

Your Summary of Benefits EPO



An Anthem Company

Fedcap Rehabilitation Services, Inc.

Benefit	In-Network ¹
Deductible	\$2,000/\$4,000
Coinsurance (member responsibility)	20%
Total Out-of-Pocket Maximum (Includes deductible, coinsurance, medical, RX cost shares)	\$7,150/\$14,300
Lifetime Maximum	Unlimited
Dependent Children (covered to the end of the month of the dependent's birthday)	Dep to 26
Covered Preventive Care⁶	Member Pays In-Network
Covered Adult Preventive Care	\$0 copayment
Annual Physical Exam	\$0 copayment
Well-Child Care (to age 19; including necessary covered immunizations)	\$0 copayment
Preventive Well-Woman Care	\$0 copayment
Home/Office/Outpatient Care⁷	Member Pays In-Network
Home/Office Visits	\$35 PCP / \$50 Specialist copayment
Urgent Care Center	\$50 copayment
Online Visits	\$0 copayment
Emergency Room/Facility (initial visit per occurrence)	\$250 copayment (waived if admitted within 24 hours)
Ambulatory Surgery ³ /Outpatient Surgery	Deductible and Coinsurance
Presurgical Testing, Anesthesia	Deductible and Coinsurance
Chemotherapy, Radiation Therapy	Deductible and Coinsurance
Chiropractic Care ⁶	\$35/\$50 copayment for examinations and evaluations only. Other services performed during office visits subject to in-network deductible and coinsurance
MRI ² , MRA ² , CAT Scan ² , PET ² & Nuclear Cardiology ²	Deductible and Coinsurance
Laboratory Tests, X-rays ⁶	Lab & X-ray: \$0 cost share when part of an office visit on the same day of service.
Routine Maternity Care	Deductible and Coinsurance
Allergy Care	
- Office Visit	\$35/\$50 copayment
- Routine Testing	Deductible and Coinsurance
- Allergy Injections/Immunotherapy	\$0
Home Healthcare (Up to 100 visits per calendar year)	Coinsurance (no deductible)
Home Infusion Therapy	Deductible and Coinsurance
Hospice Care (Unlimited days combined IP & OP per lifetime)	Deductible and Coinsurance
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)	\$35/\$50 copayment for examinations and evaluations only. Other services performed during office visits subject to in-network deductible and coinsurance

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Vision Therapy Cardiac Rehabilitation (Unlimited visits per calendar year) Second Surgical Opinion Kidney Dialysis	\$35/\$50 copayment for examinations and evaluations only. Other services performed during office visits subject to in-network deductible and coinsurance
Inpatient Care³	Member Pays In-Network
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board) Surgery, Covered Surgical Assistant, Anesthesia Physical Therapy, Physical Medicine or Rehabilitation (Up to 60 inpatient days per calendar year) Skilled Nursing Facility (Up to 60 inpatient days per calendar year)	Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance
Mental Health	Member Pays In-Network
Outpatient Visits in Office Outpatient Visits in a Facility Inpatient Care ⁴ (As many days as is medically necessary; semiprivate room and board)	\$35 copayment Coinsurance (no deductible) Deductible and Coinsurance
Alcohol/Substance Abuse	Member Pays In-Network
Outpatient Visits in Office Outpatient Visits in Facility Inpatient Detoxification ⁴ (As many days as is medically necessary; semiprivate room and board) Inpatient Rehabilitation ⁴	\$35 copayment Coinsurance (no deductible) Deductible and Coinsurance Deductible and Coinsurance
Other	Member Pays In-Network
Medical Supplies Durable Medical Equipment ² Prosthetics & Orthotics ² Ambulance (Land/Air ambulance) Prescription Drugs ^{8,9} Essential Formulary	Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance \$100 Retail Only Deductible, does not apply to tier 1 generics \$10 Tier 1 \$35 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 \$70 Tier 2 \$20% Coinsurance w/ \$80min/\$300 max Tier 3

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- (1) A network provider must deliver all care, except in emergencies. The in-network office co-payment applies to examinations and evaluations only. Other services performed during office visits are subject to in-network deductible and coinsurance (unless otherwise indicated). There is no out-of-network option for this product.
- (2) For services received from an Empire network provider, the provider must precertify services or services may be denied. Empire's network providers cannot bill member except for co-payments for office visit examinations and evaluations services and the in-network deductible and coinsurance for other covered services (for services subject to cost share). 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).
- (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, *please call the toll-free number on your member ID card to determine exactly what outpatient services require precertification*
- (4) You are responsible for obtaining precertification from Empire's Behavioral Healthcare Management Program. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained.
- (5) 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 co-payments for office visit examinations and evaluations and the in-network deductible and coinsurance for other covered services (for services subject to cost share). Authorization is not required for services received from in-network BlueCard® PPO providers outside of Empire's network area.
- (6) 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.
- (7) 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.
- (8) This prescription drug plan meets the Centers for Medicare and Medicaid Services (CMS) standard for Creditable Coverage under the Medicare Modernization Act of 2003.
- (9) 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.