



TO ALL EAST END HEALTH PLAN MEMBERS ON GROUP 721274:

Now that we have completed 7 months of transition, and working with the Trustees of the plan, we are clarifying certain items as outlined, below, that apply to our Active and Retired, Non-Medicare Primary Members, and our Retired Medicare Primary Members. Please read this notice carefully and if you have any questions please call 844-230-4720.

FOR THE NON-MEDICARE PRIMARY MEMBERS (ACTIVES AND EARLY NON-MEDICARE PRIMARY RETIREES)

1. When visiting a participating (in-network) provider's office, you will be responsible for one \$20 copayment. That includes the office visit, lab work, scans, testing, in-office surgery and venipuncture done in the provider's office during that visit.
2. If you are required to have Lab work, at Quest or LabCorp, you will not have a \$20 Co-pay. If, however, you receive services at a non-participating laboratory, or at a participating radiology office, you will be responsible for a \$20 copayment. Please note that in Florida, LabCorp is NOT considered an in network provider, but Quest is. All non-Quest Labs in Florida will be considered out of network and there will be a \$20 copay.
3. If you are asked for a credit card at any Quest or LabCorp location, you may refuse to provide it. Let them know that you are an East End Health Plan member and there is NO COPAYMENT unless you receive lab services at a LabCorp location in Florida. For states, other than NY and Florida, please check with the local laboratory for participation status.
4. If you visit a non-participating (out-of-network) medical provider, you will be subject to the plan annual deductible and coinsurance, as well as any balance billing should the provider bill you above the plan allowance.

FOR RETIRED MEDICARE PRIMARY MEMBERS WHERE THE EAST END HEALTH PLAN PAYS SECONDARY BENEFITS

1. If you are enrolled in Medicare Part A and Part B, you are considered Medicare Primary and in most cases East End Health Plan is considered secondary.
2. Make sure that your Provider knows you are considered Medicare Primary. Provide them with a copy of both your Medicare card, as well as your East End Health Plan/Empire BlueCross/BlueShield card.
3. Your Provider must submit the claim to Medicare first. Once it is processed by Medicare it will automatically "crossover" to East End Health Plan/Empire BlueCross/BlueShield as your secondary insurance. There should be minimal situations where you will have to file a paper claim to the EEHP. If you have to file a paper claim, the form can be found on the East End Health Plan website (www.eehp.org) under the Forms tab.



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4. The East End Health Plan includes your copayment as part of their secondary payment, when you use an in-network provider. Therefore, as it was in the past, as a Medicare Primary member enrolled with the East End Health Plan, you do not have a copayment when using any BlueCross/BlueShield-in network provider for an office visit or any in-office procedure such as x-rays, venipuncture or in-office surgery for in-network providers. If the provider asks for a copayment, you may show them this notice. Also, they may contact 844-230-4720 if they have any questions.

You may show any provider this memo and/or direct them to 844-230-4720 if they have any questions.

If you, as a member of the East End Health Plan, have a question about your benefits or the status of a claim, please contact the BlueCross/Blue Shield help desk at 844-230-4720.

In the future, we will be sending out periodic notices regarding your East End Health Plan benefits, but in the meantime visit the East End Health Plan website at www.eehp.org for current information as well as www.empireblue.com/eehp for more information on your plan including the "Find a doctor" feature.

Regards,

A handwritten signature in black ink that reads "Dominick Pellegrino".

Account Executive

Copy to Frank Perry - East End Health Plan