

## EMPIRE EPO



Empire's EPO, an Exclusive Provider Organization, provides all active and non-Medicare retirees access to the Blue Cross and Blue Shield Association™ BlueCard® PPO Network. This network is very large with more than 784,000 provider locations and more than 5,800 hospitals nationwide. That's more than 94 percent of hospitals and 84 percent of physicians in the nation. Plus, you do not need to choose a primary care physician and there are NO REFERRALS NECESSARY to see a specialist for covered services and no claim forms to complete.

At a Glance	
<b>Plan Type:</b>	EPO
<b>Geographic Service Area</b>	National
<b>Does this plan use a network of providers?</b>	Yes. Visit the Web or call for a list of participating providers.
<b>Do I need a referral to see a specialist?</b>	No
<b>Contact Information</b>	<p>Empire BlueCross BlueShield                      City of New York - Dedicated Service Center                      P.O. Box 1407                      Church Street Station                      New York, NY 10008</p> <p>1-800-767-8672 (Representatives are available Monday through Friday, 8:00 a.m. to 6:00 p.m.)</p>
<b>Web Site</b>	<a href="http://www.empireblue.com/nyc">www.empireblue.com/nyc</a>

Plan Features	Cost
<b>What is the overall deductible for this plan?</b>	<b>\$250/\$625</b> per hospital admission/ maximum per calendar year per contract
<b>What are the costs when you visit a health care provider's office or clinic?</b>	<ul style="list-style-type: none"> <li>• Primary care visit to treat an injury or illness: \$15 co-pay</li> <li>• Specialist visit: \$15 co-pay</li> </ul> <p>Other practitioner office visit Chiropractor: \$15 co-pay                      Empire's network provider must obtain authorization for clinical/medical necessity for in-network services. Empire's network providers cannot bill members for covered services.</p> <ul style="list-style-type: none"> <li>• Preventive care/screening/immunization: No charge</li> <li>• Urgent Care Center: \$15 co-pay</li> </ul>
<b>What are the costs if you have a test?</b>	<p>Diagnostic test (x-ray, blood work): No charge                      Imaging (CT/PET scans, MRIs): No charge</p>
<b>What are the costs if you have outpatient surgery?</b>	<p>Facility fee (e.g., ambulatory surgery center): No charge                      You are responsible for obtaining precertification from Empire's Medical Management Program for these services provided in-network.                      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.                      Physician/surgeon fees: No charge</p>
<b>What are the costs if you need immediate medical attention?</b>	<p>Emergency room services: \$35 co-pay/visit                      \$35 co-pay to non-participating provider (waived if admitted)                      Emergency medical transportation: No charge                      Not covered for non-participating provider</p>
<b>What are the costs if you have a hospital stay?</b>	<p>Facility fee (e.g., hospital room): \$250/\$625 per admission/maximum per calendar year per contract                      Precertification from Empire's Medical Management Program is required. You will be responsible for penalties applied if no precertification is obtained.                      Physician/surgeon fee: No charge</p>
<b>What are the costs if you are pregnant?</b>	<p>Prenatal and postnatal care: No charge                      Not covered for non-participating provider                      Facility fee (e.g., hospital room): \$250/\$625 per admission/maximum per calendar year per contract</p>

You must obtain precertification from Empire’s Medical Management Program for these services. You will be responsible for penalties applied if no precertification is obtained.

#### WHAT ARE THE COSTS IF YOU HAVE MENTAL HEALTH, BEHAVIORAL HEALTH, OR SUBSTANCE ABUSE NEEDS?

Service	Cost
<b>Mental/Behavioral health Outpatient services</b>	<ul style="list-style-type: none"> <li>• \$15 co-pay</li> <li>• Precertification is required by Empire’s Behavioral Healthcare Management Program.</li> </ul>
<b>Mental/Behavioral health Inpatient services</b>	<ul style="list-style-type: none"> <li>• Facility fee (e.g., hospital room): \$250 / \$625 per admission/maximum per calendar year per contract</li> <li>• Precertification is required by Empire’s Behavioral Healthcare Management Program.</li> </ul>
<b>Substance abuse Outpatient services</b>	<ul style="list-style-type: none"> <li>• \$15 co-pay</li> <li>• Not covered for non-participating provider</li> <li>• Precertification is required by Empire’s Behavioral Healthcare Management Program.</li> </ul>
<b>Substance abuse Inpatient services</b>	<ul style="list-style-type: none"> <li>• Facility fee (e.g., hospital room): \$250/\$625 per admission/maximum per calendar year per contract</li> <li>• Not covered for non-participating provider</li> <li>• Precertification is required by Empire’s Behavioral Healthcare Management Program.</li> </ul>

#### WHAT ARE THE COSTS IF YOU NEED HELP RECOVERING OR HAVE OTHER SPECIAL HEALTH NEEDS?

Service	Cost
<b>Home health care</b>	<ul style="list-style-type: none"> <li>• No charge</li> <li>• Not covered for non-participating provider</li> <li>• Coverage limited to 200 visits/year</li> </ul>
<b>Rehabilitation service</b>	<ul style="list-style-type: none"> <li>• \$15 co-pay</li> <li>• Not covered for non-participating provider</li> <li>• Coverage is limited to 30 visits annual max.</li> <li>• Pre-certified in network providers cannot bill members beyond in-network co-payment for covered services.</li> </ul>
<b>Habilitation service</b>	<ul style="list-style-type: none"> <li>• \$15 co-pay</li> <li>• Not covered for non-participating provider</li> </ul>
<b>Skilled nursing care</b>	<ul style="list-style-type: none"> <li>• No charge</li> <li>• Not covered for non-participating provider</li> <li>• Coverage is up to 60 days per calendar year.</li> <li>• You will be responsible for penalties applied if no precertification is obtained.</li> </ul>
<b>Durable medical equipment (DME)</b>	<ul style="list-style-type: none"> <li>• No charge</li> <li>• Not covered</li> <li>• For services rendered from an Empire network provider, the provider must pre-certify in-network services.</li> </ul>
<b>Hospice service</b>	<ul style="list-style-type: none"> <li>• No charge - Coverage limited to 210 days</li> </ul>

#### OPTIONAL RIDER

##### What is the cost if you need drugs to treat your illness or condition?

	Retail	Mail Order
<b>Generic drugs*</b>	\$10 copay/prescription One copay for each 30 day supply	Covers up to a 30-day supply (retail prescription); 90 day supply (mail order prescription). After Empire Pharmacy Management has paid \$3,000 in drugs expenses, all drugs have 50% coinsurance for each benefit year.
<b>Preferred brand drugs</b>	\$25 copay/prescription One copay for each 30 day supply	Covers up to a 30-day supply (retail prescription); 90 day supply (mail order prescription). ). After Empire Pharmacy Management has paid \$3,000 in drugs expenses, all drugs have 50% coinsurance for each benefit year.
<b>Non-preferred brand drugs</b>	\$50 copay/prescription One copay for each 30 day supply	Covers up to a 30-day supply (retail prescription); 90 day supply (mail order prescription). ). After Empire Pharmacy Management has paid \$3,000 in drugs expenses, all drugs have 50% coinsurance for each benefit year.

**Specialty drugs**Not Covered by Empire Blue Cross  
& Blue Shield

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Please refer to the Summary of Benefits and Coverage (SBC) for additional information and to see what this plan covers and any cost-sharing responsibilities.