

# New York



# New York Market Highlights



NEW HMO and DSNP Select Plans offer competitive medical benefits and generous supplement benefits, including high OTC allowance. The Select provider network includes access to top performing health systems, examples include Balance, CAIPA, CareMount, HCP, IPANS, KAPIPA, and Montefiore.

Service area remains stable and all plans will continue in 2019.



Empire BCBS offers the broadest portfolio of HMO, HMO-POS, MA-only and DSNP network in the lower New York market giving you an even better opportunity to sell our plans.



The new Provider Specific Plans include ED coverage. Part D benefits on all MAPD plans include \$0 Tier 6 gap coverage at both preferred and non-preferred pharmacies.

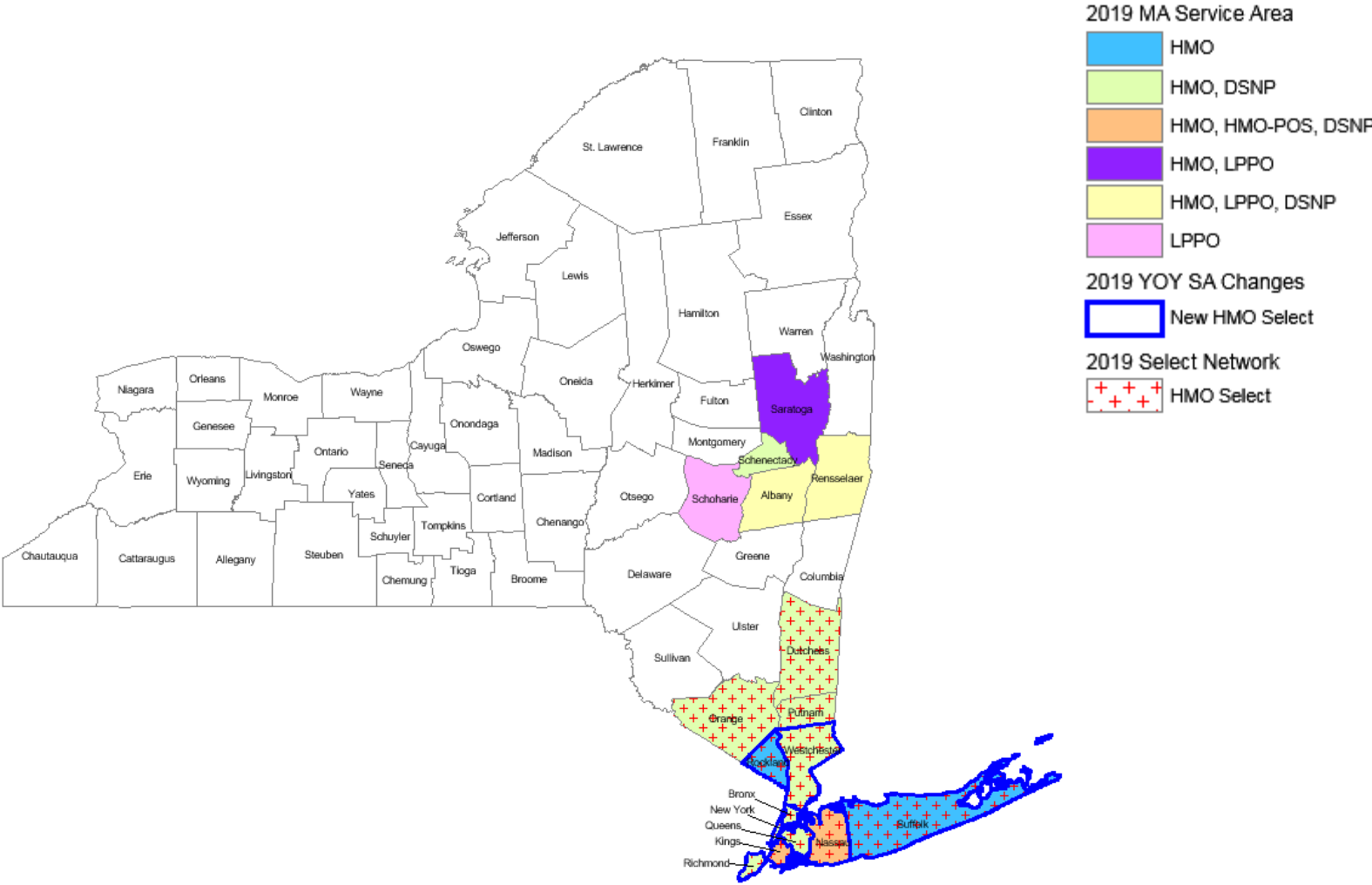


Grow your business by taking advantage of our “Age-In” capabilities! We can help you move commercial members turning 65 and provide options for late retirees.



