

Benefits Summary Prism EPO

For Groups with 2-50 Eligible Employees



Copayment Options	Office Visit Copayment	Inpatient Copayment	Ambulatory Surgery Copayment
Option 2	\$35/\$50 copay	\$500 per day; 3 day max / \$3,750*	\$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
Option 5	\$30/\$45 Copay \$0 Copay Dependent Ages 0-4** \$10 Copay Dependent ages 5-19**	\$500 per day; 3 day max / \$3,750*	\$200 per visit

* Per admission/maximum per calendar year per contract

** \$0 and \$10 Dependent copay amounts are for the first 5 diagnostic, PCP office visits per calendar year. After the first 5 diagnostic PCP visits, the dependent PCP copayment is \$30 and anytime a specialist⁹ is used, the dependent copayment is \$45.

Benefit	In-Network ¹	Options
Lifetime Maximum Dependent Children (covered to the end of the month)	Unlimited To age 26	Dependents through Age 29 (Covered to the end of the month of Dependent's 30 th birthday. Dependent must live, work or reside in New York State and meet other eligibility requirements)
Covered Preventive Care ⁷	Member Pays	Options
Covered Adult Preventive Care	\$0	
Annual Physical Exam	\$0	
Well-Child Care (to age 19; including covered immunizations)	\$0	
Preventive Well-Woman Care	\$0	
Home/Office/Outpatient Care ¹	Member Pays ^{1,8}	Options
Home/Office Visits copayment ⁸	Copayment option selected	
Emergency Room/Facility	\$150 (waived if admitted within 24 hours)	
Routine Maternity Care	\$0	
Ambulatory/Outpatient Surgery ³	Copayment option selected	
Office Surgery ⁸	Office visit copayment option selected	
Laboratory Tests ⁷	\$0	
X-rays ⁷	PCP copayment option selected	
Kidney Dialysis	PCP copayment option selected	
Presurgical Testing within 7 days of surgery	\$0	
Anesthesia when part of a covered surgery if rendered by doctor who is not the surgeon or surgeon's assistant.	\$0	
MRI ¹⁰ / MRA ¹⁰ , PET ¹⁰ , CAT Scan ¹⁰ , Nuclear Cardiology ¹⁰	PCP copayment option selected	
Chemotherapy, Radiation Therapy	PCP copayment option selected	
Allergy Care ⁸		
- Office	Office visit copayment option selected	
- Testing	\$0	
- Treatment	\$0	
Home Health (up to 60 visits per calendar year)	\$0	
Home Infusion Therapy	\$0	
Hospice Care (up to 210 days per lifetime)	\$0	
Infertility Services		
Cardiac Rehabilitation		
Physical Therapy ^{3, 8} (up to 30 visits per calendar year combined in home, office or outpatient facility)		
Other Short-Term Rehabilitative Therapies ⁸ , Speech/Language ³ , Occupational ³ , Vision Therapies, (up to 30 visits per calendar year combined in home, office or outpatient facility)	Office visit copayment option selected	
Chiropractic Care ⁵		
Second Surgical Opinion		

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Benefit	In-Network ¹	
Inpatient Care³	Member Pays	Options
Inpatient Hospital	Inpatient copayment option selected	
Surgery, Covered 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 Health⁴	Member Pays	Options
Outpatient Visits in Office or Facility ⁴ (up to 20 outpatient visits per calendar year)	Copayment option selected (specialist copayment applies for split copay options)	
Inpatient Care ⁴ (up to 30 inpatient days per calendar year)	Inpatient copayment option selected	
Alcohol/Substance Abuse⁴	Member Pays	Options
Outpatient Visits (up to 60 outpatient visits, which include 20 family counseling visits per calendar year)	\$0	
Inpatient Detoxification (up to 7 days detox per calendar 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 ²	50% coinsurance (no deductible)	
Prosthetics and Orthotics ²	50% Coinsurance (no deductible)	
Ambulance (Air Ambulance)	\$100	
Reimbursement for Gym Membership ¹¹ \$400 annual reimbursement per contract; 50 visits required semi annually. Reimbursed \$200 for the first 6 months and \$200 for the second 6 months.		
Prescription Drugs ⁶	Rider available	Retail Program: (Tier 1/Tier 2/Tier 3) 1) \$10/\$35/\$70; Deductible options: \$50, \$100 with Preferred Generic ⁹ 2) Generic only; \$15 copayment; no deductible – 50% coverage for mandated brands (Tier 1 Only) Mail Service: Options 1: Drug deductible, if any, is waived for mail order. Options 1-2: Prescriptions filled through mail order only require two copayments for a three-month supply.
Vision Care		Contact Empire to learn more about the options available.

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- ¹ A network provider must deliver all care, except in emergencies. There is no out-of-network coverage for this product.
- ² For services received from an in-network provider, the provider must precertify services or services may be denied. In-network providers cannot bill members except for copayments or coinsurance for Covered Services.
- 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 proposed cosmetic surgery, an excluded benefit except when medically necessary.
- ⁴ Precertification is required by Empire's Behavioral Healthcare Management Program.
- ⁵ After a member's fifth visit in a contract year, 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.
- ⁶ Prescription Option 1 listed on this Benefits Summary meets the Centers for Medicare and Medicaid Services (CMS) standard for Creditable Coverage under the Medicare Modernization Act of 2003.
- ⁷ 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, well woman preventive gynecological examinations, well child care. Certain preventive benefits are subject to age and/or frequency limits. Consult policy for complete details.
- ⁸ The following practitioners receive the primary copayment for services provided in office: Patient's PCP, including family practitioners, general practitioners, internists, pediatricians, geriatricians; obstetrics, gynecologists, certified nurse midwives, chiropractors, and physical, occupational, speech and vision therapists. The specialist copayment applies to all other specialists when a copayment is required, and for services received in an outpatient facility for physical and other speech, language, occupational, vision and cardiac therapy.
- ⁹ You may request, or your physician may order, the brand name drug. However, if a generic drug is available, you will be responsible for the difference in price between Empire's cost of the generic drug and Empire's cost of the brand name drug, in addition to the applicable tiered Copayment amount of the generic drug, as listed on the attached Schedule of Benefits.
- ¹⁰ 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 local operating area, you are not required to obtain precertification from Empire's Medical Management Program for non-emergency services from BlueCard® PPO Program providers.
- ¹¹ You must submit a receipt to show that you have paid in full for the fitness club or exercise center membership. Reimbursement payments will be issued twice annually each contract year. Covered Members are required to exercise at the club or center no less than fifty (50) visits during each six (6) month period of the contract year. If the fitness club or exercise center does not provide proof written of member visits, a logbook will be provided to the Covered Member. The Covered Member can request that the fitness club or exercise center representative sign the logbook to satisfy the visit requirement. See our website or your membership materials for the mailing address and further directions on how to request reimbursement.

IMPORTANT NOTE: This is a benefits summary only and is subject to the terms, conditions and 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 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.