *Extra Help* section to follow), if you qualify for both Medicaid and Medicare, or if you have moved outside of the plan's service area.



Welcome...
to the Medicare Advantage plans
that offer the benefits
you've been looking for
at the price you've
been hoping for.

Empire BlueCross BlueShield Medicare Advantage health care plans give you more coverage and more freedom



Our Medicare Advantage (MA) plans were designed to meet the health care needs of people on the go and those who expect more coverage, more freedom ... yet still want to keep costs down.

For example, with our MA plans you will enjoy:

- Premiums as low as \$0.¹
- Out-of-pocket limits to keep you protected from high, unexpected medical costs.
- One card for all your covered medical and drug benefits.
- In-network benefits in 29 states and one territory for up to six months through our travel/visitor program.
- SilverSneakers[®] gym membership, preventive care coverage, online resources and discounts.
- Optional benefits that can be added for vision, dental care.²
- Service from a company you may know, and generations have relied on with confidence.

¹ You must continue to pay your Medicare Part B premium. To find out more about your covered benefits, be sure to check the Summary of Benefits section in this booklet. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013.

² For an additional fee. See the *Summary of Benefits* section in this booklet for more details and availability.

Go ahead! Choose your own providers



We know freedom of choice means a lot to you. And, you also want to protect your nest egg. You have the best of both worlds when the provider you choose is in your health plan's Medicare Advantage PPO network. You have the doctor you want. And, you'll pay less for your medical costs. Why? Network providers contract with us to accept agreed-upon rates as payment in full. Except for emergencies, out-of-network providers may charge you more. So, check to see if your provider is in your plan's network. If not, feel free to shop, compare and choose a doctor inside or outside your network.

You don't need referrals

As a PPO member, you don't need a doctor's OK to see any specialist of your choice inside or outside your plan's network.

One card is all you need

Your Medicare Advantage plan ID card from us is all you need to see your doctor, visit your pharmacy or get all your other covered benefits. This card gives you access to your benefits whether you're home or away. You don't need your red, white and blue Medicare card for accessing your benefits. However, keep it in a secure location in case you need it in the future.

Feel free to travel

Now you have more time to travel and play. Go for it! Through our PPO visitor/travel program, you can use your in-network benefits when you visit certain areas within 29 states and Puerto Rico. You may be able to access your benefits while out of our service area for six months if the place you visit is on the coverage list. If you get care from a network provider where the travel program is in place, your out-of-service area cost share will be the same as your in-network cost share while in the service area. Call us at **1-866-395-5175** (TTY/TDD line at **711**), 8 a.m. to 8 p.m., seven days a week through February 14, 2012,* for a list of the states where the travel program applies.

Count on the experience of a name you can trust

Consider the peace of mind you'll enjoy when you are covered by a company that's been a market leader for generations.

76 – number of years we have been offering health coverage

34,000,000 – number of members we serve together with our affiliates

54,000 – number of retail pharmacies across the U.S. you'll have access to

*Beginning February 15, 2012, you may call Customer Service at **1-866-395-5175** (TTY/TDD line at **711**), 8 a.m. to 8 p.m., Monday through Friday, except holidays.



You have drug coverage, too

Your plan includes drug coverage

Original Medicare does not cover most prescribed drugs. However, most of our Medicare Advantage plans do. After all, we think hospital, medical care and prescription drug coverage go hand in hand.

You only have one Customer Service phone number to call for answers to your medical or prescribed drug coverage questions.

Whether or not you take prescribed drugs today, you should sign up for prescription drug coverage when you first become eligible for Medicare. Doing this will help you avoid cost penalties. As our plan member, please keep in mind that you would need to use network pharmacies to get your prescribed drugs, except in emergency instances. Quantity limits and restrictions may apply.

About that gap, or “donut hole”

The “donut hole” is the coverage gap in Medicare Part D. It’s the time period when you have to pay most out-of-pocket costs (up to a yearly limit) for your covered prescribed drugs. This happens when you and your plan have reached the Initial Coverage Limit set by Medicare.

