

Benefits

SUMMARY

HMO Benefit Summary For Employees of the City of New York

Benefit	In-Network ¹
Lifetime Maximum	Unlimited
Dependent Children (covered to end of calendar year)	To age 19; full-time students to age 23
Home/Office/Outpatient Care	
Home/Office Visits (PCP or Specialist)	\$15 copay
Annual Physical Exam	\$15 copay
Well-Child Care (Up to age 19; including covered immunizations)	\$0
Well-Woman Care (No PCP referral required)	\$15 copay
Emergency Room/Facility (Initial visit per occurrence)	\$35 copay (Waived if admitted within 24 hours)
Ambulatory/Outpatient Surgery ²	\$0
Presurgery Testing	\$0
Anesthesia	\$0
Chemotherapy, Radiation Therapy	\$0
Maternity Care	\$0
Mammograms	\$0
Cervical Cancer Screening	\$0
Laboratory Tests, X-rays	\$0
MRI ² /MRA ² , CAT ² , PET ² , Nuclear Cardiology ²	\$0
Allergy Testing & Treatment	\$15 copay (Waived for treatment)
Chiropractic Care ⁴	\$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 ² (Up to 30 visits per calendar year combined in home, office or outpatient facility)	\$15 copay in home or office
Speech/Language ² , Occupational ² , Vision Therapies ² (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) An Empire network provider must deliver all care with a PCP referral.
- (2) Empire's or Anthem's, CT network provider must precertify in-network services or services may be denied; Empire's or Anthem's, CT network providers cannot bill members beyond in-network copayment (if applicable) for covered services. For ambulatory surgery, preapproval is required for proposed cosmetic/reconstructive procedures, outpatient transplants and ophthalmological or eye-related procedures.
- (3) Our Behavioral Healthcare Management Program must preapprove all mental health and alcohol/substance abuse services.
- (4) 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.

References continued on next page



Benefit	In-Network ¹
Inpatient Care²	
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	\$250 individual copay/\$625 maximum per contract per calendar year
Surgery, Surgical Assistant, Anesthesia	\$0
Physical Therapy, Physical Medicine or Rehabilitation (Up to 30 inpatient days per calendar year)	\$250 individual copay/\$625 maximum per contract per calendar year
Skilled Nursing Facility (Up to 60 days per calendar year)	\$0
Mental Health³	
Outpatient Visits in Office or Facility (Up to 20 outpatient visits per calendar year)	\$15 copay
Inpatient Care (Up to 30 inpatient days per calendar year)	\$250 individual copay/\$625 maximum per contract per calendar year
Biologically-based mental illness and serious emotional disturbances in children with certain risks/behaviors will be treated the same as any other illness once the visit limits have been exhausted.	
Alcohol/Substance Abuse³	
Outpatient Visits (Up to 60 outpatient visits, which include 20 family counseling visits per calendar year)	\$0
Inpatient Detoxification (Up to 7 days detox per calendar year)	\$250 individual copay/\$625 maximum per contract per calendar year
Inpatient Rehabilitation (Up to 30 days per calendar year)	\$250 individual copay/\$625 maximum per contract per calendar year
Other	
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor
Durable Medical Equipment ²	\$0
Prosthetics & Orthotics ²	\$0
Ambulance (air ambulance) ²	\$0
Prescription Drugs - Available by optional rider only	\$0 Deductible
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
	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
Mail-Order Program ⁵ – Three copays required for a 90-day supply	

(5) 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 Healthcare Management Program requirements may result in benefit reductions.