Your Summary of Benefits

Empire BlueCross BlueShield
An Anthem Company

POS

Research Foundation of the City University New York

Benefit	In-Network [3]	Out-of-Network [4]
Deductible	N/A	$500/$1,250
Coinsurance	N/A	30%
Out-of-Pocket Maximum	$5,080 / $12,700 (All In-Network Medical & RX Cost Shares)	$5,000/$12,500 Coinsurance Stop Loss ($1,500/$3,750 out-of-pocket) coinsurance max
Lifetime Maximum	Unlimited	Unlimited
Dependent Children (covered through the end of the next month of the dependent's birthday)	Dependents to Age 26	Dependents to Age 26
Covered Preventive Care [1]	**Member Pays**	**Member Pays**
Covered Adult Preventive Care	$0	Deductible and coinsurance
Annual Physical Exam	$0	Deductible and coinsurance
Well-Child Care (Up to age 19; including covered immunizations)	$0	Deductible and coinsurance
Preventive Well-Woman Care	$0	Deductible and coinsurance
Home/Office/Outpatient Care	**Member Pays**	**Member Pays**
Home/Office/Outpatient Visits Copayment[2]	$20/$25 copayment	Deductible and coinsurance
Urgent Care Center	$25 copayment	$25 copayment
Emergency Room/Facility (initial visit per occurrence)	$75 copayment (Waived if admitted within 24 hours)	$75 copayment (Waived if admitted within 24 hours)
Ambulatory/Outpatient Surgery[5,6]	$0	Deductible and coinsurance
Presurgical Testing, Anesthesia	$0	Deductible and coinsurance
Chemotherapy, Radiation Therapy	$0	Deductible and coinsurance
Routine Maternity Care	$0	Deductible and coinsurance
Laboratory Tests, X-rays, MRI[5]/MRA[5], CAT Scan[7], PET[7] and Nuclear Cardiology[7]	$0	Deductible and coinsurance
Allergy Care, Routine Testing and Treatment (Allergy Injections/Immunotherapy)	$20/$25 copayment(Waived for treatment)	Deductible and coinsurance
Chiropractic Care[8]	$20 copayment	Deductible and coinsurance
Home Healthcare (Up to 200 visits per calendar year)	$0	Coinsurance (no deductible)
Home Infusion Therapy	$0	Deductible and coinsurance
Hospice Care (Up to 210 days per lifetime)	$0	Deductible and coinsurance
Physical Therapy[2,5] (Up to 30 visits per calendar year combined in home, office or outpatient facility)	$20 copayment	Deductible and coinsurance
Speech/Language[2,5], Occupational[2,5], Vision Therapies[2] (Up to 30 visits per calendar year combined in home, office or outpatient facility)	$20/$25 copayment	Deductible and coinsurance
Outpatient Cardiac Rehabilitation[2]	$20/$25 copayment	Deductible and coinsurance
Second Surgical Opinion	$20/$25 copayment	Deductible and coinsurance
Kidney Dialysis	$0	Deductible and coinsurance

(1) 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.

(2) The following practitioners receive the lower (primary) copayment for services provided in an office: patient's PCP, obstetricians, gynecologists, certified nurse midwives, chiropractors and physical therapists. The higher (specialist) copayment will apply for all other specialists when a copayment is required, and for services received in an outpatient facility for physical and other speech, language, occupational and vision therapies.

(3) In-network provider delivers care. In-network providers are in Empire's POS network, and in our affiliate POS network in Connecticut, Anthem Blue Cross and Blue Shield.

(4) Out-of-network providers are providers who are not in Empire's POS network or our affiliate network in Connecticut, Anthem Blue Cross and Blue Shield. Out-of-network services rendered by providers who do not participate with Empire or with another Blue Cross Blue Shield plan through the BlueCard Program are subject to balance billing over the allowed amount. (This does not apply to emergency benefits.)

(5) Empire's or Anthem's, CT network provider must precertify INN services or services may be denied; Empire or Anthem, CT network providers cannot bill members beyond INN copayment (if applicable) for covered services. You are responsible for obtaining precertification for out-of-network services. Your provider may call for you, but you will be responsible for penalties applied to out-of-network claims if precertification is not obtained.

(6) For ambulatory surgery, please call the toll-free number on your member ID card to determine exactly which outpatient services require pre-certification.

(7) Empire's or Anthem's, CT network provider must precertify INN services or services may be denied; Empire or Anthem, CT network providers cannot bill members for covered services. Precertification is not necessary for out-of-network services.

(8) 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. Authorization is not required for out-of-network services.

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Benefit	In-Network[3]	Out-of-Network [4]
Inpatient Care[5]		
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	$250/$625 copayment per admission/maximum per calendar year per contract	Deductible and coinsurance
Surgery, Surgical Assistant, Anesthesia	$0	Deductible and coinsurance
Physical Therapy, Physical Medicine, or Rehabilitation (Up to 30 inpatient days per calendar year)	$250/$625 copayment per admission/maximum per calendar year per contract	Deductible and coinsurance
Skilled Nursing Facility (Up to 30 days per calendar year)	$250/$625 copayment per admission/maximum per calendar year per contract	Deductible and coinsurance
Mental Health		
Outpatient Visits in Office	$20 copayment	Deductible and coinsurance
Outpatient Visits in Facility	$0	Deductible and coinsurance
Inpatient Care[9] (As many days as is medically necessary; semiprivate room and board)	$250/$625 copayment per admission/maximum per calendar year per contract	Deductible and coinsurance
Alcohol/Substance Abuse		
Outpatient Visits in Office	$20 copayment	Deductible and coinsurance
Outpatient Visits in Facility	$0	Deductible and coinsurance
Inpatient Detoxification[9] (As many days as is medically necessary; semiprivate room and board)	$250/$625 copayment per admission/maximum per calendar year per contract	Deductible and coinsurance
Inpatient Rehabilitation[9]	$250/$625 copayment per admission/maximum per calendar year per contract	Deductible and coinsurance
Other		
Medical Supplies	$0 when obtained through Empire's medical supplies vendor	Deductible and coinsurance
Durable Medical Equipment[5]	$0	Deductible and coinsurance
Prosthetics & Orthotics[5]	$0	Deductible and coinsurance
Ambulance (Air ambulance)	$0	Deductible and coinsurance
Prescription Drugs[10]		Covered in-network only
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 copayment Includes Contraceptives (Retail & Mail-Order)	
Mail-Order Program[11] – Only two copayments required for a 90-day supply	$0 Deductible	
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	Not applicable

(9) Precertification must be obtained from the Behavioral Healthcare Manager, or penalties apply.
(10) This prescription drug coverage meets the CMS standard for Creditable Coverage under the Medicare Modernization Act of 2003.
(11) To receive a 90-day supply 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.