

GHI-COMPREHENSIVE BENEFITS PLAN/EMPIRE BLUECROSS BLUESHIELD HOSPITAL PLAN (GHI-CBP)



GHI-CBP option consists of two components:

- GHI, an EmblemHealth company, offering benefits for medical/physician services, and
- Empire BlueCross BlueShield offering benefits for services provided at hospital and out-patient facilities.

GHI Emblem Health (GHI): You have the freedom to choose any provider worldwide. You can select a GHI participating provider and not pay any deductibles or coinsurance, or go out-of-network and still receive coverage, subject to deductibles and coinsurance. GHI's provider network includes all medical specialties. When you need specialty care, you select the specialist and make the appointment. Payment for services will be made directly to the provider - you will not have to file a claim form when you use a GHI participating provider.

Empire BlueCross BlueShield (EBCBS): 94% of the nation's hospitals participate in the Blue Cross and Blue Shield Association BlueCard® PPO Program network, which provides you with access to network care across the country, it should be easy to find a participating facility in a convenient location.

At a Glance	
Plan Type:	PPO
Geographic Service Area	Nationwide
Does this plan use a network of providers?	GHI: Yes. Visit the website www.emblemhealth.com/city or call 1-800-624-2414 for a list of participating medical providers. BlueCross BlueShield: Yes. Visit the website www.empireblue.com/nyc or call 1-800-433-9592 for a list of participating hospital and out-patient facilities.
Do I need a referral to see a specialist?	No
Contact Information	EmblemHealth 55 Water Street New York, NY 10041 1-800-624-2414 Empire BlueCross BlueShield City of New York Dedicated Service Center P.O. Box 1407 Church Street Station New York, NY 10008-3598 1-800-433-9592 (Monday through Friday 8:30 a.m. to 5:30 p.m.)
Web Sites	emblemhealth.com/city empireblue.com/nyc

Plan Features	Cost
What is the overall <u>medical</u> deductible for this plan?	GHI: In-network: \$0 Out-of-network: \$200 individual/\$500 family
What is the out-of-pocket limit on my expenses (applies to in-network services only)?	GHI Medical: For 7/01/16 – 12/31/16 the limit is \$2,175 individual/\$4,350 family. For 1/01/17 – 12/31/17 the limit is \$4,550 individual/\$9,100 family. EBCBS Hospital: For 7/01/16 – 12/31/16 the limit is \$1,250 individual/\$2,500 family. For 1/01/17 – 12/31/17 the limit is \$2,600 individual/\$5,200 family.
What are the costs for preventive services? Visit emblemhealth.com/city for a full list of preventive services.	Preventive services are available with \$0 copayments when using a participating provider.
What are the costs when you visit an	• ACPNY primary care visit to treat an injury or illness: \$0 co-pay/visit

