



A Periodic Publication from the East End Health Plan
VISIT THE EAST END HEALTH PLAN WEBSITE AT www.eehp.org

Benefit Changes Effective July 1, 2023

In the News and Notes Spring edition we indicated the Trustees approved benefit changes that will be effective July 1, 2023. These benefit changes applied to the basic Provider, specialist, and emergency room visit copays. Because our plan is structured as a tailored Medicare Advantage Plan, these copayment changes do not apply to our Medicare enrolled members. Your copays for office visits, specialist visits, emergency room and preventative care remain \$0. All other benefits remain the same. If you have any additional questions or concerns regarding your benefits please contact Frank Perry at 631-472-3969 or email fperry@eehp.org.

EAST END HEALTH PLAN RETIREE WEBINAR

On November 29, 2022 we held a Webinar to review the East End Health Plan's Medicare Advantage Plan. Over forty (40) of our members attended this virtual event and listened to a very informative presentation by BCBS representatives, and had the opportunity to ask questions.

Members that participated in the Webinar were entered in a drawing for an iPad mini and Fitbit Charge 3. The lucky winners are:

Victor Westgate—iPad Mini
Kathleen Johnson—FitBit Charge 3
Diane Brady—FitBit Charge 3

You can access the webinar recording and the PowerPoint presentation used during the webinar on our website at www.eehp.org by clicking on East End Health Plan Medicare Retiree Webinar [East End Health Plan Medicare Retiree Webinar](#).

Following is a list of the questions asked along with the response

EEHP Medicare Advantage Plan Frequently Asked Questions

Q. Will Silver Sneakers be offered to members in 2023?

A. Yes, Silver Sneakers will continue to be offered to members in 2023. Please check the Silver Sneakers website or call customer service to confirm that your local facility is in-network.

Q. Is Medical Massage covered by the plan and if so, who are participating in the plan?

A. Massages are not a covered service on the plan, unless prescribed by a Provider as medically necessary and performed by a licensed physical therapist. To find a participating Provider contact Member services at 1-833-848-8730

Q. Are over-the-counter Covid Tests covered by the plan?

A. Over-the-counter Covid Tests are still covered with your Medicare (red, white and blue) card.

Q. Does the EEHP program cover routine dental?

A. Routine dental is not covered at this time. Please check with Frank Perry on routine dental solutions.



Q. When traveling internationally, what happens if you need to see a doctor, have an emergency, or medication is needed?

A. Foreign travel is only covered for emergency and urgently needed services. If care is needed, please contact Blue Cross Blue Shield Global Core at 800-810-2582.

Q. How much does the plan pay for hearing aids and how many years in between getting new ones?

A. Hearing aids are covered, but limited to \$1500 per ear with a maximum benefit of \$3000 every 4 years combined in network and out of network. Includes digital hearing aid technology and inner ear, outer ear, and over the ear models. This benefit is administered by Hearing Care Solutions, and the device must be selected from a Hearing Care Solutions supplier for both in network and out of network.

Q. What is the copay for the shingles vaccine #1 and #2?

A. The Shingles Vaccine is covered under the Prescription Part D Coverage. So it must be administered at the pharmacy. It is covered at the tier 2 level with a \$25 copay.

Q. Is acupuncture covered?

A. Yes, acupuncture is covered.

Q. How can members access Silver Sneakers?

A. You can access Silver Sneakers via the Silver Sneakers website and using your Empire MediBlue Freedom ID card.

Q. Is medical equipment covered? (Ex., walkers or braces)

A. Yes, Durable Medical Equipment is covered under the plan with a \$0 copay. Covered items include, but are not limited to: wheelchairs, crutches, powered mattress systems, diabetic supplies, continuous blood glucose monitors, hospital bed ordered by a Provider for use at home, IV infusion pumps, speech generating devices, oxygen equipment, nebulizers, and walkers. The rental period for oxygen equipment and oxygen is 36 months. For the remaining 24 months you will be responsible for the oxygen. After the five-year period, the cost-sharing responsibility for both oxygen supplies and oxygen restarts.

Q. Is the COVID-19 PCR test covered?

A. Yes

Q. How do I seek reimbursement for necessary items that were prescribed and bought?

A. Reimbursement is based on Medicare Allowed amount for the items. If the Provider will not submit a claim for payment, you can submit your own. Rates are determined when the claim is billed as there are many factors that go into how the rate is calculated. The Medical Reimbursement Form can be found at EEHP website under the forms tab.

