

# Benefits Summary Direct HMO / HMO

## For Groups with 2-50 Eligible Employees



Copayment Options <sup>1</sup>	Inpatient Copayment	Primary (PCP) Copayment	Specialist Copayment	ER Copayment
Option 12	\$1,000/\$2,500 copayment*	\$30 copayment <sup>1</sup>	\$50 copayment <sup>1</sup>	\$150 copayment

\*Per admission/maximum per calendar year per contract

Benefit	In-Network <sup>2</sup>	Options
Lifetime Maximum Dependent Children (covered to the end of the month)	Unlimited To age 26	Dependents through Age 29 (Covered to the end of the month of Dependent's 30 <sup>th</sup> birthday. Dependent must live, work or reside in New York State and meet other eligibility requirements)
<b>Covered Preventive Care<sup>8</sup></b>	<b>Member Pays</b>	
Covered Adult Preventive Care Annual Physical Exam Well-Child Care (to age 19: including covered immunizations)  Preventive Well-Woman Care (no PCP referral required)	\$0 \$0 \$0  \$0	
<b>Home/Office/Outpatient Care</b>	<b>Member Pays</b>	
Home/Office Visits (PCP or specialist) WebVisit <sup>3</sup> Emergency Room/Facility (initial visit per occurrence) Ambulatory/Outpatient Surgery <sup>4</sup> Presurgery Testing Anesthesia Office Surgery Chemotherapy, Radiation Therapy <sup>9</sup> Routine Maternity Care Laboratory Tests X-rays/MRI <sup>4</sup> /MRA <sup>4</sup> , CAT <sup>4</sup> , PET <sup>4</sup> , Nuclear Cardiology <sup>4</sup> Allergy Testing and Treatment Chiropractic Care <sup>6</sup> Home Healthcare (up to 200 visits per calendar year) Home Infusion Therapy Hospice Care (up to 210 days per lifetime) Physical Therapy <sup>1,4</sup> (up to 30 visits per calendar year combined in home, office or outpatient facility) Speech/Language, Occupational, Vision Therapies <sup>1,4</sup> (up to 30 visits per calendar year combined in home, office or outpatient facility) Cardiac Rehabilitation Second Surgical Opinion Kidney Dialysis <sup>9</sup>	\$30/\$50 \$5 copayment per online consultation \$150 (waived if admitted within 24 hours) \$150 \$0 \$0 \$30/\$50 \$30 \$0 \$0 \$30 \$30/\$50 (waived for treatment) \$30 \$0 \$0 \$0 \$30 in home or office \$30 in home or office \$0 \$0 \$30	
<b>Inpatient Care<sup>4</sup></b>	<b>Member Pays</b>	
Inpatient Hospital (as many days as is medically necessary; semi-private room and board) Surgery, Covered Surgical Assistant, Anesthesia Physical Therapy, Physical Medicine or Rehabilitation (up to 30 inpatient days per calendar year) Skilled Nursing Facility (up to 60 days per calendar year)	\$1,000/\$2,500 \$0 \$1,000/\$2,500 \$0	

1

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Benefit	In-Network <sup>2</sup>	
<b>Mental Health<sup>5</sup></b>	<b>Member Pays</b>	<b>Options</b>
Outpatient Visits in Office or Facility (up to 20 outpatient visits per calendar year)	\$50	
Inpatient Care (up to 30 inpatient days per calendar year)	\$1,000/\$2,500	
<b>Alcohol/Substance Abuse<sup>5</sup></b>	<b>Member Pays</b>	<b>Options</b>
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)	\$1,000/\$2,500	
Inpatient Rehabilitation (up to 30 days per calendar year)	Rider available subject to copayment	
<b>Other</b>	<b>Member Pays</b>	<b>Options</b>
Medical Supplies <sup>10</sup>	\$30	
Durable Medical Equipment <sup>4,10</sup>	20% Coinsurance	
Prosthetics and Orthotics <sup>4</sup>	20% Coinsurance	
Ambulance (air ambulance)	\$50	
Prescription Drugs <sup>7</sup>	Rider available	<b>Retail:</b> (Option 1 Tier 1/Tier 2/Tier 3)  Option (1) \$10/\$35/\$70 – with Preferred Generic <sup>11</sup> . Deductible options: \$50, \$100  Option (2) Generic only; \$15 copayment, no deductible – 50% coverage for mandated brands (Tier 1 Only)  <b>Mail Service:</b> Option 1: Drug deductible, if any, is waived for mail-order. Options 1-2: Prescriptions filled through mail-order require only 2 copayments for a 3-month supply.
Vision Care		Contact Empire to learn more about the options available.

<sup>1</sup> The following practitioners receive the lower (primary) copay for services provided in an office: patient's PCP, obstetricians, gynecologists, certified nurse midwives, chiropractors and physical therapists. The higher (specialist) copay will apply for all other specialists when a copay is required.

<sup>2</sup> HMO only: A network provider must deliver all care with a PCP referral. Direct HMO only: PCP functions as member's personal physician but does not act as gatekeeper. Member must use PCP for primary care services, such as annual physical examinations and well-child care, and may access a network specialist with or without PCP referral.

<sup>3</sup> 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.

<sup>4</sup> Empire's network provider must precertify in-network services or services may be denied: Empire network providers cannot bill you 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.

<sup>5</sup> Our Behavioral Health Care Management Program must preapprove all mental health and alcohol/substance abuse services.

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- <sup>6</sup> 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.
- <sup>7</sup> Prescription Option 1 listed on this Benefits Summary meets the Centers for Medicare and Medicaid Services (CMS) standard for Creditable Coverage under the Medicare Modernization Act of 2003.
- <sup>8</sup> 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.
- <sup>9</sup> Subject to an office visit copayment for first 52 visits then covered at 100% when covered under medical benefit. Chemotherapy and radiation therapy are combined visits.
- <sup>10</sup> Diabetic durable medical equipment, medical supplies, education, insulin and oral agents are subject to an office visit copayment for first 52 items (combined), then covered at 100% when covered under medical benefit.
- <sup>11</sup> You may request, or your physician may order, the brand name drug. However, if a generic drug is available, you will be responsible for the difference in price between Empire's cost of the generic drug and Empire's cost of the brand name drug, in addition to the applicable tiered Copayment amount of the generic drug, as listed on the attached Schedule of Benefits.

*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.*

*This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.*

*Included are preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.*