GHI/ANTHEM SENIOR CARE





GHI/Anthem Senior Care Plan consists of two components:

- GHI, an EmblemHealth company, offering benefits for medical/physician services, and
- Anthem Blue Cross and Blue Shield offering benefits for services provided at hospital and out-patient facilities.

Medicare eligible retirees and their Medicare eligible dependents must enroll in Medicare (both Part A and Part B) to avoid a reduction of your benefits under this Plan.

GHI/Anthem Senior Care members are responsible for the annual Medicare Part B deductible and the \$50 annual EmblemHealth GHI Senior Care deductible.

<u>EmblemHealth GHI Senior Care Component</u>: EmblemHealth GHI will pay benefits that supplement payments made to you or on your behalf by Medicare for covered services under this Plan. The services must have been covered by Medicare to be eligible for benefits under this Plan. Medicare will generally pay eighty percent (80%) of your covered services. EmblemHealth GHI will pay the twenty percent (20%) balance, less any applicable Copayment.

As you may know, \$15 Copayments for the EmblemHealth-GHI portion of the GHI/Anthem Senior Care Plan were previously suspended by court order. Now, in accordance with a more recent court order, \$15 Copayments will resume on January 1, 2025.

As of January 1, 2025, Senior Care members will be required to pay a \$15 copay each time they use the health services listed below:

 Primary Care Physician Office Visits: 	\$15 Copayment
 Specialist Office Visit: 	\$15 Copayment
 Allergy testing/injections: 	\$15 Copayment
• X-rays:	\$15 Copayment
Laboratory tests:	\$15 Copayment
 Complex diagnostic and radiology services: 	\$15 Copayment
Radiation therapy:	\$15 Copayment
 Urgent Care Services: 	\$15 Copayment
• Emergency Care (Professional Component):	\$15 Copayment
 Mental Health Care (Outpatient): 	\$15 Copayment
• Substance Use Disorder Services (Outpatient):	\$15 Copayment
 Physical, Occupational, and Speech Therapy: 	\$15 Copayment
Cardiac Rehabilitation:	\$15 Copayment
 Pulmonary Rehabilitation: 	\$15 Copayment
Chiropractic Care:	\$15 Copayment
Podiatry Care:	\$15 Copayment
• Vision Care:	\$15 Copayment

Anthem Blue Cross Blue Shield Senior Care Component: Anthem Blue Cross and Blue Shield supplements your Medicare coverage for 90 days of inpatient hospital services per calendar year and pays the Medicare Part A inpatient deductible less a \$300 deductible per person per admission (maximum \$750 per year). If a Senior Care member has an extended hospitalization, he/she must use any or all of their 60 Medicare Lifetime Reserve Days, which are covered by Medicare, subject to coinsurance. Anthem Blue Cross Blue Shield covers the coinsurance amount for 60 Medicare Lifetime Reserve Days which may be used after the 90th day in any benefit period.

Anthem Blue Cross Blue Shield 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.

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: The Optional Rider is comprised of the below two coverages:

From EmblemHealth: Enhanced GHI Prescription Drug Medicare Part D Rider: Prescription Drug Coverage

There is no deductible under this rider. There is a \$150.00 --- monthly premium for this plan.

The member pays 25% of eligible prescription drug expenses between \$0 and \$2,000 annual Maximum Out of Pocket (MOOP) Once the member has exceeded \$2000 MOOP, 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: Upon exhaustion of Medicare hospital inpatient coverage through the 90th day, Anthem Blue Cross Blue Shield will pay for covered services for a balance of 365 days based on medical necessity.

There is no deductible under this rider. There is a \$3.67 --- monthly premium for this plan.