

Your Summary of Benefits



An Anthem Company

EPO Select 20

**DEHIC
7/1/2019**

Benefit	In-Network¹
Lifetime Maximum	Unlimited
Out-of-Pocket Maximum	\$5,080 / \$12,700 (All In-Network Medical & Rx Cost Shares)
Dependent Children (covered to the end of the month)	Dependents to Age 26
Covered Preventive Care²	Member Pays In-Network
Covered Adult Preventive Care	\$0 copayment
Annual Physical Exam	\$0 copayment
Well-Child Care (Up to age 19; including necessary covered immunizations)	\$0 copayment
Preventive Well-Woman Care	\$0 copayment
Home/Office/Outpatient Care	Member Pays In-Network
Home/Office Visits / Online Visits	\$20 copayment
Urgent Care Center	\$20 copayment
Emergency Room/Facility (initial visit per occurrence)	\$50 copayment (Waived if admitted within 24 hours)
Surgery ³ , Pre-surgical Testing, Anesthesia	\$0
Chemotherapy, Radiation Therapy	\$0
Routine Maternity Care	\$0
Laboratory Tests, X-rays	\$0
MRI ⁵ /MRA ⁵ , CAT Scan ⁵ , PET ⁵ & Nuclear Cardiology ⁵	\$0
Allergy Care Routine Testing and Treatment (Allergy Injections/Immunotherapy)	\$20 copayment (Waived for treatments)
Chiropractic Care ⁶	\$20 copayment
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)	\$20 copayment
Other Short-Term Rehabilitative Therapies ³ — Speech/Language, Occupational (Up to 30 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment
Vision Therapy	\$20 copayment
Cardiac Rehabilitation (Unlimited visits per calendar year)	\$20 copayment
Second Surgical Opinion	\$20 copayment
Kidney Dialysis	\$0

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Benefit	In-Network ¹
Inpatient Care³	Member Pays In-Network
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	\$0
Surgery, Surgical Assistant, Anesthesia	\$0
Physical Therapy, Physical Medicine or Rehabilitation (Up to 90 inpatient days per calendar year)	\$0
Skilled Nursing Facility (Up to 60 days per calendar year)	\$0
Mental Health	
Outpatient Visits in Office	\$20 copayment
Outpatient Visits in Facility	\$0
Inpatient Care ⁴ (As many days as is medically necessary; semiprivate room and board)	\$0
Alcohol/Substance Abuse	
Outpatient Visits in Office	\$20 copayment
Outpatient Visits in Facility	\$0
Inpatient Detoxification ⁴ (As many days as is medically necessary; semiprivate room and board)	\$0
Inpatient Rehabilitation ⁴	\$0
Other	
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor
Durable Medical Equipment ⁵	\$0
Prosthetics & Orthotics ⁵	\$0
Ambulance (Land/Air ambulance)	\$0
Prescription Drugs ⁷	Tier 1/Tier 2/Tier 3
Retail Program – One copayment required for up to a 30-day supply	\$10/\$20/\$40 copay Includes Contraceptives (Retail & Mail-Order)
Mail-Order Program ⁸ – Only two copayments required for a 90-day supply	The Mail-Order Program has the same copayments as the Retail Program listed above.
Mandatory Mail Order	<p>If you are taking a Maintenance Medication, you are required to use the mail order service through our Pharmacy Benefits Manager. For new Maintenance Medication prescriptions, you may get the first 30 day supply and up to one additional 30 day refill 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.</p>
Routine Vision Care	\$5 copay for 1 exam every 12 months
- Please see separate Blue View Vision benefit summary for additional detail	\$10 eyeglass lense copay
	\$115 allowance then 20% off remaining balance for frames
	\$75 allowance then 15 % off remaining balance for conventional contacts
	*OON benefits available. See BVV benefit summary.

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- (1) A network provider must deliver all care. There is no out-of-network option for this product, except for emergency care, urgent care, and Blue View Vision services.
- (2) Preventive Care benefits not subject to copayment 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.
- (3) You are responsible for obtaining precertification from Empire's Medical Management Program for these services. 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.
- (4) 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.
- (5) For services received from an Empire network provider, the provider must precertify in-network services; Empire's network providers cannot bill members 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 (with the exception of MRI, MRA, PET, CAT and Nuclear Cardiology services, which do not require precertification for services rendered from in-network BlueCard® PPO providers outside of Empire's network area). The BlueCard® PPO provider may call for you for services that do require precertification, but you will be responsible for penalties applied if precertification is not obtained.
- (6) 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 copayment for covered services. Authorization is not required for services rendered from in-network BlueCard® PPO providers outside of Empire's network area.
- (7) This prescription drug coverage meets the CMS standard for Creditable Coverage under the Medicare Modernization Act of 2003.
- (8) 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.

EPO Rev Sept 2014

Prepared on 03.2019 NRG