

GHI/ANTHEM SENIOR CARE



If you are a Medicare-eligible retiree enrolled in either GHI/ANTHEM or GHI Type C/Anthem 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 Anthem Senior Care, Anthem Blue Cross and Blue Shield 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). Anthem 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	EmblemHealth 55 Water St. New York, NY 10041 (800) 624-2414 Anthem Blue Cross and Blue Shield City of New York Dedicated Service Center P.O. Box 1407 Church Street Station N.Y., NY 10008-3598 1-800-767-8672
Web Site	www.emblemhealth.com/city www.anthem.com/nyc
Plan Type:	Medicare Supplemental Plan

OPTIONAL RIDER

From GHI: Prescription Drug Coverage

There is no deductible under this plan. There is a \$120 monthly premium for this plan.

The member pays 25% of eligible prescription drug expenses between \$0 and \$5,030 of true-out-of-pocket costs in this initial phase of coverage. The member then pays 25% of eligible prescription drug expenses between \$5,030 up to \$8,000 of true-out-of-pocket costs in this gap phase of coverage. After the member has exceeded \$8,000 of true-out-of-pocket costs in this catastrophic phase of coverage, the member will pay \$0 copay.

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 Anthem BlueCross BlueShield: 365-day hospital coverage