Help when you reach the “donut hole”

Part D Gap Generic Drug Coverage:

In 2012, our Part D plans will cover formulary generic drugs through the donut hole. This year, 14% of your costs will be paid. Want to know exactly what you’ll pay? We have plans that have set copays for some generic drugs during the gap, so you know exactly what you will pay. See the *Summary of Benefits* for more details.

Part D Brand-Name Drug Discount: In

2012, if you have Medicare Part D and you reach the Medicare coverage gap, you will also get a 50% discount on covered brand-name prescribed drugs. There will be additional savings in the coverage gap each year through 2020, when the donut hole is closed completely.

You have drug coverage, too (continued)



Convenient ordering options

If you need medicine right away, for a limited time, or need it on an ongoing basis, you'll enjoy several time-saving options:

- You can order your first prescription and refills at a retail pharmacy or drugstore, through the mail or by phone.
- When you need medicine right away for a limited time, you can also use retail plan pharmacies or drugstores to fill your order for up to a 90-day supply. (Not all pharmacies are contracted to provide a 90-day supply.)
- In cases where you do not have access to one of our network pharmacies, please call Customer Service at **1-866-395-5175** (TTY/TDD line at **711**), 8 a.m. to 8 p.m., seven days a week through February 14, 2012.*

When you need Extra Help¹

If you qualify for Medicare's Extra Help and are enrolled in a Part D plan, Medicare can help by paying up to 100% of your prescribed drug costs. This may include:

- Paying your drug plan's monthly premium, yearly deductible, coinsurance and copays for prescription drugs that are on your plan's list of covered drugs
- No coverage gap

- No late enrollment penalty, if you miss the seven-month eligibility period (three months before you turn 65, the month when you turn 65, and three months after you turn 65)

You will qualify for Extra Help if you have one of these:

- Both Medicare and Medicaid
- Help from Medicaid paying your Medicare Part B
- Both Medicare and Supplemental Security Income (SSI)

Extra Help

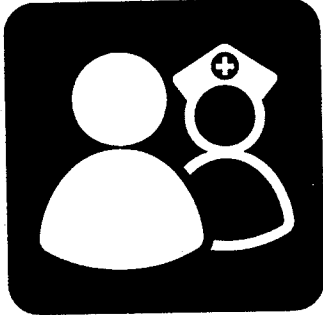
To see if you qualify for Extra Help, call:

- The Social Security Office at **1-800-772-1213** between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call **1-800-325-0778**;
- **1-800-MEDICARE (1-800-633-4227)** TTY users should call **1-877-486-2048**, 24 hours a day/seven days a week; or
- Your State Medicaid Office.

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¹ You can't get the Part D discount if you get Medicare Extra Help.

Programs for a healthier you



When you use the resources we offer, you can help take charge of your health and control your quality of life.

Keeping your chronic conditions under control

Our **case management** program is designed to help with your needs if you have chronic obstructive pulmonary disease, diabetes, cancer, chronic renal disease (stage 4), end-stage renal disease and major surgery such as some abdominal surgeries or cardiac surgery. You can work with a care team of nurses, social workers and dietitians to help you follow your plan of care and reach your wellness goals. Trained nurses can help you learn to keep symptoms of your chronic condition under control. Nurse care managers offer integrated care management services, including lifestyle coaching, to help you deal with the challenges of having one or more health conditions.

Through **utilization management**, trained nurses help to ensure that you get the right care at the right time in the right setting. You and your doctor can work with these nurses to help you follow your plan of care and reach your wellness goals in a cost-effective way.

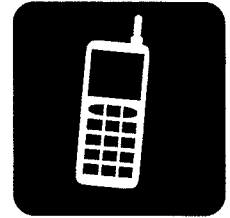
Through **case management**, a team of trained nurses, social workers and dietitians can help you:

- Coordinate your preventive care.
- Learn how to keep your symptoms under control.
- Cope with one or more health conditions.
- Access community resources you may qualify for.

Our **medical management** program has three features designed for you:

- **Preauthorization** – You, your doctor or specialist must first contact Medical Management (via phone or email) to get an OK before you get some types of care.
- **Case management** – A case manager plans, coordinates and reviews which types of care will help you get the most out of your benefits.
- **Discharge planning** – Our case manager coordinates a discharge plan with your doctor during a hospital stay. This ensures you have access to medically necessary services at the time of your discharge.

