Empire BlueCross BlueShield

www.empireblue.com

Benefits Summary

PPO

Local 153 Health Fund

Benefit	In-Network [1]	Out-of-Network [2,3]
Deductible	N/A	$300/$600
Coinsurance	N/A	20%
Coinsurance Stop Loss	N/A	$3,500 Per Person – No Family Max
Lifetime Maximum	Unlimited	$350,000 (Medical) / Unlimited (Hospital)
Dependent Children	To age 19; full-time students to age 25	To age 19; full-time students to age 25
Home/Office/Outpatient Care	**Member Pays**	**Member Pays**
Home/Office Visits	$10 copay	Deductible and Coinsurance
Annual Physical Exam	$10 copay	Covered in-network only
Well-Child Care (Up to age 19; including covered immunizations)	$0	Deductible and Coinsurance
Well-Woman Care	$10 copay	Deductible and Coinsurance
Emergency Room/Facility (initial visit per occurrence)	$0 copay (Waived if admitted within 24 hours)	$0 copay (Waived if admitted within 24 hours)
Surgery[4], 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[5]/MRA[5], CAT Scan[6], PET[6] & Nuclear Cardiology[6]	$0	Deductible and Coinsurance
Allergy Testing & Treatment	$10 copay (Waived for treatment)	Deductible and Coinsurance
Chiropractic Care[8]	$10 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[4] (Up to 30 visits per calendar year combined in home, office or outpatient facility)	$10 copay	Covered in-network only
Other Short-Term Rehabilitative Therapies – Speech/Language[4], Occupational[4], Vision (Up to 30 visits per calendar year combined in home, office or outpatient facility)	$10 copay	Covered in-network only

(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® 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® 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® 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.

References continued on next page

Benefit	In-Network[1]	Out-of-Network [2,3]
Cardiac Rehabilitation	$10 copay	Deductible and Coinsurance
Second Surgical Opinion	$10 copay	Deductible and Coinsurance
Kidney Dialysis	$0	Deductible and Coinsurance
Inpatient Care[4]	**Member Pays**	**Member Pays**
Inpatient Care[4]		
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	$0	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)	$0	Deductible and Coinsurance
Skilled Nursing Facility (Up to 60 days per calendar year)	$0	Covered in-network only
Mental Health[7]		
Outpatient Visits in Office or Facility (Up to 20 outpatient visits per calendar year)	$10 copay [7]	Deductible and Coinsurance
Inpatient Care[7] (Up to 30 inpatient days per calendar year)	$0	Deductible and Coinsurance
Biologically-based mental illness and serious emotional disturbances in children with certain risks/behaviors will be treated the same as any other illness once the visit limits have been exhausted.		
Alcohol/Substance Abuse[5]		
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)	$0	Covered in-network only
Other		
Medical Supplies	$0 when obtained through Empire's medical supplies vendor	Covered in-network only
Durable Medical Equipment[5]	$0	Covered in-network only
Prosthetics & Orthotics[5]	$0	Covered in-network only
Ambulance (air ambulance)	$0	Covered in-network only

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.