Launched new portfolio of competitively priced MS plans 7/1/18. All Med Supp plans include SilverSneakers®, ScriptSave and Special Offers with price points to appeal to your clients.

# New York 2019 Service Area





# New York 2019 Plan Highlights

Empire MediBlue Select (HMO) H8432-027	
Service Area	Bronx, Kings, New York, Queens, Richmond
Monthly Premium	\$0
Max Out-of-Pocket	\$6,400
Primary Care Physician	\$10 copay
Specialist	\$40 copay
Inpatient Hospital	\$335 copay (4 days)
Rx Copays (preferred cost shares) T1 / T2/ T3/ T4/ T5/ T6	\$3 / \$15 / \$42 / \$94 / 26% / \$0 (Erectile Dysfunction drugs covered)
Rx Deductible	\$350 (Tiers 2-5)



# New York 2019 Plan Highlights

Empire MediBlue Select (HMO) H8432-027	
Emergency / Urgent Care Worldwide Coverage	This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$25,000 per year for worldwide emergency services. There is an \$90 copay for emergency and urgent care services. Members access care through Blue Cross Blue Shield Global Core
Routine Preventive Dental	\$0 copay for 1 oral exam; 1 cleaning every year
Routine Eye Exams	\$0 copay for 1 routine eye exam every year
Routine Eye Wear	\$0 copay for eye glasses (lenses and frames) or contact lenses every year \$150 limit for eye glasses or contact lenses every year
Routine Hearing Exams	\$0 copay for 1 routine hearing exam(s) every year
Hearing Aids	\$0 copay for hearing aids \$2,000 maximum plan benefit for hearing aids every year
Transportation Benefit	N/A
Over the Counter (OTC)	\$10 per month
Fitness	SilverSneakers®

# New York 2019 Plan Highlights

	Empire MediBlue Select (HMO) H8432-032	Empire MediBlue Select (HMO) H8432-033
Service Area	Nassau	Suffolk
Monthly Premium	\$46	\$78
Max Out-of-Pocket	\$6,400	
Primary Care Physician	\$10 copay	
Specialist	\$40 copay	
Inpatient Hospital	\$335 copay (5 days)	
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$3 / \$15 / \$42 / \$94 / 26% / \$0 (Erectile Dysfunction drugs covered)	
Rx Deductible	\$350 (Tiers 2-5)	



# New York 2019 Plan Highlights

	Empire MediBlue Select (HMO) H8432-032	Empire MediBlue Select (HMO) H8432-033
Emergency / Urgent Care Worldwide Coverage	This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$25,000 per year for worldwide emergency services. There is an \$90 copay for emergency and urgent care services. Members access care through Blue Cross Blue Shield Global Core.	
Routine Preventive Dental	\$0 copay for 1 oral exam every year \$0 copay for 1 cleaning every year	
Routine Eye Exams	\$0 copay for 1 routine eye exam(s) every year	
Routine Eye Wear	\$0 copay for eye glasses (lenses and frames) or contact lenses every year \$150 limit for eye glasses or contact lenses every year	
Routine Hearing Exams	\$0 copay for hearing aids fitting & evaluation \$0 copay for 1 routine hearing exam(s) every year	
Hearing Aids	\$0 copay for hearing aids \$2,000 maximum plan benefit for hearing aids every year	
Transportation Benefit	N/A	
Over the Counter (OTC)	\$10 per month	
Fitness	SilverSneakers®	

# New York 2019 Plan Highlights

	Empire MediBlue Plus (HMO) H8432-008-007	Empire MediBlue Plus (HMO) H8432-009	Empire MediBlue Select (HMO) H8432-016
Service Area	Kings	Rockland, Westchester	Dutchess, Orange, Putnam, <span style="color: blue;">Rockland, Westchester</span>
Monthly Premium	\$0	\$60	\$36
Max Out-of-Pocket	\$6,700	\$5,900	\$6,700
Primary Care Physician	\$20	\$15	\$10
Specialist	\$50	\$50	\$40
Inpatient Hospital	\$450 (4 days)	\$335 (5 days)	\$372 (5 days)
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$3 / \$15 / \$42 / \$94 / 26% / \$0	\$4 / \$10 / \$42 / \$95 / 26% / \$0	\$4 / \$10 / \$42 / \$95 / 26% / \$0
Rx Deductible	\$350 (Tiers 2-5)	\$325 (Tiers 2-5)	\$325 (Tiers 2-5)