Q. Is there a website for Hearing Care Solutions to check hearing aid brands?

A. It is best to call Hearing Care Solutions at 866-344-7756 for both locations and covered brands.

Q. Is Blue View Vision plan different than Davis Vision?

A. Blue View Vision is an Anthem company and covers routine vision exams. Davis is a non-Anthem company, please check with Frank Perry on the Davis Vision coverage

Q. Are the flu shots covered?

A. Yes, \$0 copay



Q. Are chiropractic services covered?

A. Yes, Medicare chiropractic services cover only the manual manipulation of the spine to correct subluxation. The plan does have supplemental chiropractic services that include chiropractic services, not covered by Medicare, rendered by a physician to treat a disease, illness or injury. The benefits include: Diagnostic services, other than diagnostic scanning, when provided during an initial examination or reexamination; Adjustments; Radiological x-rays and laboratory tests; and Medically necessary therapy when provided in conjunction with the visit specifically for spinal or joint adjustment.

Q. Are batteries for hearing aids covered?

A. Yes, Members receive a free battery supply during the first three years with a 64-cell limit per year, per hearing aid.

Q. Is bloodwork covered?

A. Yes, \$0 copay for each Medicare-covered clinical/diagnostic lab test.

Q. Can I go to my cataract surgeon and my retinologist on the same day?

A. Yes, the plan doesn't limit the amount of Doctor visits you can have on a given day.

Q. Is there an advantage to having our medical Providers In-Network even if they accept Medicare?

A. When you see an In-Network Provider, they have a contract with Empire BCBS and they must abide by the contract terms as well as Medicare Guidelines. Out-Of-Network Providers, who do not have a contract with Empire BCBS, only adhere to Medicare Guidelines.

Q. So you are saying that I can go to an Out-Of-Network doctor and THEY have to submit the claim if they accept Medicare. If they say they won't submit the claim, then we will have to pay and then submit the claim and wait for reimbursement from BCBS?

A. Yes. An Out-Of-Network Provider is not required to submit a claim to BCBS. If they will not submit a claim, you will be responsible for paying them and then submitting a paper claim on your own behalf. You will only receive reimbursement if the doctor accepts Medicare and/or Medicare Assignment. The reimbursement is based on the Medicare allowed amount minus any cost share, if it applies. The Provider must accept what Medicare allows and cannot balance bill you for the difference. If the Provider does not accept Medicare, or Medicare Assignment, you will not be reimbursed.

Q. Are you going to email the Frequently Asked Questions (FAQ's) document?

A. Yes, the PowerPoint, FAQ's and link to the webinar recording will be posted on the East End Health Plan website at www.eehp.org.

Q. Do I ever have to show my Medicare card?

A. No, you will not use your Medicare Card. Only present your Empire BCBS MediBlue Freedom Card.

Q. Can we just go back to regular Medicare?

A. All EEHP members must enroll in Medicare Part B when they become eligible and in the EEHP Medicare Advantage Plan. You can dis-enroll from the EEHP Medicare Advantage Plan at any time, going back to original Medicare but, you will no longer be a member of the EEHP. You may not be able to enroll in another supplemental plan until the open enrollment period for the following year.

Q. Will the Plan pay for a rapid COVID test done at a walk-in clinic such as CityMD or Cutchogue Urgent care?

A. Yes. Tests to diagnose or aid the diagnosis of COVID-19 are covered under the Medicare Part B portion of the Plan.



Q. Are there any dental benefits or discounts through the Empire BCBS MediBlue Freedom Plan?

A. Dental coverage is limited to Medicare Guidelines. Non-routine dental care services are covered. Covered services are limited to surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments of neoplastic cancer disease, or services that would be covered when provided by a physician. There is a discount program available through ProClear Aligners for teeth straightening. There is no coverage or discount for routine dental services under the Empire BCBS MediBlue Freedom Plan.

If you do not have any dental coverage, the EEHP does offer, on a voluntary basis, a Discount Dental Program. For additional information, please visit the EEHP website at www.eehp.org, under “**News & Notes**”.

Q. As the primary holder, when I die, how long will my spouse be covered before they have to get new coverage?

A. Coverage continues for the surviving spouse for three months after the member passes away at no cost. After that, the surviving spouse can continue coverage under the EEHP and must pay the full monthly premium. Contact Frank Perry at 631-472-3969 or at fperry@eehp.org regarding the Surviving Spouse coverage process.

Q. Often a doctor's office will ask you what your primary health insurance and your secondary insurance is. What do we tell them?

A. If you have no other health insurance plan, you will only present the Empire BCBS MediBlue Freedom card, which is considered your primary health insurance coverage. The EEHP Medicare Advantage Plan includes both the Medicare coverage and the EEHP secondary coverage. If they insist on having a copy of your Medicare card, give it to them but emphasize that your Empire MediBlue Freedom (PPO) card is your primary coverage and claims should be submitted to BCBS and **NOT** to Medicare. If you have further questions contact Frank Perry at 631-472-3969 or email fperry@eehp.org.