Your well-being is our concern ... 24/7



MyHealth Advantage helps you reach better outcomes

“I wish I had known sooner” is a regret we don’t want you to have. Through MyHealth Advantage, we can review your health claims daily. If we detect risk issues from the drugs you’re taking, we will alert you and your doctor right away. We can keep track of your routine tests and checkups as well. You will get mailings to remind you to make your next appointments or to take other preventive care actions. You even get tips that may help cut the costs of your prescribed drugs. If you have questions about the information you get, just call our health coaches toll free.

Registered nurses can help you by phone at anytime, any day

What if you get sick or injured when your doctor’s office is closed? Anytime day or night, you can call the 24/7 nurse help line toll free. Registered nurses will help assess your symptoms and talk with you about your options for care. You can program the nurse help line number into all your phones. That way, you’re just one touch away from the help you need. You also have access to hundreds of taped health topics in English and Spanish. Just call the nurse line and follow the prompts to get to the health topics audio library.

Preventive care at no extra cost

Help make sure you stay healthy through preventive care. Did you know that your yearly wellness exam, flu and pneumonia shots, even smoking cessation counseling, are available at no cost to you?

It’s important that you get your preventive screenings and wellness exams. See the *Summary of Benefits* to find out what types of preventive care won’t cost you a penny.



Stay active and informed

Healthways' SilverSneakers® Fitness Program

Being active and staying fit can lead to a healthier you. That's why we provide the **SilverSneakers® Fitness Program** as one of your benefits at no additional cost. SilverSneakers gives you a fitness membership with use of all basic amenities plus signature group exercise classes, access to any participating location in the nation, a secure online members-only community with many resources, fun events, health education and much more. SilverSneakers® Steps, an exercise program that allows you to do your own favorite workouts, is for members who don't have convenient access to a SilverSneakers fitness location.

It's easy to enroll in SilverSneakers. Take your health plan ID card to a participating SilverSneakers location and let the front desk attendant know you'd like to start using your benefit. To find a participating location, visit www.silversneakers.com. Get fit, have fun and make friends with SilverSneakers.

Use the tools and resources at www.empireblue.com/medicare as often as you want

Your **Empire BlueCross BlueShield** website gives you access to tips and tools 24 hours a day that can help you take control of your health. You'll also find health management programs and the latest news to help you make more informed health care decisions.¹

SpecialOffers:

Savings and discounts just for you

Of course we want to help you save money! As a member, you can cut costs by going to network providers and using generic drugs on our preferred drug list. Depending on the plan you choose, you may get discounts for vision, hearing and dental services. You can access discounts on alternative health products and services. Check our website for a complete list of discounted products and services.¹

The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Empire MediBlue Freedom (PPO) grievance process.

¹ Vendors and offers are subject to change without prior notice. Empire BlueCross BlueShield does not endorse and is not responsible for the products, services or information provided by the SpecialOffers vendors. Arrangements and discounts were negotiated between each vendor and Empire BlueCross BlueShield for the benefit of our members.

SilverSneakers® is a registered mark of Healthways, Inc. Healthways, Inc. is an independent company.

Things to know before you enroll

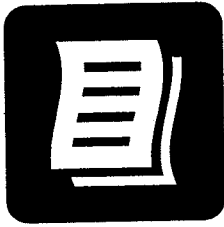


Your right to appeal

When you're not happy with your health care service, we're not happy. We hope that never happens. But if ever you have a concern or cannot agree with a claim decision or a denial, feel free to let us know ... and trust that we will listen. It's why we have appeals and grievance procedures in place. We will review a grievance, such as a quality-of-care complaint, within 30 days after we receive the complaint. We address appeals issues, such as payment for services, within 60 days after we receive the appeal. If the appeal is for a denied service, we must decide no later than 30 days after we receive the appeal. If your health is at risk, we must respond to the appeal within 72 hours. Under some circumstances, you have the right to file an expedited grievance (rush grievance). In such a case, we must respond within 24 hours after we receive the grievance. And we're happy to do so.

