Your Summary of Benefits

Healthy Advantage PPO (HA PPO)

Empire BlueCross BlueShield
An Anthem Company

DEHIC
7/1/2018

Benefit	In-Network[1]	Out-of-Network[2,3]
Deductible	$0/$0	$500/$1,250
Coinsurance	10%	30%
Coinsurance Stop Loss	$2,500/$6,250 ($250/$625 out-of-pocket)	$3,000/$7,500 ($900/$2,250 out-of-pocket)
Out-of-Pocket Maximum	$5,080 individual / $12,700 family (All In-Network Medical & RX Cost Shares)	$1,400 individual / $3,500 family
Lifetime Maximum	Unlimited	Unlimited
Dependent Children (covered to end of the month)	Dependents to Age 26	Dependents to Age 26
Covered Preventive Care[8]	**Member Pays In-Network**	**Member Pays Out-of-Network**
Covered Adult Preventive Care	$0 copayment	Deductible and Coinsurance
Annual Physical Exam	$0 copayment	Covered in-network only
Well-Child Care (Up to age 19; including necessary covered immunizations)	$0 copayment	Deductible and Coinsurance
Preventive Well-Woman Care	$0 copayment	Deductible and Coinsurance
Home/Office/Outpatient Care	**Member Pays In-Network**	**Member Pays Out-of-Network**
Home/Office Visits/Online Visits[1]	$30 copayment	Deductible and Coinsurance
Urgent Care Center	$30 copayment	$30 copayment
Emergency Room (initial visit per occurrence)	$50 copayment (Waived if admitted within 24 hours)	$50 copayment (Waived if admitted within 24 hours)
Routine Maternity Care	$30 copay first visit, Coinsurance all other visits/services	Deductible and Coinsurance
Allergy Care		
- Office Visit	$30 copayment	Deductible and Coinsurance
- Routine Testing	Coinsurance	Deductible and Coinsurance
- Allergy Injections/Immunotherapy	$0	Deductible and Coinsurance
Home Healthcare (Up to 365 visits per calendar year)	Coinsurance	Coinsurance (no deductible)
Home Infusion Therapy	Coinsurance	Covered in-network only
Hospice Care (Up to 210 days per lifetime)	Coinsurance	Covered in-network only
Surgery[4], Presurgical Testing, Anesthesia	$30 copayment applies to visit services (examinations and evaluations); other services performed will be subject to In-Network Coinsurance	Deductible and Coinsurance
Chemotherapy, Radiation Therapy		Deductible and Coinsurance
Infertility Care		Deductible and Coinsurance
Laboratory Tests, X-rays		Deductible and Coinsurance
Vision Therapy		Covered in-network only
MRI[6], MRA[6], CAT Scan[6], PET[6] & Nuclear Cardiology[6]		Deductible and Coinsurance
Chiropractic Care[6]		Deductible and Coinsurance
Cardiac Rehabilitation (Unlimited visits per calendar year)		Deductible and Coinsurance
Second Surgical Opinion		Deductible and Coinsurance
Kidney Dialysis		Deductible and Coinsurance
Home/Office/Outpatient Care	**Member Pays In-Network[1]**	**Member Pays Out-of-Network[2,3]**
Physical Therapy[4] (Unlimited visits per calendar year combined in home, office or outpatient facility)	$30 copayment applies to visit services (examinations and evaluations); other services performed will be subject to In-Network Coinsurance	Covered in-network only
Other Short-Term Rehabilitative Therapies – Speech/Language[4], Occupational[4] (Up to 30 visits per calendar year combined in home, office or outpatient facility)		Covered in-network only

Your Summary of Benefits

Healthy Advantage PPO (HA PPO)