# New York 2019 Plan Highlights

	Empire MediBlue Plus (HMO) H8432-008-007	Empire MediBlue Plus (HMO) H8432-009	Empire MediBlue Select (HMO) H8432-016
Emergency / Urgent Care Worldwide Coverage	<p>This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$25,000 per year for worldwide emergency services.</p> <p><b>There is an \$90 copay for emergency and urgent care services.</b> Members access care through Blue Cross Blue Shield Global Core.</p>		
Preventive Dental (Routine)	N/A	\$0 copay for 2 oral exam(s), 2 cleaning(s), & 1 X-ray per year	N/A
Routine Eye Exams	\$0 copay for 1 routine eye exam every year		\$0 copay for 1 routine eye exam every year
Routine Eye Wear	N/A	\$0 copay for eye glasses (lenses and frames) or contact lenses every year \$100 limit for eye glasses or contact lenses every year	\$0 copay for eye glasses (lenses and frames) or contact lenses every year. \$100 limit for eye glasses or contact lenses every year
Routine Hearing Exams	N/A	\$0 copay for 1 routine hearing exam(s) every year	\$0 copay for 1 routine hearing exam(s) every year
Hearing Aids	N/A	\$0 copay for fitting & evaluation <b>\$2,000 maximum hearing aid benefit per year</b>	\$0 copay for fitting & evaluation <b>\$2,000 maximum hearing aid benefit per year</b>
Transportation Benefit	N/A		N/A
Live Health Online	Covered		
Fitness	N/A	SilverSneakers®	

# New York 2019 Plan Highlights

	Empire MediBlue Plus (HMO) H8432-008-005	Empire MediBlue Plus (HMO) H8432-008-006
Service Area	Bronx	Queens
Monthly Premium	\$0	\$0
Max Out-of-Pocket	\$6,700	\$6,700
Primary Care Physician	\$25 copay	\$20 copay
Specialist	\$50 copay	\$50 copay
Inpatient Hospital	\$435 copay (4 days)	\$450 copay (4 days)
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$3 / \$15 / \$42 / \$94 / 26% / \$0	\$3 / \$15 / \$42 / \$94 / 26% / \$0
Rx Deductible	\$350 (Tiers 2-5)	\$350 (Tiers 2-5)



# New York 2019 Plan Highlights

	Empire MediBlue Plus (HMO) H8432-008-005	Empire MediBlue Plus (HMO) H8432-008-006
Emergency / Urgent Care Worldwide Coverage	<p>This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$25,000 per year for worldwide emergency services.</p> <p><b>There is an \$90 copay for emergency and urgent care services.</b></p> <p>Members access care through Blue Cross Blue Shield Global Core</p>	
Routine Preventive Dental	N/A	
Routine Eye Exams	\$0 copay for 1 routine eye exam every year	
Routine Eye Wear	N/A	
Routine Hearing Exams	N/A	
Hearing Aids	N/A	
Transportation Benefit	N/A	
Live Health Online	Covered	
Fitness	N/A	



# New York 2019 Plan Highlights

	Empire MediBlue Plus (HMO) H8432-010	Empire MediBlue Plus (HMO) H8432-011
Service Area	Nassau	Suffolk
Monthly Premium	\$49	\$78
Max Out-of-Pocket	\$6,700	\$6,700
Primary Care Physician	\$15 copay	\$15
Specialist	\$50 copay	\$45
Inpatient Hospital	\$360 copay (5 days)	\$360 copay (5 days)
Rx Copays (preferred cost shares) T1/ T2/ T3/ T4/ T5/ T6	\$4 / \$15 / \$40 / \$95 / 26% / \$0	\$4 / \$15 / \$42 / \$95 / 26% / \$0
Rx Deductible	\$350 (Tiers 2-5)	\$350 (Tiers 2-5)



# New York 2019 Plan Highlights

	Empire MediBlue Plus (HMO) H8432-010	Empire MediBlue Plus (HMO) H8432-011
Emergency / Urgent Care Worldwide Coverage	<p>This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$25,000 per year for worldwide emergency services.</p> <p><b>There is an \$90 copay for emergency and urgent care services.</b></p> <p>Members access care through Blue Cross Blue Shield Global Core.</p>	
Routine Preventive Dental	<p>\$0 copay for 1 oral exam every year \$0 copay for 1 cleaning every year</p>	
Routine Eye Exams	<p>\$0 copay for 1 routine eye exam(s) every year</p>	
Routine Eye Wear	<p>\$0 copay for eye glasses (lenses and frames) or contact lenses every year \$100 limit for eye glasses or contact lenses every year</p>	
Routine Hearing Exams	<p>\$0 copay for 1 routine hearing exam(s) every year</p>	
Hearing Aids	<p>\$0 copay for hearing aids fitting &amp; evaluation <b>\$2,000 maximum plan benefit for hearing aids every year</b></p>	
Transportation Benefit	<p>N/A</p>	
Live Health Online	<p>Covered</p>	
Fitness	<p>SilverSneakers®</p>	