What is a medical emergency and what should you do if you have one?

When you have a "medical emergency," you believe that your health is in serious danger. A medical emergency can include severe pain, a bad injury, a sudden illness or a medical condition that is quickly getting much worse. If you have a medical emergency: **Get help as quickly as possible. Call 911** for help or go to the nearest emergency room, hospital or urgent care center. Call for an ambulance if you need it. You do not need to get approval or a referral first from your primary care doctor.



How to enroll and pay for a Medicare Advantage plan

When you have made up your mind, you don't need to get a physical exam to sign up. We will not reject you because of a pre-existing medical condition, except end-stage renal disease.¹

You will need information from your Medicare card to fill out your enrollment form. Your sales representative or agent can help you and accept a copy for your enrollment. Or, you can tear out a copy and submit the top copy of each page to the address listed on the first page of the application. You can also sign up online at www.empireblue.com/medicare.

After you submit your enrollment application

1. We will send you a letter that includes your proposed effective date. This letter is your proof of membership until you get your member ID card.
2. We will send your application to the Centers for Medicare & Medicaid Services (CMS) for approval.
3. Once it is approved by CMS, you will get a welcome letter that confirms your effective date with us. You will also get your member ID card and other new member materials.

Paying your monthly premium

If your **plan** has a premium, you can pay your premium in several ways. Simply choose your desired plan payment option on the enrollment application:

Option 1: By check. If you choose to pay your premium directly to us, you will get a bill each month.

Option 2: By automatic withdrawal.

Option 3: Taken out of your monthly Social Security check.

You must continue to pay your Medicare Part B premium.

¹ If you have end-stage renal disease and have not had a kidney transplant, you usually can't join a Medicare Advantage plan. For more information about ESRD, view the booklet Medicare Coverage of Kidney Dialysis and Kidney Transplant Services at <http://go.usa.gov/lov>. Or, to ask for a copy, call **1-800-MEDICARE (1-800-633-4227)** or the TTY/TDD line **1-877-486-2048**, 24 hours a day, seven days a week.

We're here to help



You can call your local licensed insurance agent or one of our licensed insurance agents at **1-800-809-7328** (TTY/TDD line at **711**), 8 a.m. to 8 p.m., seven days a week. You may also call Customer Service at **1-866-395-5175** (TTY/TDD line at **711**), 8 a.m. to 8 p.m., seven days a week through February 14, 2012.* Or, visit us online at **www.empireblue.com/medicare**.

You can call Medicare for basic questions about how Medicare works at **1-800-MEDICARE** (**1-800-633-4227**) or the TTY/TDD line **1-877-486-2048**, 24 hours a day, seven days a week.

*Beginning February 15, 2012, you may call Customer Service at **1-866-395-5175** (TTY/TDD line at **711**), 8 a.m. to 8 p.m., Monday through Friday, except holidays.

This plan is a PPO with a Medicare contract.

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.

For more information on Empire BlueCross BlueShield's Medicare plan ratings information, see the following page or go to **www.medicare.gov**.

A health plan with a Medicare contract.

The person who is discussing plan options with you is either employed by or contracted with Empire BlueCross BlueShield. The person may be compensated based on your enrollment in a plan.

Empire BlueCross BlueShield - H3342

Medicare Plan Ratings

The Medicare Program rates how well Medicare health and drug plans perform in different categories (for example, detecting and preventing illness, ratings from patients, patient safety, drug pricing and customer service). The information provided below is an overall plan rating of our plan's performance. This information is available to help you make the best choice. If you would like to get additional information on our plan's performance please contact us at 800-809-7328 (toll-free) or 800-241-6894 (TTY/TDD) for prospective members, 866-395-5175 (toll-free) or 800-241-6894 (TTY/TDD) for current members, or you may visit www.medicare.gov.

Below is a summary of how our plan rated in quality and performance.

The number of stars shows how well our plan performs.

- ★★★★★ means excellent
- ★★★★★ means above average
- ★★★★★ means average
- ★★★★★ means below average
- ★ means poor

Empire BlueCross BlueShield - H3342

★★★
3 Stars

Overall Plan Rating

The Overall Plan Rating combines scores for the types of services each plan offers:

What is being measured?

