

PSC-CUNY Welfare Fund
 Adjunct Basic Health Insurance Program

Empire Blue Cross Blue Shield

HMO Benefits

Primarily for New York City Residents

Benefit	In-Network ¹
Lifetime Maximum	Unlimited
Dependent Children (covered to end of calendar year)	To age 19; full-time students to age 23
Home/Office/Outpatient Care	Member Pays
Home/Office Visits (PCP or Specialist)	\$25 co-pay
webVisit ²	\$5 copay per online consultation
Annual Physical Exam	\$25 co-pay
Well-Child Care (Up to age 19; including covered immunizations)	\$0
Well-Woman Care (No PCP referral required)	\$25 co-pay
Emergency Room/Facility (Initial visit per occurrence)	\$75 co-pay (Waived if admitted within 24 hours)
Ambulatory/Outpatient Surgery ³	\$75 co-pay
Presurgery Testing	\$0
Anesthesia	\$0
Chemotherapy, Radiation Therapy	\$0
Maternity Care	\$0
Mammograms	\$0
Cervical Cancer Screening	\$0
Laboratory Tests, X-rays	\$0
MRI ³ /MRA ³ , CAT ³ , PET ³ , Nuclear Cardiology ³	\$0
Allergy Testing & Treatment	\$25 co-pay (Waived for treatment)
Chiropractic Care ⁵	\$25 co-pay
Home Healthcare (Up to 200 visits per calendar year)	\$0
Home Infusion Therapy	\$0
Hospice Care (Up to 210 days per lifetime)	\$0
Physical Therapy ³	\$25 co-pay in home or office
<i>(Up to 30 visits / calendar year combined in home, office or outpatient facility)</i>	
Speech/Language, Occupational, Vision Therapies ³	\$25 co-pay in home or office
<i>(Up to 30visits per calendar year combined in home, office or outpatient facility)</i>	

Cardiac Rehabilitation	\$0
Second Surgical Opinion	\$0
Kidney Dialysis	\$0
Inpatient Care³	
Inpatient Hospital <i>(As many days as is medically necessary; semiprivate room and board)</i>	\$500 per admission / \$1,250 maximum per calendar year per contract
Surgery, Surgical Assistant, Anesthesia	\$0
Physical Therapy, Physical Medicine or Rehabilitation <i>(Up to 30 inpatient days per calendar year)</i>	\$500 per admission / \$1,250 maximum per calendar year per contract
Skilled Nursing Facility (Up to 60 days per calendar year)	\$0
Mental Health⁴	
Outpatient Visits in Office or Facility (Up to 20 outpatient visits /calendar year)	\$25 copay per visit
Inpatient Care (Up to 30 inpatient days per calendar year)	\$500 per admission / \$1,250 maximum per calendar year per contract
Alcohol/Substance Abuse⁴	
Outpatient Visits <i>(Up to 60 outpatient visits, which include 20 family counseling visits per calendar year)</i>	\$0
Inpatient Detoxification (Up to 7 days detox per calendar year)	\$500 per admission / \$1,250 maximum per calendar year per contract
Other	
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor
Durable Medical Equipment ³	\$0
Prosthetics & Orthotics ³	\$0
Ambulance (Air Ambulance)	\$0
Prescription Drugs ⁶	\$100 Deductible
Retail Program – One copay required for up to a 30-day supply	\$10 copay for generic \$25 copay for brand \$50 copay for non-formulary Includes Contraceptives (Retail & Mail-Order)
Mail-Order Program ⁷ – Only two copays required for a 90-day supply	\$0 Deductible Mail-Order Program has the same copayments as the Retail Program listed

(1) A network provider must deliver all care with a PCP referral.

- (2) A webVisit enables you to receive a covered medical consultation for a non-urgent matter from a participating provider who has agreed to provide webVisits to Empire members online. Confirm your provider's participation by contacting your provider or his/her office staff. Visit our website or call for more details.
- (3) Empire's network provider must precertify in-network services or services may be denied; Empire network providers cannot bill members beyond in-network copayment (if applicable) for covered services. For ambulatory surgery, preapproval is required for cosmetic/reconstructive procedures, outpatient transplants and ophthalmological or eye-related procedures.
- (4) Our Behavioral Healthcare Management Program must preapprove all mental health and alcohol/substance abuse services.
- (5) 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
- (6) This prescription drug coverage meets the CMS standard for Creditable Coverage under the Medicare Modernization Act of 2003.
- (7) 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 certificate of coverage. Failure to comply with our Medical Management or Behavioral Healthcare Management Program requirements may result in benefit reductions.