

PSC-CUNY Welfare Fund  
 Adjunct Basic Health Insurance Program



**PPO Benefits**

Primarily for New Jersey Residents

<b>Benefit</b>	<b>In-Network <sup>1</sup></b>	<b>Out-of-Network <sup>2,3</sup></b>
Deductible per calendar year	N/A	\$3,000 per person / \$7,500 maximum per family
Coinsurance	N/A	40%
Coinsurance Stop Loss	N/A	\$12,000 out-of-pocket per person / \$30,00 maximum per family
Lifetime Maximum	Unlimited	\$1,000,000
Dependent Children	To age 19 ; full-time students to age 23	To age 19 ; full-time students to age 23
<b>Home/Office/Outpatient Care</b>	<b>Member Pays</b>	<b>Member Pays</b>
Home/Office Visits	\$30 copay	Deductible and Coinsurance
Annual Physical Exam	\$30 copay	Covered in-network only
Well-Child Care (≤ 19; including covered immunizations)	\$0	Deductible and Coinsurance
Well-Woman Care	\$30 copay	Deductible and Coinsurance
Emergency Room/Facility	\$75 copay (Waived if admitted within 24 hours)	\$75 copay (Waived if admitted within 24 hours)
Surgery <sup>4</sup> , Presurgical Testing, Anesthesia	\$0	Deductible and Coinsurance
Chemotherapy, Radiation Therapy	\$0	Deductible and Coinsurance
Maternity Care	\$0	Deductible and Coinsurance
Mammograms	\$0	Deductible and Coinsurance
Cervical Cancer Screenings	\$0	Deductible and Coinsurance
Laboratory Tests, X-rays	\$0	Deductible and Coinsurance
MRI <sup>5</sup> /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	\$30 copay (Waived for treatment)	Deductible and Coinsurance
Chiropractic Care <sup>8</sup>	\$30 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)	\$30 copay	Covered in-network only
Short-Term Rehabilitative Therapies for Speech / Language <sup>4</sup> , Occupational <sup>4</sup> , Vision (Up to 30visits per calendar year as per above)	\$30 copay	Covered in-network only
Cardiac Rehabilitation	\$30 copay	Deductible and Coinsurance
Second Surgical Opinion <sup>9</sup>	\$30 copay	Deductible and Coinsurance
Kidney Dialysis	\$0	Deductible and Coinsurance

<b>Inpatient Care<sup>4</sup></b>		
Inpatient Hospital ( <i>medically necessary; semiprivate room and board</i> )	\$500/\$1250 per admission/maximum per calendar year per contract	Deductible and Coinsurance
Surgery, Surgical Assistant, Anesthesia	\$0	Deductible and Coinsurance
Physical Therapy, Physical Medicine, or Rehabilitation (Up to 30 inpatient days per calendar year)	\$500/\$1250 per admission/maximum per calendar year per contract	Deductible and Coinsurance
Skilled Nursing Facility (Up to days per calendar year)	\$0	Covered in-network only
<b>Mental Health<sup>7</sup></b>		
Outpatient Visits in Office or Facility (Up to 20 outpatient visits per calendar year)	\$25 copay per visit <sup>7</sup>	\$25 copay per visit <sup>7</sup>
Inpatient Care <sup>7</sup> (Up to 30 inpatient days / calendar year)	\$500/\$1250 per admission/maximum per calendar year per contract	Covered in-network only
<b>Alcohol/Substance Abuse<sup>5</sup></b>		
Outpatient Visits (Up to 60 outpatient visits which include 20 family counseling visits per calendar year)	\$0	Deductible and Coinsurance
Inpatient Detoxification (Up to 7 days detox per calendar year)	\$500 per admission / \$1,250 maximum per calendar year per contract	Covered in-network only
<b>Other</b>		
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	Covered in-network only
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	Covered in-network only
Prescription Drugs <sup>10</sup> Retail Program – One copay required for ≤30-day supply	\$10 copay for generic \$25 copay for brand \$50 copay for non-formulary Includes Contraceptives (Retail & Mail-Order)	Covered in-network only
Mail-Order Program <sup>11</sup> – 2 copays required for 90-day supply	\$0 Deductible Same copayments as the Retail Program listed above.	

(1) Network provider delivers care.

(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<sup>®</sup> 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<sup>®</sup> 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<sup>®</sup> 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.
- (9) In-network office visit copay applies to Second Surgical Opinion visit unless waived by Medical Management.
- (10) This prescription drug coverage meets the CMS standard for Creditable Coverage under the Medicare Modernization Act of 2003.
- (11) 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.

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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