AdvantageCare Physician's (ACPNY) office?	<ul style="list-style-type: none"> • ACPNY specialist visit: \$0 co-pay/visit
What are the costs when you visit a health care provider's office?	<ul style="list-style-type: none"> • In-network primary care visit to treat an injury or illness: \$15 co-pay/visit • Non-participating provider: 0% co-insurance • In-network specialist visit: \$30 co-pay/visit • Non-participating provider: 0% co-insurance • In-network other practitioner office visit: \$15 co-pay/visit • Non-participating provider: 0% coinsurance • In-network preventive care/screening/immunization: \$0 co-pay/visit • Non-participating provider: 0% co-insurance
What are the costs if you use the Amwell Telehealth benefit?	<ul style="list-style-type: none"> • There is a \$15 co-pay/visit. For more information regarding this benefit, visit emblemhealth.amwell.com.
What are the costs if you have a test?	<ul style="list-style-type: none"> • In-network diagnostic test (x-ray, blood work): \$20 co-pay/visit • Non-participating provider: 0% co-insurance • In-network imaging (CT/PET scans, MRIs): \$50 co-pay (Pre-certification required) • Non-participating provider: 0% co-insurance
What are the costs if you have outpatient surgery?	<ul style="list-style-type: none"> • EBCBS: Facility fee: In-network: 20% coinsurance of allowed amount to a maximum of \$200 per person per calendar year. Out-of-Network provider: \$500 deductible per person per visit and 20% coinsurance per person and balance billing. • GHI: Physician/surgeon fees: In-network: Covered Non-participating provider 0% co-insurance <p>You must call NYC Healthline 1-800- 521-9574 for pre-certification.</p>
What are the costs if you need immediate medical attention?	<ul style="list-style-type: none"> • EBCBS: Emergency room services: In-network: \$150 co-pay/visit; Co-pay waived if admitted. Out-of-network: \$150 co-pay/visit; Co-pay waived if admitted • GHI: Emergency medical transportation: In-network: Not covered Non-participating provider: 20% co-insurance • GHI: Urgent Care: In-network: \$50 co-pay/visit Non-participating provider: 0% co-insurance
What are the costs if you have a hospital stay?	<ul style="list-style-type: none"> • GHI: Physician/surgeon fees: In-network: Covered Non-participating provider 0% co-insurance • EBCBS: Facility fee (e.g., hospital room): In-network (e.g., hospital room): \$300 per person up to \$750 maximum individual co-pay per calendar year. Out-of-network: \$500 per person up to \$1,250 in a calendar year. After the individual co-payment is met, EBCBS will pay 80% of the allowed amount and you will be charged 20% co-insurance for out-of-network services. <p>You must call NYC Healthline 1-800- 521-9574 for approval. If there is no call, claim is subject to a penalty of \$250 per day up to a maximum of \$500. There has to be a gap of 90 days between admissions before the 365 days will renew.</p>
What are the costs if you are pregnant?	<ul style="list-style-type: none"> • GHI: Prenatal and postnatal care: No charge In-network: No charge Out-of-Network: 0% co-insurance • GHI: Delivery and inpatient physician/surgeon services: In-network: No charge Out-of Network: 0% co-insurance • EBCBS: Delivery and all inpatient services: In-network: \$300 per person up to \$750 maximum deductible. Out-of-network: \$500 per person up to \$1,250 maximum deductible. Doesn't apply to copayments. <p>You must call NYC Healthline 1-800- 521-9574 for approval. If there is no call, claim is subject to a penalty of \$250 per day up to a maximum of \$500.</p>

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"> GHI: In-network: \$15 co-pay/visit Out-of-Network: \$200/\$500 per calendar year
Mental/Behavioral health Inpatient services	<ul style="list-style-type: none"> GHI: In-network: \$300 co-pay per admission Out-of-Network: \$500 co-pay per admission/\$1250 maximum per calendar year. *20% to max of \$2,000 per person per calendar year.
Substance abuse Outpatient services	<ul style="list-style-type: none"> GHI: In-network: \$15 co-pay/visit Out-of-network: \$200/\$500 calendar year deductible
Substance abuse Inpatient services	<ul style="list-style-type: none"> GHI: In-network: \$300 co-pay per admission Out-of-Network: \$500 co-pay per admission/ \$1250 maximum per calendar year

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"> GHI: <ul style="list-style-type: none"> In-network: No charge Out-of-Network: \$50 deductible per episode; 20% coinsurance 200 visits per member per year Pre-certification required
Skilled nursing care	<ul style="list-style-type: none"> EBCBS: <ul style="list-style-type: none"> In-network: \$300 deductible per admission, up to a maximum of \$750 per person per calendar year Out-of-network: \$500 deductible per person per visit and 20% co-insurance per person and balance billing. Coverage is limited to 90 days annual max.
Durable medical equipment (DME)	<ul style="list-style-type: none"> GHI: <ul style="list-style-type: none"> In-network: \$100 deductible Out-of-network: \$100 deductible; 50% of usual and customary charge Pre-certification required on greater than \$2,000
Hospice service	<ul style="list-style-type: none"> EBCBS: <ul style="list-style-type: none"> In-network: No charge Out-of-Network: No charge Coverage is limited to 210 days lifetime max.

OPTIONAL RIDER – PRESCRIPTION DRUGS PROVIDED THROUGH GHI-EMBLEMHEALTH

WHAT IS THE COST IF YOU NEED DRUGS TO TREAT YOUR ILLNESS OR CONDITION?

