

Your Summary of Benefits



HMO

HMO Benefit Summary For Employees of the City of New York Effective as of 7/1/11

Benefit	In-Network ¹
Lifetime Maximum	Unlimited
Dependent Children (covered to end of month)	To end of month age 26;
Covered Preventive Services⁶	Member Pays In-Network
Covered Adult Preventive Care	\$0
Annual Physical Exam	\$0
Well-Child Care (to age 19; including covered immunizations)	\$0
Well-Woman Care (no PCP referral required)	\$0
Home/Office/Outpatient Care	Member Pays In-Network
Home/Office Visits (PCP or Specialist)	\$15 copay
Emergency Room/Facility (Initial visit per occurrence)	\$35 copay (Waived if admitted within 24 hours)
Ambulatory/Outpatient Surgery ³	\$0
Presurgery Testing	\$0
Anesthesia	\$0
Office Surgery	\$15 copay
Chemotherapy, Radiation Therapy	\$0
Maternity Care	\$0
Laboratory Tests	\$0
X-rays/ MRI ³ /MRA ³ , CAT ³ , PET ³ , Nuclear Cardiology ³	\$0 copay
Allergy Testing & Treatment	\$15 copay (Waived for treatment)
Chiropractic Care ⁵	\$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 ³ (Up to 30 visits per calendar year combined in home, office or outpatient facility)	\$15 copay in home or office
Speech/Language ³ , Occupational ³ , Vision Therapies ³ (Up to 30 visits per calendar year combined in home, office or outpatient facility)	\$15 copay in home or office
Cardiac Rehabilitation	\$0
Second Surgical Opinion	\$0
Kidney Dialysis	\$0

- (1) A network provider must deliver all care with a PCP referral.
- (2) A webVisit enables you to receive a covered medical consultation for a non-urgent matter from a participating provider who has agreed to provide webVisits to Empire members online. Confirm your provider's participation by contacting your provider or his/her office staff. Visit our website or call for more details.
- (3) Empire's network provider must precertify in-network services or services may be denied; Empire's network providers cannot bill members beyond in-network copayment (if applicable) for covered services. For ambulatory surgery, preapproval is required for cosmetic/reconstructive procedures, outpatient transplants and ophthalmological or eye-related procedures.
- (4) Our Behavioral Health Care Management Program must preapprove all mental health and alcohol/substance abuse services.
- (5) Empire's network provider must obtain authorization for clinical/medical necessity for in-network services, or services may be denied; Empire network providers cannot bill members beyond the in-network copayment for covered services.
- (6) The following benefits, if provided in-network for preventive care, are not subject to copayment; mammography screenings, cervical cancer screening, colorectal cancer screenings, prostate cancer screenings, hypercholesterol screenings, diabetes screenings for pregnant women, bone density testing, annual physical examinations and up to two annual obstetric and gynecological examinations. Certain preventive benefits are subject to age and/or frequency limits. Consult policy for complete details.

References continued on next page

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Benefit	In-Network ¹
Inpatient Care³	
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
Mental Health⁴	
Outpatient Visits in Office or Facility	\$15 copay
Inpatient Care (As many days as is medically necessary; semiprivate room and board)	\$250/\$625 per admission/maximum per calendar year per contract
Alcohol/Substance Abuse⁴	
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
Other	
Medical Supplies	\$0 copay when obtained through Empire's medical supplies vendor
Durable Medical Equipment ³	\$0
Prosthetics & Orthotics ³	\$0
Ambulance (air ambulance)	\$0
Prescription Drugs ⁵ - Available by optional rider only Retail Program - One copay required for up to a 30-day supply Mail-Order Program ⁸ - 3 copays required for a 90-day supply	\$0 Deductible per person per calendar year \$10 copay for generic \$25 copay for brand \$50 copay for non-formulary Includes Contraceptives (Retail & Mail-Order) After Empire Pharmacy Management has paid \$3000 in Drug expenses, all drugs have 50% coinsurance for each benefit year \$0 Deductible Mail-Order Program has the same copayments as the Retail Program listed above

(7) All prescription drug plans, except Generic Only, listed on this Benefits Summary meet 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.

NOTE: This is a benefits summary only and is subject to the terms, conditions, limitations and exclusions set forth in the certificate of coverage. Failure to comply with our Medical Management or Behavioral Health Care Management Program requirements may result in benefit reductions.