Empire BlueCross BlueShield
An Anthem Company

Inpatient Care[9]		
Inpatient Hospital (As many days as medically necessary; semiprivate room and board)	Coinsurance	Deductible and Coinsurance
Physical Therapy, Physical Medicine, Or Rehabilitation (Unlimited inpatient days per calendar year)	Coinsurance	Deductible and Coinsurance
Surgery, Surgical Assistant, Anesthesia	Coinsurance	Deductible and Coinsurance
Skilled Nursing Facility (Up to 365 days per calendar year)	Coinsurance	Covered in-network only
Birthing Centers	Coinsurance	Covered in-network only
Mental Health		
Outpatient Visits in Office	$30 copay will apply to visit services (examinations and evaluations) in an office;; other services performed will be subject to In- Network coinsurance	Deductible and Coinsurance
Outpatient Visits in Facility	Coinsurance[7]	Deductible and Coinsurance
Inpatient Care[7,9] (As many days as medically necessary; semiprivate room and board)	Coinsurance	Deductible and Coinsurance
Alcohol/Substance Abuse		
Outpatient Visits in Office	$30 copay will apply to visit services (examinations and evaluations) in an office;; other services performed will be subject to In- Network coinsurance	Deductible and Coinsurance
Outpatient Visits in Facility	Coinsurance[7]	Deductible and Coinsurance
Inpatient Detoxification[7,9] (As many days as medically necessary; semiprivate room and board)	Coinsurance	Deductible and Coinsurance
Inpatient Rehabilitation[7,9]	Coinsurance	Deductible and Coinsurance
Other		
Medical Supplies	Coinsurance	Difference between the allowed amount and the total charge (deductible and coinsurance do not apply)
Durable Medical Equipment[5]	Coinsurance	Covered in-network only
Prosthetics & Orthotics[5]	Coinsurance	Covered in-network only
Ambulance (Land/Air ambulance)	Coinsurance	In-network benefits apply
Prescription Drugs[10] Retail Program – One copayment required for up to a 30-day supply	$50 Deductible per person per calendar year Deductible does not apply to Tier 1 Generic drugs Tier 1/Tier 2/Tier 3 $10/$20/$40 copayment Includes Contraceptives (Retail & Mail-Order)	Covered in-network only
Mail-Order Program[11] – Only two copayments required for a 90-day supply	$0 Deductible The Mail-Order Program has the same copayments as the Retail Program listed above.	
Mandatory Mail Order	**If you are taking a Maintenance Medication, you are required to use the mail order service through our Pharmacy Benefits Manager. During initial transition on July 1, 2018, you may get the first 30 day supply and up to one additional 30 day prescription refills of the Maintenance Medication at your local Retail Pharmacy. After that, you will have to fill your prescription through the mail order supplier to get the In-Network level of benefits. If you do not use Our mail order supplier, benefits will not be Covered.**	
Routine Vision Care - Please see separate Blue View Vision benefit summary for additional detail	$5 copay for 1 exam every 12 months $10 eyeglass lense copay $115 allowance then 20% off remaining balance for frames $75 allowance then 15 % off remaining balance for conventional contacts	$30 exam allowance $64 frame allowance $25-$45 eyeglass lense allowance

Your Summary of Benefits

Healthy Advantage PPO (HA PPO)

Empire BlueCross BlueShield
An Anthem Company

(1) Network provider delivers care. The in-network office copayment applies to examinations and evaluations only. Other services performed at the office setting may be subject to in-network coinsurance. Empire's network provider must precertify in-network services; Empire's network providers cannot bill members beyond the copayment for covered services.
(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. Precertification is not required for out-of-network services, nor from out-of-area in-network BlueCard® PPO provider service.
(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, please call the toll-free number on your member ID card to determine exactly what outpatient services require pre-certification.
(5) For services received from an Empire network provider, the provider must precertify in-network services; Empire's PPO network providers cannot bill members beyond the co-payment, deductible, or coinsurance for covered services. Outside Empire's network area, you or your provider must obtain precertification from Empire's Medical Management Program for services from in-network BlueCard® PPO providers.
(6) You are responsible for obtaining precertification from AIM for MRI, MRA, PET, CAT, Nuclear Cardiology, and Echocardiography services rendered by an Empire PPO provider. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained. Precertification is not required for these services when rendered from an in-network BlueCard® provider outside of Empire's network area or out-of-network providers.
(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) Preventive Care benefits not subject to copayment and coinsurance; when provided In-Network include; mammography screenings, cervical cancer screenings, colorectal cancer screenings, prostate cancer screenings, hypercholesterolemia screenings, diabetes screenings for pregnant women, bone density testing, annual physical examinations and annual obstetric and gynecological examinations. May also include other services as required under State and Federal Law. May be subject to age and frequency limits.
(9) Network providers must obtain precertification from Empire's Medical Management Program for Inpatient Facility Services received from an out-of-area BlueCard PPO Provider.Network providers must obtain precertification from Empire's Medical Management Program for these services received from an out-of-area BlueCard PPO Provider.
(10) This prescription drug coverage meets the Centers for Medicare and Medicaid Services (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.

IMPORTANT NOTE: This is a benefits summary only and is subject to the terms, conditions, limitations and exclusions set forth in your Certificate of Coverage, Schedule of Benefits, and any additional Riders or Contracts your group has purchased. Be sure to consult your benefit Contract or Certificate for full details about your coverage. To the extent that there is a conflict between this Summary and your benefit Contract or Certificate, the terms of the Contract or Certificate will control. 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.

Included are preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.