	Retail	Mail Order
Generic drugs	Retail - 30 days supply-2 fills; Deductible \$150 ind/\$450 fam; 20% co-insurance with min charge of \$5 or actual cost, if less.	Mandatory mail order - 60 day supply; \$10 co-pay. Prescriptions will not be filled at retail after 2 fills.
Preferred brand drugs	Retail-30 days supply-2 fills; Deductible \$150 ind/\$450 fam; 40% co-insurance with min charge of \$25 or actual cost, if less.	Mandatory mail order - 60 day supply; \$40 co-pay. Prescriptions will not be filled at retail after 2 fills. Prior-authorization is required for certain brand name medications.
Non-preferred brand drugs	Retail-30 days supply-2 fills; Deductible \$150 ind/\$450 fam; 50% co-insurance with min charge of \$40 or actual cost if less	Mandatory mail order - 60 day supply; \$60 co-pay. Prescriptions will not be filled at retail after 2 fills.
Specialty drugs*	Covered (cost based on above categories)	Must be dispensed by the Specialty Pharmacy Program Provider. Pre-certification required contact NYC Healthline at 1-800-521-9574.

*Must be dispensed by a Specialty Pharmacy.

OPTIONAL RIDER – ENHANCED SCHEDULE FOR OUT-OF-NETWORK MEDICAL/PHYSICIAN SERVICES PROVIDED THROUGH GHI-EMBLEM HEALTH

Enhanced schedule increases the reimbursement of the basic program's non-participating provider fee schedule, on average, by 75%.

GHI-EMBLEM: NON-PARTICIPATING (OUT-OF-NETWORK) PROVIDER BENEFITS:

Payment for services provided by out-of-network providers is made directly to you under the NYC Non-Participating Provider Schedule of Allowable Charges (Schedule). The reimbursement rates (allowed amounts) in the Schedule are not related to usual and customary rates or to what the provider may charge but are set at a fixed amount based on GHI's 1983 reimbursement rates. Most of the reimbursement rates have not increased since that time, and will likely be less (and in many instances substantially less) than the fee charged by the out-of-network provider. You will be responsible for any difference between the provider's fee and the amount of the reimbursement; therefore, you may have a substantial out-of-pocket expense.

Once a member, if you intend to use an out-of-network provider, you can call GHI-Emblem Customer Service with the medical procedure code/s (CPT Code) of the service(s) you anticipate receiving to find out what you would be reimbursed.

Below are some examples of what you would typically pay out of pocket if you were to receive care or services from an out-of-network provider.

Typical Out-of-Pocket Costs for Receiving Care from Out-of-Network Providers:	
Established Patient Office Visit (typically 15 minutes) CPT Code 99213	
Estimated Charge for a Doctor in Manhattan	\$225.00
Reimbursement Under the Schedule	-\$ 33.36
<i>Member Out-of-Pocket Responsibility</i>	<i>\$191.64</i>
Routine Maternity Care and Delivery CPT Code 59400	
Estimated Charge for a Doctor in Manhattan	\$9,040.00
Reimbursement Under the Schedule	-\$1,379.00
<i>Member Out-of-Pocket Responsibility</i>	<i>\$7,661.00</i>
Total Hip Replacement Surgery CPT Code 27130	
Estimated Charge for a Doctor in Manhattan	\$20,099.95
Reimbursement under the Schedule	-\$ 3,011.00
<i>Member Out-of-Pocket Responsibility</i>	<i>\$17,088.95</i>

Please note that deductibles may apply and that you could be eligible for additional reimbursement if your catastrophic coverage kicks in or you have purchased the Enhanced Non-Participating Provider Schedule, an Optional Rider benefit that provides lower out-of-pocket costs for some surgical and in-hospital services from out-of-network doctors.

Effective for services received on or after April 1, 2015, GHI-EmblemHealth has set up new protections to ensure that — in the following circumstances — members won't be responsible for costs other than the in-network cost-sharing (in-network copay, coinsurance and/or deductible) that applies under the plan. These two cases are:

- If you receive **out-of-network emergency services** in a hospital in the State of New York
- If you receive a **non-emergency "surprise bill"** for out-of-network services rendered in the State of New York

You will not be responsible for the costs of "emergency services" you receive in a hospital, other than any in-network cost-sharing (in-network copay, coinsurance and/or deductible) that applies to such services under your plan.

You will not be responsible for the costs of "surprise bills" for out-of-network services, other than any in-network cost-sharing (in-network copay, coinsurance and/or deductible) that applies under your plan. For more information on what is "surprise bill", please call or visit the EmblemHealth website.

Please refer to the GHI-CBP Basic Plan, GHI-CBP with Enhanced Schedule and Prescription Drugs and Empire Blue Cross and Blue Shield (companion to GHI-CBP medical coverage) for additional information and to see what this plan covers and any cost-sharing responsibilities.

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.