

EMPIRE BLUE ACCESS GATED EPO



Non-Medicare
Blue Access Gated EPO

This program features a full range of in-network benefits with low out-of-pocket costs, no claim forms, and access to quality health care for you and your family. With Empire's Blue Access Gated EPO, every family member can choose his or her own Primary Care Physician (PCP).

| At a Glance | |
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| Plan Type: | Empire Blue Access Gated EPO |
| Geographic Service Area | Empire's service area includes the 28 county NY service area, the 7 bordering New Jersey counties of Hudson, Union, Sussex, Passaic, Monmouth, Middlesex and Bergen and the 2 bordering Connecticut counties of Fairfield and Litchfield. |
| Does this plan use a network of providers? | Yes. Visit the website or call for a list of in-network participating providers. |
| Do I need a referral to see a specialist? | Yes, written approval is required by your primary care physician before you can see a specialist. |
| Contact Information | <p>Empire BlueCross Blue Shield City of New York - Dedicated Service Center P.O. Box 1407 Church Street Station New York, NY 10008</p> <p>1-833-924-1055 (Representatives will be available Monday through Friday, 8:30 a.m. to 5:00 p.m.)</p> |
| Web Site | www.empireblue.com/nyc |

| Plan Features | Cost |
|---|--|
| What is the Medical Out-of-Pocket Maximum? | <ul style="list-style-type: none"> \$3,000 person/\$7,500 family (all in network medical ONLY no RX) per calendar year |
| What are the costs when you visit a health care provider's office or clinic? | <ul style="list-style-type: none"> Primary care visit to treat an injury or illness: \$15 co-pay Specialist visit: \$15 co-pay Other practitioner office visit: \$15 co-pay for chiropractor and no charge for acupuncture Preventive care/screening/immunization: No charge |
| What are the costs if you have a test? | <p>Diagnostic test (x-ray, blood work): No charge</p> <p>Imaging (CT/PET scans, MRIs): No charge</p> <p>Pre certify in-network services</p> |
| What are the costs if you have outpatient surgery? | <p>Facility fee (e.g., ambulatory surgery center): No charge</p> <p>Not covered for non-participating provider</p> <p>Prior approval is required for cosmetic/reconstructive procedures, outpatient transplants and ophthalmological or eye-related procedures.</p> <p>Physician/surgeon fees: No charge</p> <p>Not covered for non-participating provider</p> |
| What are the costs if you need immediate medical attention? | <p>Emergency room services: \$35 co-pay/visit</p> <p>\$35 co-pay to non-participating provider</p> <p>Co-pay waived if admitted within 24 hours</p> <p>Emergency medical transportation: No charge</p> <p>No charge to non-participating provider</p> |
| What are the costs if you have a hospital stay? | <p>Facility fee (e.g., hospital room): \$300 copay per admission</p> <p>Not covered non-participating provider</p> <p>Prior approval required</p> <p>Physician/surgeon fee: No charge</p> <p>Not covered for non-participating provider</p> <p>Urgent care: \$15 co-pay</p> <p>Not covered for non-participating provider</p> |

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| What are the costs if you are pregnant? | <p>Prenatal and postnatal care: No charge Not covered for non-participating provider</p> <p>Delivery and all inpatient services: \$300 copay per admission Not covered for non-participating provider</p> <p>Limited to 48 hours for natural delivery and 96 hours for caesarean delivery. Empire's network provider must pre-certify in-network services or services may be denied. Empire's network providers cannot bill members beyond in-network copayment (if applicable) for covered services.</p> |
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WHAT ARE THE COSTS IF YOU HAVE MENTAL HEALTH, BEHAVIORAL HEALTH, OR SUBSTANCE ABUSE NEEDS?

| Service | Cost |
|---|--|
| Mental/Behavioral health Outpatient services | <ul style="list-style-type: none"> • \$15 co-pay • Prior approval required |
| Mental/Behavioral health Inpatient services | <ul style="list-style-type: none"> • \$300 copay per admission • Prior approval required • Not covered for non-participating provider |
| Substance abuse Outpatient services | <ul style="list-style-type: none"> • \$15 co-pay • Prior approval required • Not covered for non-participating provider |
| Substance abuse Inpatient services | <ul style="list-style-type: none"> • \$300 copay per admission • Prior approval required • Not covered for non-participating provider |

What are the costs if you need help recovering or have other special health needs?

| Service | Cost |
|--|---|
| Home health care | <ul style="list-style-type: none"> • No charge • Coverage limited to 200 visits/year • Not covered for non-participating provider |
| Skilled nursing care | <ul style="list-style-type: none"> • No charge • (limited to 60 visits/year) • Prior approval required • Not covered for non-participating provider |
| Durable medical equipment (DME) | <ul style="list-style-type: none"> • 50% coinsurance - Prior approval required • Not covered for non-participating provider |
| Hospice service | <ul style="list-style-type: none"> • No charge - Unlimited days per lifetime • Not covered for non-participating provider |

OPTIONAL RIDER

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

| | Retail | Mail Order |
|----------------------------------|---------------------------|---|
| Generic drugs* | \$10 co-pay/30 day supply | After Empire Pharmacy management has paid \$3,000 in drug expenses, all drugs have 50% coinsurance for each benefit year. |
| Preferred brand drugs | \$25 co-pay/30 day supply | After Empire Pharmacy management has paid \$3,000 in drug expenses, all drugs have 50% coinsurance for each benefit year. |
| Non-preferred brand drugs | \$50 co-pay/30 day supply | After Empire Pharmacy management has paid \$3,000 in drug expenses, all drugs have 50% coinsurance for each benefit year. |
| Specialty drugs | Not covered | Not covered |

*Must be dispensed by a Participating Pharmacy.

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.