

# Your Summary of Benefits



## EPO

### EPO Benefit Summary For Employee of the City of New York Effective July 1, 2011

Benefit	In-Network <sup>1</sup>
Lifetime Maximum	Unlimited
Dependent Children	Covered to end of month age 26
<b>Preventive Care<sup>2</sup></b>	<b>Member Pays In-Network</b>
Adult Preventive Care	\$0 copay
Annual Physical Exam	\$0 copay
Well-Child Care (Up to age 19; including covered immunizations)	\$0 copay
Well-Woman Care	\$0 copay
<b>Home/Office/Outpatient Care</b>	<b>Member Pays In-Network</b>
Home/Office Visits	\$15 copay
Emergency Room/Facility (initial visit per occurrence)	\$35 copay (Waived if admitted within 24 hours)
Surgery <sup>3</sup> , Pre-surgical Testing, Anesthesia	\$0
Chemotherapy, Radiation Therapy	\$0
Maternity Care	\$0
Laboratory Tests, X-rays	\$0
MRI <sup>5</sup> /MRA <sup>5</sup> , CAT Scan <sup>5</sup> , PET <sup>5</sup> & Nuclear Cardiology <sup>5</sup>	\$0
Allergy Testing & Treatment	\$15 copay (Waived for treatment)
Chiropractic Care <sup>6</sup>	\$15 copay
Home Healthcare (Up to 200 visits per calendar year)	\$0
Home Infusion Therapy	\$0
Hospice Care (Up to 210 days per lifetime)	\$0
Physical Therapy <sup>3</sup> (Up to 30 visits per calendar year combined in home, office or outpatient facility)	\$15 copay
Other Short-Term Rehabilitative Therapies <sup>3</sup> — Speech/Language, Occupational, Vision (Up to 30 visits per calendar year combined in home, office or outpatient facility)	\$15 copay
Cardiac Rehabilitation	\$15 copay
Second Surgical Opinion	\$15 copay
Kidney Dialysis	\$0

- (1) A network provider must deliver all care. There is no out-of-network option for this product, except for emergency care.
- (2) The following benefits, if provided in-network for preventive care, are not subject to copayment; mammography screenings, cervical cancer screenings, colorectal cancer screenings, prostate cancer screenings, hypercholesterolemia screenings, diabetes screenings for pregnant women, bone density testing, annual physical examinations and up to two annual obstetric and gynecological examinations.
- (3) You are responsible for obtaining precertification from Empire's Medical Management Program for these services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained. For ambulatory surgery, precertification is required for reconstructive surgery, outpatient transplants and ophthalmological or eye-related procedures. Precertification is also required for cosmetic surgery, an excluded benefit except when medically necessary.
- (4) Precertification is required by Empire's Behavioral Healthcare Management Program.
- (5) For services received from an Empire network provider, the provider must precertify in-network services; Empire's network providers cannot bill members for covered services. Outside Empire's network area, you must obtain precertification from Empire's Medical Management Program for services from in-network BlueCard® PPO providers (with the exception of MRI, MRA, PET, CAT and Nuclear Cardiology services, which do not require precertification for services rendered from in-network BlueCard® PPO providers outside of Empire's network area). The BlueCard® PPO provider may call for you for services that do require precertification, but you will be responsible for penalties applied if precertification is not obtained.
- (6) Empire's network provider must obtain authorization for clinical/medical necessity for in-network services; Empire network providers cannot bill members beyond the in-network copayment for covered services. Authorization is not required for services rendered from in-network BlueCard® PPO providers outside of Empire's network area.

NOTE: This is a benefits summary only and is subject to the terms, conditions, limitations and exclusions set forth in the contract. Failure to comply with our Medical Management or Behavioral Healthcare Management Program requirements could result in benefit reductions.

# Your Summary of Benefits



Benefit	In-Network <sup>1</sup>
<b>Inpatient Care<sup>3</sup></b>	
<b>Member Pays In-Network</b>	
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	\$250/\$625 per admission/maximum per calendar year per contract
Surgery, Surgical Assistant, Anesthesia	\$0
Physical Therapy, Physical Medicine or Rehabilitation (Up to 30 inpatient days per calendar year)	\$250/\$625 per admission/maximum per calendar year per contract
Skilled Nursing Facility (Up to 60 days per calendar year)	\$0
<b>Mental Health<sup>4</sup></b>	
Outpatient Visits in Office or Facility <sup>4</sup>	\$15 copay
Inpatient Care <sup>4</sup> (As many days as is medically necessary; semiprivate room and board)	\$250/\$625 per admission/maximum per calendar year per contract
<b>Alcohol/Substance Abuse<sup>4</sup></b>	
Outpatient Visits	\$15 copay
Inpatient Detoxification (As many days as is medically necessary; semiprivate room and board)	\$250/\$625 per admission/maximum per calendar year per contract
Inpatient Rehabilitation (As many days as is medically necessary )	\$250/\$625 per admission/maximum per calendar year per contract
<b>Other</b>	
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor
Durable Medical Equipment <sup>5</sup>	\$0
Prosthetics & Orthotics <sup>5</sup>	\$0
Ambulance (air ambulance)	\$0
Prescription Drugs <sup>7</sup> - <b>Available by optional rider only</b>	\$0 Deductible per person per calendar year
Retail Program – One copay required for up to a 30-day supply	\$10 copay for generic \$25 copay for brand \$50 copay for non-formulary
Mail-Order Program <sup>8</sup> – Three copays required for a 90-day supply	\$0 Deductible The Mail-Order Program has the same copayments as the Retail Program listed above.

(7) This prescription drug coverage meets the CMS standard for Creditable Coverage under the Medicare Modernization Act of 2003.

(8) To receive a 90-day supply of prescription drugs through Empire's Mail-Order Program, the prescription must be written specifically for a 90-day supply.

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