

GHI/EBCBS SENIOR CARE



If you are a Medicare-eligible retiree enrolled in either GHI/EBCBS or GHI Type C/EBCBS, Senior Care supplements your Medicare coverage. After you have satisfied the Medicare Part B deductible, you will be responsible for an additional \$50 of covered Senior Care services per individual, per calendar year. GHI then pays the Medicare Part B coinsurance (that is, 20% of Medicare Allowed Charges) for covered services for that calendar year.

If you have EBCBS Senior Care, Empire BlueCross BlueShield supplements your Medicare coverage for inpatient hospital services, and pays the Medicare Part A inpatient deductible less a \$300 deductible per person per admission (maximum \$750 per year). Empire also supplements some hospital Medicare Part B coverage. Such as ambulatory/surgical procedures, Chemotherapy, Emergency Room Care. Emergency room coverage is subject to a \$50 copay. The Member is responsible for the Part B deductible.

At a Glance	
Plan Type:	Medicare Supplemental Plan
Geographic Service Area	Nationwide
Contact Information	<p>GHI 441 Ninth Avenue New York, NY 10001 (800) 624-2414</p> <p>Empire BlueCross BlueShield City of New York Dedicated Service Center P.O. Box 1407 Church Street Station N.Y., NY 10008-3598 1-800-767-8672</p>
Web Site	<p>www.emblemhealth.com/city www.empireblue.com/nyc</p>

OPTIONAL RIDER

From GHI: Prescription Drug Coverage

There is no deductible under this plan.

The member pays 25% of eligible prescription drug expenses between \$0 and \$3,700 up to true-out-of-pocket costs of \$925 in this phase of coverage. The member then pays 40% Brand/51% Generic of eligible prescription drug expenses up to true-out-of-pocket costs of \$4,025 in this phase of coverage. After the member has reached in total, \$4,950 towards true out-of-pocket costs, the member pays the greater of 5% or \$3.30 for Generics/\$8.25 for Brand.

Members must use network pharmacies to access their prescription drug benefits, except in non-routine circumstances, and quantity limitations and restrictions may apply. Open Formulary, Prior Authorization, Step Therapy and Quantity Level Limits all apply.

From Empire BlueCross BlueShield: 365-day hospital coverage