Q. How are you defining what a clinical episode is?

A. A clinical episode is any situation where a member needs the Empire BCBS clinical team to assist them with their medical care. Members can call customer service, (833) 848-8730, to be connected to a Case Manager to discuss the clinical support needed.

Q. Do the services apply to medical supply stores?

A. Yes. If the supply store accepts Medicare and/or Medicare Assignment, and the supplies are covered by Medicare.

Q. My wife and I have always been able to cover each other. Does that benefit still carry forth with this coverage.

A. Per Medicare Guidelines you are only able to have one Medicare Advantage Plan. So, if both of your insurance plans are Medicare Advantage Plan's, you will not be able to carry each other. Please contact Frank Perry at (631) 472-3969 if you have further questions.

Q. Are these programs accepted outside of New York, like Florida?

A. This Plan is a nationwide Plan and provides coverage across the United States. Empire BCBS has partnerships with BCBS Plans across the country and those Provider networks are considered In-Network for the East End Health Plan Medicare Advantage Plan. If you encounter any issue when using a Provider outside New York State, contact Frank Perry at 631-472-3969 or email fperry@eehp.org

Q. If the Doctor is not a participating Provider and does not accept Medicare, do we get any reimbursement?

A. If your Provider does not accept Empire BCBS and does not accept Medicare and/or Medicare Assignment, we are unable to reimburse for the services rendered.



Q. Will you re-instate the gym reimbursement membership program (not SilverSneakers® as some gyms do not participate)

A. The gym reimbursement program is not available to EEHP members at this time. All Medicare Advantage Plan members receive free membership in the [SilverSneakers®](#) program.

Q. International travel. I do get travel insurance when I go overseas. Does this plan provide coverage for travel outside the US?

A. International travel is covered when emergency or urgent care is needed while traveling outside the United States, or its territories, during a temporary absence of less than six months. Members can call customer service at (833) 848-8730 to verify the process for claim payment.

Q. Also, with medication. If I will be in another country for over 4 months, can I get enough medication while I am in another country to last me until I return home?

A. Members can request a vacation fill, up to 90 days. If medications beyond 90 days are needed, then the physician will need to call CarelonRx (formerly IngenioRx) to request an override. The CarelonRx phone number is (833) 360-3662 and can also be found on the back of your ID card.

Q. Is Quest the lab that is fully covered for blood work? Also, if I am in another state and need blood work, can I use another lab that is available in that state?

A. Most Quest Labs are In-Network. Members can check lab participation status on www.empireblue.com, click on the "Find Care" tab at the top of the page and follow the prompts. Yes, you can use another lab as long as they accept Medicare and/or Medicare Assignment.

Q. Can I fill my 90-day supply at my participating pharmacy?

A. Yes. You can obtain a 90-day supply at a retail pharmacy and pay the normal Mail Order co-pay. Specialty medications are limited to a 30-day supply.

Q. I have had problems with blood work sent to Quest Diagnostics. Since Spring 2020 I continue to receive invoices for blood tests requiring me to contact one of your representatives to contact Quest to straighten this out and tell them my plan has no copay. Blood tests run monthly, and this has been a real inconvenience. Your reps have been great though.

A. Blood tests provided by Quest Labs are a covered benefit. We continue to work with Quest Labs to educate them on how to submit a claim. If you do receive a bill from Quest Labs, e-mail a copy to Frank Perry at fperry@eehp.org.

Q. My question concerns Orthotics. One year ago, last December, I got a pair of Orthotics for my athletic shoes, my first new Orthotics in more than ten years. At that time, I was told my plan provided me one pair of Orthotics each calendar year. I called to confirm eligibility for my next pair of Orthotics for a different style of shoe, dress shoes, and was told I do not have an Orthotic benefit on my insurance.

A. Orthotic devices are covered under the Plan if they fall under the Center for Medicare Services (CMS) Guidelines for Prosthetics and Orthotics. Please provide a copy of the claim or invoice via email, with dates of service, to Frank Perry at fperry@eehp.org.

Q. What is the Empire Blue EEHP website address?

A. The website is www.empireblue.com/eehp or you can visit the East End Health Plan website at www.eehp.org.

Q. Does the plan pay for a prescribed arm sling after surgery?

A. No. This plan follows Medicare Guidelines. Arm slings are not a Medicare covered item.



Q. What is the coverage for Orthotics on our Plan?

A. Devices (other than dental) that replace all or a body part or function are a covered benefit. These include, but are not limited to, colostomy bags and supplies directly related to colostomy care, pacemakers, braces, prosthetic shoes, artificial limbs, and breast prostheses (including a surgical brassiere after a mastectomy). Orthotic shoes and inserts are only covered when connected to a brace or if needed because of Diabetes. Wigs are covered as well for patients with chemotherapy induced Alopecia.