# New York 2019 Plan Highlights

	Empire MediBlue Core (HMO) H8432-012	Empire MediBlue Plus (HMO) H8432-013	Empire MediBlue Plus (HMO) H8432-017
Service Area	Bronx, Kings, Queens, Richmond, Saratoga, Westchester	New York	Albany, Rensselaer, Saratoga, Schenectady
Monthly Premium	\$0		\$52
Max Out-of-Pocket	\$6,700		\$5,000
Primary Care Physician	\$20	\$25	\$15
Specialist	\$50	\$50	\$40
Inpatient Hospital	\$350 (5 days)	\$450 (4 days)	\$325 (5 days)
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	N/A	\$4 / \$15 / \$42 / \$95 / 26% / \$0	\$4 / \$10 / \$42 / \$95 / 26% / \$0
Rx Deductible	N/A	\$350 (Tiers 2-5)	\$325 (Tiers 2-5)

# New York 2019 Plan Highlights

	Empire MediBlue Core (HMO) H8432-012	Empire MediBlue Plus (HMO) H8432-013	Empire MediBlue Plus (HMO) H8432-017
Emergency / Urgent Care Worldwide Coverage	<p>This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$25,000 per year for worldwide emergency services.</p> <p><b>There is an \$90 copay for emergency and urgent care services.</b></p> <p>Members access care through Blue Cross Blue Shield Global Core</p>		
Routine Preventive Dental	N/A	N/A	\$ 0 copay for 2 exam(s), 2 cleaning(s) & 1 X-ray \$400 Comprehensive*
Routine Eye Exams	\$0 copay for 1 routine eye exam every year	\$0 copay for 1 routine eye exam every year	\$0 copay for 1 routine eye exam every year
Routine Eye Wear	N/A	N/A	\$0 copay for eye glasses (lenses and frames) or contact lenses every year \$200 limit for eye glasses or contact lenses every year.
Routine Hearing Exams	N/A	N/A	\$0 copay for 1 routine hearing exam(s) every year
Hearing Aids	N/A	N/A	\$0 copay for hearing aids <b>\$2,000 maximum plan benefit for hearing aids every year.</b>
Transportation Benefit	N/A		N/A
Fitness	N/A		SilverSneakers®

\*\$100 per quarter for comprehensive dental



# New York 2019 Plan Highlights

	Empire MediBlue Choice (HMO-POS) H8432-014	Empire MediBlue Choice (HMO-POS) H8432-015
Service Area	Nassau	Kings
Monthly Premium	\$66	\$103
Max Out-of-Pocket	\$6,700 INN \$10,000 INN/OON	\$6,700 INN \$10,000 INN/OON
Primary Care Physician	\$30 copay INN 30% coinsurance OON	
Specialist	\$45 copay INN 30% coinsurance OON	\$20 copay INN 30% coinsurance OON
Inpatient Hospital	\$360 copay (5 days) INN 30% coinsurance OON	\$460 copay (4 days) INN 30% coinsurance OON
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$4 / \$15 / \$42 / \$95 / 26% / \$0	\$3 / \$15 / \$42 / \$93 / 26% / \$0
Rx Deductible	\$350 (Tiers 2-5)	



# New York 2019 Plan Highlights

	Empire MediBlue Choice (HMO-POS) H8432-014	Empire MediBlue Choice (HMO-POS) H8432-015
Emergency / Urgent Care Worldwide Coverage	<p>This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$25,000 per year for worldwide emergency services.</p> <p><b>There is an \$90 copay for emergency and urgent care services.</b></p> <p>Members access care through Blue Cross Blue Shield Global Core.</p>	
Routine Preventive Dental	\$0 copay for 2 oral exam(s); 2 cleanings; 1 dental x-ray every year	N/A
Routine Eye Exams	\$0 copay for 1 routine eye exam(s) every year.	
Routine Eye Wear	<p>\$0 copay for eye glasses (lenses and frames) or contact lenses every year</p> <p>\$100 limit for eye glasses or contact lenses every year</p>	N/A
Routine Hearing Exams	\$0 copay for 1 routine hearing exam(s) every year	N/A
Hearing Aids	<p>\$0 copay for hearing aids</p> <p><b>\$2,000 maximum plan benefit for hearing aids every year</b></p>	N/A
Transportation Benefit	N/A	
Fitness	SilverSneakers®	N/A

