

# Benefits Summary Prism EPO

For Groups with 2-50 Contracts



Copayment Options	Office Visit Copayment	Inpatient Copayment	Ambulatory Surgery Copayment
Option 1	\$25/\$40 copay	\$500 / \$1250*	\$150 per visit
Option 2	\$35/\$50 copay	\$750 / \$1875*	\$300 per visit
Option 3	\$45 copay	\$500 per day; 3 day max / \$3,750*	\$300 per visit
Option 4	\$45/\$60 copay	\$500 per day; 3 day max / \$3,750*	\$300 per visit

\* Per admission/maximum per calendar year per contract

Benefit	In-Network <sup>1</sup>	Options
Lifetime Maximum Dependent Children (covered to end of calendar year)	Unlimited To age 19; full-time students to age 23	To age 23; full-time students to age 25 Dependents through age 29 (New York residents only)
<b>Preventive Care<sup>7</sup></b>	<b>Member Pays</b>	<b>Options</b>
Adult Preventive Care	\$0	
Annual Physical Exam	\$0	
Well-Child Care (to age 19; including necessary immunizations)	\$0	
Well-Woman Care	\$0	
<b>Home/Office/Outpatient Care<sup>1</sup></b>	<b>Member Pays</b>	<b>Options</b>
Home/Office Visits copayment	Copayment option selected	
Emergency Room/Facility (initial visit per occurrence)	\$100 (waived if admitted within 24 hours)	
Maternity Care	\$0	
Ambulatory/Outpatient Surgery <sup>3</sup>	Copayment option selected	
Office Surgery	Copayment option selected	
Laboratory Tests <sup>7</sup>	\$0	
X-rays <sup>7</sup>	PCP copayment option selected	
Kidney Dialysis	PCP copayment option selected	
Presurgical Testing, Anesthesia	\$0	
MRI <sup>2</sup> / MRA <sup>2</sup> , PET <sup>2</sup> , CAT Scan <sup>2</sup> , Nuclear Cardiology <sup>2</sup>	PCP copayment option selected	
Chemotherapy, Radiation Therapy	PCP copayment option selected	
Allergy Care	Copayment option selected	
- Office	\$0	
- Testing	\$0	
- Treatment	\$0	
Home Health (up to 60 visits per calendar year/plan year)	\$0	
Home Infusion Therapy	\$0	
Hospice Care (up to 210 days per lifetime)	\$0	
Infertility Care		
Cardiac Rehabilitation		
Physical Therapy <sup>3</sup> (up to 30 visits per calendar year combined in home, office or outpatient facility)		
Other Short-Term Rehabilitative Therapies, Speech/Language <sup>3</sup> , Occupational <sup>3</sup> , Vision Therapies, (up to 30 visits per calendar year/plan year combined in home, office or outpatient facility)	Copayment option selected	
Chiropractic Care <sup>5</sup>		
Second Surgical Opinion		

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Benefit	In-Network <sup>1</sup>	
Inpatient Care <sup>3</sup>	Member Pays	Options
Inpatient Hospital (as many days as is medically necessary; semiprivate room and board)	Inpatient copayment option selected	
Surgery, Surgical Assistant, Anesthesia	\$0	
Physical Therapy, Physical Medicine or Rehabilitation (up to 30 inpatient days per calendar year)	Inpatient copayment option selected	
Skilled Nursing Facility (up to 60 days per calendar year)	\$100 / \$250 copayment*	
Mental Health <sup>4</sup>	Member Pays	Options
Outpatient Visits in Office or Facility <sup>4</sup> (up to 20 outpatient visits per calendar year/plan year)	Copayment option selected (specialist copayment applies for split copay options)	
Inpatient Care <sup>4</sup> (up to 30 inpatient days per calendar year/plan year)	Inpatient copayment option selected	
Alcohol/Substance Abuse <sup>4</sup>	Member Pays	Options
Outpatient Visits (up to 60 outpatient visits, which include 20 family counseling visits per calendar year/plan year)	\$0	
Inpatient Detoxification (up to 7 days detox per calendar year/plan year)	Inpatient copayment option selected	
Inpatient Rehabilitation	Rider available subject to Inpatient copayment option selected	Up to 30 days per calendar year
Other	Member Pays	Options
Medical Supplies	PCP copayment option selected	
Durable Medical Equipment <sup>2</sup>	50% coinsurance up to \$5,000 member out-of-pocket maximum	
Prosthetics and Orthotics <sup>2</sup>	50% coinsurance up to \$5,000 member out-of-pocket maximum	
Ambulance (Air Ambulance)	\$50	
Prescription Drugs <sup>6</sup>	Rider available	<b>Retail Program:</b> (Tier 1/Tier 2/Tier 3) 1) \$10/\$35/\$70; Deductible options: \$50, \$100 with DAW 1 & 2: 2) \$10/\$35/\$70 with \$2,000 benefit Max; Deductible options: \$0, \$50, \$100, with DAW 1 & 2 3) Generic only; \$15 copayment; no deductible <b>Mail Service:</b> Options 1-2: Drug deductible, if any, is waived for mail order. Options 1-3: Prescriptions filled through mail order only require two copayments for a three-month supply.  Contact Empire to learn more about the options available.
Vision Care		

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- <sup>1</sup> A network provider must deliver all care, except in emergencies. There is no out-of-network option for this product.
- <sup>2</sup> For services received from an Empire network provider, the provider must precertify services or services may be denied. Empire's network providers cannot bill members except for copayments or coinsurance for covered services. Outside Empire's network area, you must obtain precertification from Empire's Medical Management Program for non-emergency 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).
- <sup>3</sup> 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 proposed cosmetic surgery, an excluded benefit except when medically necessary.
- <sup>4</sup> Precertification is required by Empire's Behavioral Healthcare Management Program.
- <sup>5</sup> 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 except for copayments or coinsurance for covered services. Authorization is not required for services rendered from in-network BlueCard® PPO outside of Empire's network area.
- <sup>6</sup> Only prescription drug option 1, listed on this Benefits Summary meet the Centers for Medicare and Medicaid Services (CMS) standard for Creditable Coverage under the Medicare Modernization Act of 2003.
- <sup>7</sup> 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.

**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.