

Your Summary of Benefits

(Eff 10/01/10, Pending NYS Dept. of Insurance Approval)



EPO

Sheet Metal Workers Local 137

Benefit	In-Network¹
Lifetime Maximum	Unlimited
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 copay
Annual Physical Exam	\$0 copay
Well-Child Care (Up to age 19; including necessary covered immunizations)	\$0 copay
Preventive Well-Woman Care	\$0 copay
Home/Office/Outpatient Care	Member Pays In-Network
Home/Office Visits	\$12 copay
Emergency Room/Facility (initial visit per occurrence)	\$35 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 Testing & Treatment	\$12 copay (Waived for treatment)
Chiropractic Care ⁶	\$12 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)	\$12 copay
Other Short-Term Rehabilitative Therapies ³ – Speech/Language, Occupational, Vision (Up to 30 visits per calendar year combined in home, office or outpatient facility)	\$12 copay
Cardiac Rehabilitation	\$12 copay
Second Surgical Opinion	\$12 copay
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.

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Benefit	In-Network¹
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 30 inpatient days per calendar year)	\$0
Skilled Nursing Facility (Up to 60 days per calendar year)	\$0
Mental Health⁴	
Outpatient Visits in Office	\$12 copay
Outpatient Visits in Facility	\$0
Inpatient Care (As many days as is medically necessary; semiprivate room and board)	\$0
Alcohol/Substance Abuse⁴	
Outpatient Visits in Office	\$12 copay
Outpatient Visits in Facility	\$0
Inpatient Detoxification (As many days as is medically necessary; semiprivate room and board)	\$0
Inpatient Rehabilitation	\$0
Other	
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor
Durable Medical Equipment ⁵	\$0
Prosthetics & Orthotics ⁵	\$0
Ambulance (air ambulance)	\$0

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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.
- (2) The following benefits, if provided in-network for preventive care, are not subject to copayment; 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 up to two annual obstetric and gynecological examinations.
- (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) Precertification is required by Empire's Behavioral Healthcare Management Program.
- (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.

GRANDFATHERED

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