# New York 2019 Plan Highlights

Empire MediBlue Dual Advantage (HMO SNP) H8432-007	
Service Area	Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Westchester
Monthly Premium	\$0
Dental	N/A
Vision	N/A
Hearing	N/A
OTC	N/A
Transportation Benefit	N/A
Acupuncture	N/A
Fitness	N/A
Emergency / Urgent Care Worldwide Coverage	This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$25,000 per year for worldwide emergency services. There is an \$90 copay for emergency and urgent care services. Members access care through Blue Cross Blue Shield Global Core



Improved



Revised



New

# New York 2019 Plan Highlights

## Empire MediBlue Dual Advantage Select (HMO SNP) H8432-028

Service Area	Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Westchester
Monthly Premium	\$0
Routine Preventive Dental	\$0 for 2 exam(s); \$0 for 2 cleaning(s) and 1 X-ray; \$2,000 Comprehensive*
Routine Eye exam/ Eyewear	\$0 per exam; \$125 hardware limit
Routine Hearing exam/Hearing Aids	\$0 per exam; \$2,000 hearing aid limit every year
OTC	\$75 per month
Transportation Benefit	N/A
Live Health Online	Covered
Acupuncture	24 visits for \$0 copay
Fitness	SilverSneakers®

\*\$500 per quarter for Comprehensive Dental



# New York 2019 Plan Highlights

Empire MediBlue Dual Advantage (HMO SNP) H8432-018	
Service Area	Albany, Dutchess, Putnam, Rensselaer, Schenectady
Monthly Premium	\$0
Dental	\$0 for 2 exams; 2 cleanings & 1 X-ray per year \$400 Comprehensive*
Vision	\$0 per exam; \$100 hardware limit
Hearing	\$0 per exam; \$1,000 hearing aid limit every year
OTC	\$150 per quarter
Transportation Benefit	N/A
Acupuncture	N/A
Fitness	SilverSneakers®

\*\$100 per quarter for Comprehensive Dental



# New York 2019 Plan Highlights

Empire MediBlue Access (PPO) H3342-019	
Service Area	Albany, Rensselaer, Saratoga, Schoharie
Monthly Premium	\$88
Max Out-of-Pocket	\$6,200 INN \$9,000 INN/OON
Primary Care Physician	\$20 INN \$50 OON
Specialist	\$50 INN \$75 OON
Inpatient Hospital	\$372 (5 days) INN 40% OON
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$3 / \$10 / \$38 / \$88 / 27% / \$0
Rx Deductible	\$310 (Tiers 2-5)



# New York 2019 Plan Highlights

Empire MediBlue Access (PPO) H3342-019	
Emergency / Urgent Care Worldwide Coverage	<p>This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$25,000 per year for worldwide emergency services. <b>There is an \$90 copay for emergency and urgent care services.</b> Members access care through Blue Cross Blue Shield Global Core.</p>
Routine Preventive Dental	N/A
Routine Eye Exams	<p>\$0 copay for 1 routine eye exam every year \$69 maximum eye exam coverage amount Optional Supplemental Benefits are also available for an additional premium.</p>
Routine Eye Wear	N/A
Routine Hearing Exams	N/A
Hearing Aids	N/A
Transportation Benefit	N/A
Live Health Online	Covered
Fitness	SilverSneakers®

# New York 2019 OSB Premiums

	Optional Supplemental Benefits (OSB) HMO	Optional Supplemental Benefits (OSB) PPO
Preventative Dental	\$14	\$19
Dental and Vision	\$24	\$30
Enhanced Dental and Vision	\$38	\$49

# New York Medicare Supplement Plans

## MEDICARE SUPPLEMENT RATING FACTORS

	Plan Choices	Area	Age	Gender	Tobacco Use
NY	Plan A Plan B Plan F Plan G Plan N	Yes	Community	No	No

- SilverSneakers® is included with each Plan
- Will accept premium payments made on behalf of an applicant or member from ONLY the following:
  - Family member related by blood, marriage or adoption
  - Legal Guardian and/or Conservator
  - Powers of Attorney
  - A Trustee acting on behalf of the member that is a Beneficiary of the Trust
- SpecialOffers@Anthem: Discounts help members save money from various vendors for things like:
  - Vision and Hearing
  - Fitness Club Memberships
  - Health and Wellness
  - Weight Loss Programs
  - Rx Drug Discounts through Medical Security Card

*NOTE: In accordance with NY regulations, SpecialOffers is NOT to be discussed with prospective members. Members will receive information on SpecialOffers once enrolled.*