

Your Summary of Benefits



HMO

PSC CUNY Welfare Fund Adjunct Program

| Benefit | In-Network ¹ |
|---|---|
| Lifetime Maximum | Unlimited |
| Dependent Children (covered to the end of the month) | Dependents to Age 26 |
| Covered Preventive Services⁷ | Member Pays In-Network |
| Covered Adult Preventive Care | \$0 |
| Annual Physical Exam | \$0 |
| Well-Child Care (to age 19; including covered immunizations) | \$0 |
| Preventive Well-Woman Care (no PCP referral required) | \$0 |
| Home/Office/Outpatient Care | Member Pays In-Network |
| Home/Office Visits (PCP or Specialist) | \$25 copay |
| webVisit ² | \$5 copay per online consultation |
| Emergency Room/Facility (Initial visit per occurrence) | \$75 copay (Waived if admitted within 24 hours) |
| Ambulatory/Outpatient Surgery ³ | \$75 |
| Presurgery Testing | \$0 |
| Anesthesia | \$0 |
| Office Surgery | \$25 copay |
| Chemotherapy, Radiation Therapy | \$0 |
| Routine Maternity Care | \$0 |
| Laboratory Tests | \$0 |
| X-rays/ MRI ³ /MRA ³ , CAT ³ , PET ³ , Nuclear Cardiology ³ | \$25 copay |
| Allergy Testing & Treatment | \$25 copay (Waived for treatment) |
| Chiropractic Care ⁵ | \$25 copay |
| 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 (Up to 30 visits per calendar year combined in home, office or outpatient facility) | \$25 copay in home or office |
| Speech/Language ³ , Occupational ³ , Vision Therapies ³ (Up to 30 visits per calendar year combined in home, office or outpatient facility) | \$25 copay in home or office |
| Cardiac Rehabilitation | \$0 |
| Second Surgical Opinion | \$0 |
| Kidney Dialysis | \$0 |

Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc., licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Your Summary of Benefits



HMO

| Benefit | In-Network ¹ |
|--|--|
| Inpatient Care³ | |
| Inpatient Hospital (As many days as is medically necessary; semiprivate room and board) | \$500/\$1,250 per admission/maximum per calendar year per contract |
| Surgery, Surgical Assistant, Anesthesia | \$0 |
| Physical Therapy, Physical Medicine or Rehabilitation (Up to 30 inpatient days per calendar year) | \$500/\$1,250 per admission/maximum per calendar year per contract |
| Skilled Nursing Facility (Up to 60 days per calendar year) | \$0 |
| Mental Health⁴ | |
| Outpatient Visits in Office | \$25 copay |
| Outpatient Visits in Facility | \$0 |
| Inpatient Care (As many days as medically necessary; semiprivate room and board) | \$500/\$1,250 per admission/maximum per calendar year per contract |
| Alcohol/Substance Abuse⁴ | |
| Outpatient Visits in Office | \$25 copay |
| Outpatient Visits in Facility | \$0 |
| Inpatient Detoxification (As many days as medically necessary; semiprivate room and board) | \$500/\$1,250 per admission/maximum per calendar year per contract |
| Inpatient Rehabilitation | \$500/\$1,250 per admission/maximum per calendar year per contract |
| Other | |
| Medical Supplies ⁶ | \$25 copay |
| Durable Medical Equipment ^{3,6} | 20% coinsurance |
| Prosthetics & Orthotics ³ | 20% coinsurance |
| Ambulance (air ambulance) | \$0 |
| Prescription Drugs ⁸ Retail Program – One copay required for up to a 30-day supply | \$100 Deductible per person per calendar year Tier 1/Tier 2/Tier 3 \$10/\$25/\$50 copay Includes Contraceptives (Retail & Mail-Order) |
| Mail-Order Program ⁹ – Only two copays required for a 90-day supply | \$0 Deductible Mail-Order Program has the same copayments as the Retail Program listed above |

Your Summary of Benefits



HMO

- (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's 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 Health Care 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 members beyond the in-network copayment for covered services.
- (6) Diabetic durable medical equipment, medical supplies, education, insulin and oral agents are subject to an office visit copayment for first 52 items (combined), then covered at 100% when covered under medical benefit.
- (7) The following benefits, if provided in-network for preventive care, are not subject to copayment; mammography screenings, cervical cancer screening, colorectal cancer screenings, prostate cancer screenings, hypercholesterol screenings, diabetes screenings for pregnant women, bone density testing, annual physical examinations and up to two annual obstetric and gynecological examinations. Certain preventive benefits are subject to age and/or frequency limits. Consult policy for complete details.
- (8) All prescription drug plans, except Generic Only, listed on this Benefits Summary meet the CMS standard for Creditable Coverage under the Medicare Modernization Act of 2003.
- (9) 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 contract. Failure to comply with Empire's Medical Management or Behavioral Healthcare Management Program requirements could result in benefit reductions. This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

Empire believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that this plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections of the Affordable Care Act apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to Empire at the telephone number printed on the back of your member identification card, or contact your group benefits administrator if you do not have an identification card. For ERISA plans, you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This Web site has a table summarizing which protections do and do not apply to grandfathered health plans. For nonfederal governmental plans, you may also contact the U.S. Department of Health and Human Services at www.healthreform.gov.

HMO Rev Sept 2010

Prepared on November 2, 2010