



Empire BlueCross BlueShield/GHI - CBP Hospital Benefits Summary

EFFECTIVE 1/1/2010
for Non-Medicare employees and retirees

	Basic Hospital Benefits	2010 BASIC HOSPITAL IN-NETWORK You Pay	2010 BASIC HOSPITAL Out-of-Network You Pay
	Deductible	\$300 individual deductible per admission/ \$750 Max individual deductible per calendar year	\$500 individual deductible per visit/admission/ \$1,250 Max individual deductible per calendar year
	Coinsurance	20% to a maximum of \$200 per person per calendar year	20% to maximum \$2,000 per person per calendar year.
	Coinsurance Stop Loss (excluding deductible)	\$200 maximum per person per calendar year	\$2,000 per person/\$5,000 per family
	Lifetime Maximum	Unlimited	Unlimited
	Dependent Children	Covered to age 19 to end of month; full-time unmarried students to age 23 to end of calendar year	Covered to age 19 to end of month; full-time unmarried students to age 23 to end of calendar year
Inpatient⁽¹⁾	<i>(except behavioral health)</i> <ul style="list-style-type: none"> ◆ Limited to 365 days — semiprivate room and board ◆ hospital-provided services ◆ maternity care 	\$300 deductible per admission per person to a max of \$750 per person per calendar year	\$500 deductible per person per visit/admission and 20% coinsurance per person and balance billing*.
Outpatient⁽²⁾	<ul style="list-style-type: none"> ◆ surgery and ambulatory surgery ◆ blood ◆ chemotherapy 	20% of charges, up to a maximum of \$200 per person per calendar year	\$500 deductible per person per visit/admission and 20% coinsurance per person and balance billing*.
Outpatient⁽²⁾	<ul style="list-style-type: none"> ◆ pre-surgical testing (performed within 21 days of admission) ◆ one annual routine mammography screening & one annual routine cervical cancer screening 	\$0	\$500 deductible per person per visit/admission and 20% coinsurance per person and balance billing*.
Outpatient Kidney Dialysis	<ul style="list-style-type: none"> ◆ Hospital based or free-standing facility 	20% of charges, up to a maximum of \$200 per person per calendar year	In-network benefits only ³

1. Member must call NYC Healthline for approval. If there is no call, claim is subject to a penalty of \$250 per day up to a maximum of \$500 and claim is subject to retrospective review by NYCHSRO. There is no coverage for the 366th day. There has to be a gap of 90 days between admissions before 365 days will renew.
2. Outpatient benefits are limited to 30 visits per calendar year.
3. If in a non participating renal dialysis facility during calendar year 2009, benefit will be considered in-network.

*** Balance Billing- You may be responsible for the charges that exceed the out of network reimbursement by Empire BlueCross BlueShield combined with the remaining deductible and coinsurance amounts.**

	Basic Hospital Benefits	2010 BASIC HOSPITAL IN-NETWORK You Pay	2010 BASIC HOSPITAL Out-of-Network You Pay
Outpatient Therapies	<ul style="list-style-type: none"> Physical therapy - Up to 225 outpatient visits for physical therapy (Benefits are only available if pre-authorized and approved by NYC Healthline. This benefit is part of the Skilled Nursing Facility benefit. 2 1/2 outpatient visits is equal to 1 day in a Skilled Nursing Facility) Occupational therapy (including speech and cognitive) is limited to 30 visits (Benefits are only available if pre-authorized and approved by NYC Healthline. This benefit is part of the Skilled Nursing Facility benefit. 2 1/2 outpatient visits is equal to 1 day in a Skilled Nursing Facility) 	\$0	\$500 deductible per person per visit/admission and 20% coinsurance per person and balance billing*.
Outpatient Therapy	<ul style="list-style-type: none"> Hyperbaric Oxygen Therapy⁽²⁾ 	20% of charges, up to a maximum of \$200 per person per calendar year	20% of charges, up to a maximum of \$200 per person per calendar year
Emergency Room/Facility	<ul style="list-style-type: none"> accidental injury sudden & serious medical condition 	\$50 Copayment (waived if admitted within 24 hours)	\$50 Copayment (waived if admitted within 24 hours)
	Emergency Room Physicians and non-invasive cardiology, radiology and pathology services performed in the emergency room only.	\$0	\$0
Skilled Nursing Facility	<ul style="list-style-type: none"> up to 90 days per calendar year 	\$300 deductible per admission per person to a max of \$750 per person per calendar year	\$500 deductible per person per visit/admission and 20% coinsurance per person and balance billing*.
Physical Therapy	<ul style="list-style-type: none"> up to 45 inpatient days per calendar year (When authorized and approved by NYC Healthline. This benefit is part of the Skilled Nursing Facility benefit. 1 inpatient acute rehabilitation day is equal to 2 days in a Skilled Nursing Facility) 	\$0	\$500 deductible per person per visit/admission and 20% coinsurance per person and balance billing*.
Hospice	<ul style="list-style-type: none"> up to 210 days per lifetime 	\$0	\$0
Cardiac Rehabilitation	<ul style="list-style-type: none"> Up to 36 outpatient visits (Benefit is only available if pre-authorized and approved by NYC Healthline) 	\$0	\$500 deductible per person per visit/admission and 20% coinsurance per person and balance billing*.
Air Ambulance	<ul style="list-style-type: none"> When medically necessary 	\$0 (Up to a maximum of \$10,000)	\$0 (Up to a maximum of \$10,000)

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