

# Your Summary of Benefits

## EPO

### Research Foundation of the City University New York

Benefit	In-Network <sup>1</sup>
Lifetime Maximum	Unlimited
Out-of-Pocket Maximum	\$5,080 / \$12,700 (All In-Network Medical & RX Cost Shares)
Dependent Children (covered through the end of the next month of the dependent's birthday)	Dependents to Age 26
<b>Covered Preventive Care<sup>2</sup></b>	<b>Member Pays In-Network</b>
Covered Adult Preventive Care	\$0 copayment
Annual Physical Exam	\$0 copayment
Well-Child Care (Up to age 19; including necessary covered immunizations)	\$0 copayment
Preventive Well-Woman Care	\$0 copayment
<b>Home/Office/Outpatient Care</b>	<b>Member Pays In-Network</b>
Home/Office Visits / Online Visits	\$20/\$25 copayment
Urgent Care Center	\$25 copayment
Emergency Room/Facility (initial visit per occurrence)	\$75 copayment (Waived if admitted within 24 hours)
Surgery <sup>3</sup> , Pre-surgical Testing, Anesthesia	\$0
Chemotherapy, Radiation Therapy	\$0
Routine 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 Care Routine Testing and Treatment (Allergy Injections/Immunotherapy)	\$20/\$25 copayment (Waived for treatments)
Chiropractic Care <sup>6</sup>	\$20 copayment
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)	\$20 copayment
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)	\$20/\$25 copayment
Cardiac Rehabilitation	\$20/\$25 copayment
Second Surgical Opinion	\$20/\$25 copayment
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) Preventive Care benefits not subject to copayment, deductible and coinsurance; when provided In-Network include; 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 annual obstetric and gynecological examinations. May also include other services as required under State and Federal Law. May be subject to age and frequency limits.
- (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) You are responsible for obtaining precertification from the Behavioral Healthcare Manager for these services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained.
- (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.

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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)	\$300/\$750 copayment 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)	\$300/\$750 copayment per admission/maximum per calendar year per contract
Skilled Nursing Facility (Up to 60 days per calendar year)	\$0
<b>Mental Health</b>	
Outpatient Visits in Office	\$20 copayment
Outpatient Visits in Facility	\$0
Inpatient Care <sup>4</sup> (As many days as is medically necessary; semiprivate room and board)	\$300/\$750 copayment per admission/maximum per calendar year per contract
<b>Alcohol/Substance Abuse</b>	
Outpatient Visits in Office	\$20 copayment
Outpatient Visits in Facility	\$0
Inpatient Detoxification <sup>4</sup> (As many days as is medically necessary; semiprivate room and board)	\$300/\$750 copayment per admission/maximum per calendar year per contract
Inpatient Rehabilitation <sup>4</sup>	\$300/\$750 copayment 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>	
Retail Program – One copayment required for up to a 30-day supply	\$0 Deductible per person per calendar year Tier 1/Tier 2/Tier 3 \$5/\$25/\$50 copay Includes Contraceptives (Retail & Mail-Order)
Mail-Order Program <sup>8</sup> – Only two copayments required for a 90-day supply	\$0 Deductible The Mail-Order Program has the same copayments as the Retail Program listed above.
Blue View Vision- 1-866-723-0515 (Benefit period for services every 24 months)	\$5 copay for exam \$0 copay for eyeglass lenses \$130 allowance plus retail price discount on frames and contacts

(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.

**IMPORTANT NOTE:** This is a benefits summary only and is subject to the terms, conditions, limitations and exclusions set forth in your Certificate of Coverage, Schedule of Benefits, and any additional Riders or Contracts your group has purchased. Be sure to consult your benefit Contract or Certificate for full details about your coverage. To the extent that there is a conflict between this Summary and your benefit Contract or Certificate, the terms of the Contract or Certificate will control. Failure to comply with Empire's Medical Management or Behavioral Healthcare Management Program requirements could 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.