- **For plans covering health services**, the overall score for quality of those services covers **36 different topics in 5 categories**:
 - **Staying healthy**: screenings, tests, and vaccines: Includes how often members get various screening tests, vaccines, and other check-ups that help them stay healthy.
 - **Managing chronic (long-term) conditions**: Includes how often members with different conditions got certain tests and treatments that help them manage their condition.
 - **Ratings of health plan responsiveness and care**: Includes ratings of member satisfaction with the plan.
 - **Health plan member complaints and appeals**: Includes how often members filed a complaint against the plan.
 - **Health plan telephone customer service**: Includes how well the plan handles calls from members.
- **For plans covering drug services**, the overall score for quality of those services covers **17 different topics in 4 categories**:

- o **Drug plan customer service:** Includes how well the drug plan handles calls and makes decisions about member appeals.
- o **Drug plan member complaints and Medicare audit findings:** Includes how often members filed a complaint about the drug plan.
- o **Member experience with drug plan:** Includes member satisfaction information.
- o **Drug pricing and patient safety:** Includes how well the drug plan prices prescriptions and provides updated information on the Medicare website. Includes information on how often members with certain medical conditions get prescription drugs that are considered safer and clinically recommended for their condition.

- **For plans covering both health & drug services,** the overall score for quality of those services covers **all of the 53 topics listed above.**

Where does the information for the Overall Plan Rating come from?

- For quality of **health services,** the information comes from sources that include:
 - o Member surveys done by Medicare
 - o Information from clinicians
 - o Information submitted by the plans
 - o Results from Medicare's regular monitoring activities

- For quality of **drug services,** the information comes from sources that include:
 - o Results from Medicare's regular monitoring activities
 - o Reviews of billing and other information that plans submit to Medicare
 - o Member surveys done by Medicare

Why is the Overall Plan Rating important?

The Overall Plan Rating gives you a single summary score that makes it easy for you to compare plans based on quality and performance. Learn more about differences among plans by looking at the detailed ratings.

Take your plan to the next level with dental, vision and other benefits!



What are Optional Supplement Benefits (OSB) packages?

OSB packages provide benefits such as vision and dental, which are not covered under Medicare Advantage (MA) plans or Original Medicare. These packages can be added to most MA plans for a low, additional premium¹ per month.

OSBs are good for your health, in more ways than one.

By adding this extra coverage to your MA plan, you can get the care you need to help maintain good health². OSBs can also help keep your out-of-pocket costs under control, which provides the added benefit of peace of mind. And, because there is no waiting period, you can start enjoying your benefits right away!

There is limited time to add an OSB package.

Don't miss the opportunity to add the benefits you want. For details on OSBs available with your plan, look in the Summary of Benefits section. Then check the box on your enrollment form for your desired OSB package.

<p>Preventive Dental Package</p>	<p>Comprehensive Dental and Vision Package</p>
<p>Package 1 - Preventive Dental Services</p>	<p>Package 2 - Expanded Dental Services plus Vision Care!</p>

¹ You must continue to pay your Medicare Part B premium. Refer to your Summary of Benefits for more information or contact the plan.

² National Institute of Dental and Craniofacial Research: Oral Health in America, 2008, Surgeon General's Report on Oral Health in America, 2000.

Want to talk more about your options?

Call your local licensed insurance agent or one of our licensed insurance agents at **1-800-809-7328** (TTY/TDD line at **711**), 8 a.m. to 8 p.m., seven days a week. You may also call Customer Service at **1-866-395-5175** (TTY/TDD line at **711**), 8 a.m. to 8 p.m., seven days a week through February 14, 2012.*

*Beginning February 15, 2012, you may call Customer Service at **1-866-395-5175**; (TTY/TDD line at **711**) from 8 a.m. to 8 p.m., Monday through Friday, except weekends and holidays.

A health plan with a Medicare contract.

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan.

The person who is discussing plan options with you is either employed by, or contracted with, Empire BlueCross BlueShield. The person may be compensated based on your enrollment in a plan. Benefit and premiums may change on January 1, 2013.

This plan is a PPO with a Medicare contract.

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