Your Summary of Benefits
PPO

Empire BlueCross BlueShield
An Anthem Company

Fedcap Rehabilitation Services, Inc.

Benefit	In-Network[1]	Out-of-Network[2,3]
Deductible	$1,000/$2,500	$3,000/$7,500
Coinsurance	10%	30%
Total Out-of-Pocket Max	$3,250/$8,125 Out-of-Pocket Max (includes Deductible, Coinsurance, Medical Copayments, and RX Cost Shares)	$5,000/$12,500 Out-of-Pocket Max
Lifetime Maximum	Unlimited	Unlimited
Dependent Children (covered to end of the month of the dependent's birthday)	Dependents to Age 26	Dependents to Age 26
Covered Preventive Care[9]	**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[1,10]	$20 / $35 copayment	Deductible and Coinsurance
Urgent Care Center	$35 copayment	$35 copayment
Online Visits	$0 copayment	Deductible and Coinsurance
Emergency Room (initial visit per occurrence)	$250 copayment (Waived if admitted within 24 hours)	$250 copayment (Waived if admitted within 24 hours)
Routine Maternity Care	Deductible and Coinsurance	Deductible and Coinsurance
Allergy Care		
- Office Visit	$20 / $35 copayment	Deductible and Coinsurance
- Routine Testing	Deductible and Coinsurance	Deductible and Coinsurance
- Allergy Injections/Immunotherapy	$0	Deductible and Coinsurance
Home Healthcare (Up to 200 visits per calendar year)	Coinsurance (no deductible)	Coinsurance (no deductible)
Home Infusion Therapy	Deductible and Coinsurance	Covered in-network only
Hospice Care (Up to 210 days per lifetime)	Deductible and Coinsurance	Covered in-network only
Surgery[4], Presurgical Testing, Anesthesia		Deductible and Coinsurance
Chemotherapy, Radiation Therapy		Deductible and Coinsurance
Infertility Care		Deductible and Coinsurance
Laboratory Tests, X-rays (Covered in fully when part of an office visit)		Deductible and Coinsurance
Vision Therapy[4,10]	$20 PCP/$35 Specialist copayment for examinations and evaluations only. Other services performed during office visits subject to in-network deductible and coinsurance	Covered in-network only
MRI[5], MRA[5], CAT Scan[6], PET[6] & Nuclear Cardiology[6]		Deductible and Coinsurance
Chiropractic Care[8]		Deductible and Coinsurance
Cardiac Rehabilitation (Unlimited visits per calendar year)		Deductible and Coinsurance
Second Surgical Opinion		Deductible and Coinsurance
Kidney Dialysis		Deductible and Coinsurance

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Home/Office/Outpatient Care	Member Pays In-Network[1]	Member Pays Out-of-Network[2,3]
Physical Therapy[3,7] (Up to 90 visits per calendar year combined in home, office or outpatient facility) Other Short-Term Rehabilitative Therapies - Speech/Language[3,7], Occupational[3,7] (Up to 30 visits per calendar year combined in home, office or outpatient facility)	$20 PCP/$35 Specialist copayment for examinations and evaluations only. Other services performed during office visits subject to in-network deductible and coinsurance	Covered in-network only
Inpatient Care[4]		
Inpatient Hospital (As many days as medically necessary; semiprivate room and board)	Deductible and Coinsurance	Deductible and Coinsurance
Physical Therapy, Physical Medicine, Or Rehabilitation (Up to 60 inpatient days per calendar year)	Deductible and Coinsurance	Deductible and Coinsurance
Surgery, Surgical Assistant, Anesthesia	Deductible and Coinsurance	Deductible and Coinsurance
Skilled Nursing Facility (Up to 60 days per calendar year)	Deductible and Coinsurance	Covered in-network only
Birthing Centers	Deductible and Coinsurance	Covered in-network only
Mental Health		
Outpatient Visits in Office	$20 copayment for examinations and evaluations only. Other services performed during office visits subject to in-network deductible and coinsurance	Deductible and Coinsurance
Outpatient Visits in Facility	Coinsurance (no deductible)	Deductible and Coinsurance
Inpatient Care[7] (As many days as medically necessary; semiprivate room and board)	Deductible and Coinsurance	Deductible and Coinsurance
Alcohol/Substance Abuse		
Outpatient Visits in Office	$20 copayment for examinations and evaluations only. Other services performed during office visits subject to in-network deductible and coinsurance	Deductible and Coinsurance
Outpatient Visits in Facility	Coinsurance (no deductible)	Deductible and Coinsurance
Inpatient Detoxification[7] (As many days as medically necessary; semiprivate room and board)	Deductible and Coinsurance	Deductible and Coinsurance
Inpatient Rehabilitation[7]	Deductible and Coinsurance	Deductible and Coinsurance
Other		
Medical Supplies	Deductible and Coinsurance	In-network benefits apply
Durable Medical Equipment[5]	Deductible and Coinsurance	Covered in-network only
Prosthetics & Orthotics[5]	Deductible and Coinsurance	Covered in-network only
Ambulance (air ambulance) [5]	Deductible and Coinsurance	In-network benefits apply
Prescription Drugs[11,12] **Essential Formulary**	$0 Retail Only Deductible, $10 Tier 1 $25 Tier 2 20% Coinsurance w/ $80min/$300 max Tier 3 Preferred Generic Program Diabetic Drugs/Supplies $0 Copay Home Delivery Complete 2 times retail copay for mail order copay option $20 Tier 1 $50 Tier 2 $20% Coinsurance w/ $80min/$300 max Tier 3	Covered in-network only

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(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 deductible and coinsurance.

(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.

(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, 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.

(5) For services received from an Empire network provider, the provider must precertify in-network services; Empire's network providers cannot bill members beyond co-payments for "examinations and evaluations" services and the in-network deductible and coinsurance for other covered services (for services subject to in-network cost share). 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, 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. You are responsible for obtaining precertification from Empire's Medical Management Program for all services in-area and out-of-area. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained.

(6) Empire's network provider must precertify in-network services or services may be denied; Empire network providers cannot bill members beyond the co-payment for covered services. Precertification is not required for out-of-network services, nor for out-of-area in-network BlueCard® PPO provider services.

(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) 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, deductible and coinsurance for covered services. Authorization is not required for out-of-network services or for services rendered from in-network BlueCard® PPO providers outside of Empire's network area.

(9) Preventive Care benefits not subject to copayment, deductible 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.

(10) The following practitioners receive the lower (primary) copay for services provided in an office: family, general & nurse practitioners, internists, pediatricians, obstetricians, gynecologists, gerontologists, osteopaths, certified nurse midwife, preventive medicine, chiropractor & physical, occupational & speech therapists. The higher specialist copay will apply for all other providers unless specified otherwise, and for services received in an outpatient facility for physical, occupational, speech and cardiac rehab therapies.

(11) This prescription drug coverage meets the Centers for Medicare and Medicaid Services (CMS) standard for Creditable Coverage under the Medicare Modernization Act of 2003.

(12) 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.