Q. Do we have a booklet with all this information?

A. When you first enrolled in the EEHP Medicare Advantage Plan you received a pre-enrollment kit that included the details of the Plan. If you need another copy, please call customer service at (833) 848-8730 to have one mailed to you or e-mail your request to Frank Perry at fperry@eehp.org.

Q. Upon first visit, we have found that several offices are not only confused but negative when they hear Medicare Advantage. Eventually we have been able to clarify the benefits through the customer service number. So, going forward what is the best way for us to initially describe the plan?

A. Inform your Provider that your primary coverage is the Empire BCBS MediBlue Freedom Plan. Empire BCBS handles all your Medicare benefits and you can instruct Providers to call Empire if they have questions regarding the Plan benefits.

Q. My doctor after many years is no longer accepting my insurance. If I pay out of pocket for his services, will I be fully reimbursed?

A. If the Doctor still accepts Medicare and/or Medicare Assignment you will be reimbursed the Medicare allowed amount for Medicare covered services. You should not be balanced billed for the difference from a doctor who accepts Medicare and/or Medicare Assignment. If your Doctor does not accept Medicare and/or Medicare Assignment, we will not be able to reimburse you.

Q. Who do we contact with a question or complaint?

A. You can contact the customer service phone number on the back of your ID card (833) 848-8730, they can assist you with any questions or complaints you may have. As an alternative, you can contact Frank Perry at 631-472-3969 or email fperry@eehp.org.

Q. Who is responsible for getting the pre-approval/authorization for tests and other procedures, the member or Doctor? How far in advance should I make sure the pre-approval is received?

A. Your Doctor must obtain the prior authorization/approval. Authorizations could take anywhere from 3 to 14 days, depending upon if all needed medical documentation is submitted by the Provider. For emergency situations, prior authorizations are escalated. Once the Provider determines a test or procedure is necessary, the request should be started well in advance of scheduling the procedure or office visit.

Q. When I fill out the forms at the doctor's office, do I put Medicare Advantage as my primary insurance?

A. You indicate Empire BCBS MediBlue Freedom Plan.

Q. Do I still have access to Davis Vision for my vision benefits?

A. Yes, your Davis Vision benefits still apply. For further information, please visit the Davis Vision website at www.davisvision.com or call (800) 999-5431. If you prefer contact Frank Perry at 631-472-3969 or email fperry@eehp.org



Q. If my Provider is not in the BCBS network can he balance bill me over the Medicare allowed fee?

A. No. If the Provider accepts Medicare and/or Medicare Assignment and submits a claim to BCBS, they cannot charge you over what the Medicare benefit allows. If the Provider refuses to submit the claims to BCBS you will have to pay for the service and submit a paper claim to BCBS. You will be reimbursed the Medicare allowable amount.

Q. This coverage includes our Medicare. So, why do some hospitals not accept MediBlue, yet accept Medicare?

A. A Provider/Hospital does not have to be In-Network with Empire BCBS MediBlue Freedom, which means they do not have a contract with BCBS. Since this plan has both In-Network (INN) and Out-Of-Network (OON) benefits, the Provider/Hospital does have to accept Medicare and/or Medicare Assignment in order for services to be covered. As long as the Hospital accepts Medicare and/or Medicare Assignment the procedure/service is a covered benefit.

Q. In our monthly "Explanation of Benefits" statement it shows what the plan has paid for each service. Does this include what Medicare has paid?

A. Medicare does not make a payment when you are enrolled in the EEHP Medicare Advantage Plan. Empire BCBS administers your Medicare benefits on behalf of Medicare.

EEHP MEDICARE ADVANTAGE PLAN RESOURCE GUIDE	
NEED HELP WITH ...	HELP IS HERE ↓
Claim Processing Support	(833) 848-8730
Clinical Support Team	(833) 848-8730, ask for a Case Manager
Complaints	(833) 848-8730 or Email: fperry@eehp.org
Davis Vision	(800) 999-5431 or www.davisvision.com
Dental Discount Program	www.eehp.org , click on "News & Notes"
East End Health Plan Medicare Advantage Plan Booklet Request	(833) 848-8730 or Email: fperry@eehp.org
East End Health Plan Website	www.eehp.org
Empire BlueCross/BlueShield Customer Service	(833) 848-8730
Empire BlueCross/BlueShield EEHP Website	www.empireblue.com/eehp
CarelonRx	(833) 360-3662, when more than 90-day supply is needed.
International Travel Questions	(800) 810-2583
Orthotic Claims/Invoices	Email: fperry@eehp.org
Questions/Concerns	(833)848-8730 or Email: fperry@eehp.org
Quest Lab Invoices Received	Email: fperry@eehp.org or (833) 848-8730
Quest Lab Participants	www.empireblue.com
Shingles Vaccination Claim	Submit to: CarelonRx Attn: Claims Dept.-Part D Svcs. P.O. Box 52077 Pheonix, AZ 85072-2077