

# Your Summary of Benefits



## PPO

### Grants Plus

Benefit	In-Network <sup>1</sup>	Out-of-Network <sup>2,3</sup>
Deductible	N/A	\$750/\$1,1875
Coinsurance	N/A	30%
Coinsurance Stop Loss	N/A	\$10,000/\$25,000 / (\$3,000/\$7,500 out-of-pocket)
Lifetime Maximum	Unlimited	Unlimited
Dependent Children	Dependents to age 26	Dependents to age 26
Covered Preventive Care	Member Pays In-Network	Member Pays Out-of-Network
Covered Adult Preventive Care	\$25/\$35	Deductible and Coinsurance
Annual Physical Exam	\$25/\$35	Covered in-network only
Well-Child Care (Up to age 19; including necessary covered immunizations)	\$0	Deductible and Coinsurance
Preventive Well-Woman Care	\$25/\$35	Deductible and Coinsurance
Home/Office/Outpatient Care	Member Pays In-Network	Member Pays Out-of-Network
Home/Office Visits <sup>1</sup>	\$25/\$35 copay	Deductible and Coinsurance
Emergency Room/Facility (initial visit per occurrence)	\$50 copayment (Waived if admitted within 24 hours)	\$50 copayment (Waived if admitted within 24 hours)
Surgery <sup>4</sup> , 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	\$0	Deductible and Coinsurance
MRI/MRA <sup>5</sup> , CAT Scan <sup>6</sup> , PET <sup>6</sup> & Nuclear Cardiology <sup>6</sup>	\$0	Deductible and Coinsurance
Allergy Testing & Treatment	\$25/\$35 copay (Waived for treatment)	Deductible and Coinsurance
Chiropractic Care <sup>8</sup>	\$25/\$35 copay	Deductible and Coinsurance
Home Healthcare (Up to 200 visits per calendar year)	\$0	Coinsurance (no deductible)
Home Infusion Therapy	\$0	Covered in-network only
Hospice Care (Up to 210 days per lifetime)	\$0	Covered in-network only
Physical Therapy <sup>4</sup> (Up to 30 visits per calendar year combined in home, office or outpatient facility)	\$25/\$35 copay	Covered in-network only
Other Short-Term Rehabilitative Therapies — Speech/Language <sup>4</sup> , Occupational <sup>4</sup> , Vision (Up to 30 visits per calendar year combined in home, office or outpatient facility)	\$25/\$35 copay	Covered in-network only

- (1) 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, and for services received in an outpatient facility for physical and other speech, language, occupational and vision therapies.
- (2) Out-of-network services (except Mental Health and Alcohol/Substance Abuse) are those from a provider that does not participate in Empire's PPO network, or with another Blue Cross and Blue Shield Plan through the BlueCard® PPO Program. (This does not apply to emergency benefits.) See (7) for Mental Health and Alcohol/Substance Abuse Services.
- (3) Out-of-network (O-O-N) providers – those who do not participate in Empire's PPO network, or with another Blue Cross and Blue Shield Plan through the BlueCard® PPO Program. Out-of-network providers who do not participate with Empire or with another Blue Cross and Blue Shield Plan, may balance bill over Empire's allowed amount.
- (4) You are responsible for obtaining precertification from Empire's Medical Management Program for these services provided in-area and out-of-area, in-network and out-of-network. 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.
- (5) For services received from an Empire PPO provider, the provider must precertify in-network services; Empire PPO providers cannot bill members beyond the copayment 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. You are responsible for obtaining precertification from Empire's Medical Management Program for in-area and out-of-area out-of-network services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained.
- (6) Empire's network provider must precertify in-network services; Empire network providers cannot bill members beyond the co-payment for covered services. Precertification is not required for out-of-network services, nor for out-of-area in-network BlueCard® PPO provider services.
- (7) 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.
- (8) 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 deductible and coinsurance for covered services. Authorization is not required for out-of-network services or for services rendered from in-network BlueCard® PPO providers outside of Empire's network area.

# Your Summary of Benefits



## PPO

Benefit	In-Network <sup>1</sup>	Out-of-Network <sup>2,3</sup>
Cardiac Rehabilitation	\$25/\$35 copay	Deductible and Coinsurance
Second Surgical Opinion	\$25/\$35 copay (no copayment applies if arranged through the Medical Management Program)	Deductible and Coinsurance
Kidney Dialysis	\$0	Deductible and Coinsurance
<b>Inpatient Care<sup>4</sup></b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	\$250/\$625 per admission/maximum per calendar year per contract	Deductible and Coinsurance
Surgery, Covered Surgical Assistant, Anesthesia	\$0	Deductible and Coinsurance
Physical Therapy, Physical Medicine, or Rehabilitation (Up to 90 inpatient days per calendar year)	\$250/\$625 per admission/maximum per calendar year per contract	Deductible and Coinsurance
Skilled Nursing Facility (Up to 60 days per calendar year)	\$0	Covered in-network only
<b>Mental Health<sup>7</sup></b>	<b>Member Pays In-Network</b>	
Outpatient Visits in Office	\$25 copay	Deductible and Coinsurance
Outpatient Visits in Facility	\$0	Deductible and Coinsurance
Inpatient Care <sup>6</sup> (As many days as medically necessary; semiprivate room and board)	\$250/\$625 per admission/maximum per calendar year per contract	Deductible and Coinsurance
<b>Alcohol/Substance Abuse<sup>7</sup></b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
Outpatient Visits in Office	\$25 copay	Deductible and Coinsurance
Outpatient Visits in Facility	\$0	Deductible and Coinsurance
Inpatient Detoxification (As many days as medically necessary; semiprivate room and board)	\$250/\$625 per admission/maximum per calendar year per contract	Deductible and Coinsurance
Inpatient Rehabilitation	\$250/\$625 per admission/maximum per calendar year per contract	Deductible and Coinsurance
<b>Other</b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	In-network benefits apply
Durable Medical Equipment <sup>5</sup>	\$0	Covered in-network only
Prosthetics & Orthotics <sup>5</sup>	\$0	Covered in-network only
Ambulance (air ambulance)	\$0	In-network benefits apply
Prescription Drugs <sup>9</sup>		Covered in-network only
Retail Program – One copay required for up to a 30-day supply	\$0 Deductible per person per calendar year Tier 1/Tier 2/Tier 3 \$5/\$25/\$35 copay Includes Contraceptives (Retail & Mail-Order)	
Mail-Order Program <sup>10</sup> – Only two copays required for a 90-day supply	\$0 Deductible The Mail-Order Program has the same copayments as the Retail Program listed above.	
Routine Vision Care (Through a special network of providers at 1-800-999-5431)	\$5 copay for 1 exam every 24 months \$10 copay for frames/contacts \$0 additional copay on designer frames \$35 allowance for nonplan eyewear purchases	Covered in-network only

(9) This prescription drug coverage meets the CMS standard for Creditable Coverage under the Medicare Modernization Act of 2003.

(10) 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 contract. 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.

Empire believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that this plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections of the Affordable Care Act apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to Empire at the telephone number printed on the back of your member identification card, or contact your group benefits administrator if you do not have an identification card. For ERISA plans, you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This Web site has a table summarizing which protections do and do not apply to grandfathered health plans. For nonfederal governmental plans, you may also contact the U.S. Department of Health and Human Services at [www.healthreform.gov](http://www.healthreform.gov).

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