

Your Summary of Benefits



POS

County of Ulster

Benefit	In-Network ²	Out-of-Network ³
Deductible	N/A	\$2,000/\$5,000
Coinsurance	N/A	40%
Coinsurance Stop Loss	N/A	\$20,000/\$50,000 (\$8,000/\$20,000 out-of-pocket)
Lifetime Maximum	Unlimited	\$1,000,000
Dependent Children (covered to end of calendar year)	To age 19; full-time students to age 25	To age 19; full-time students to age 25
Preventive Care¹	Member Pays	Member Pays
Adult Preventive Care	\$0	Deductible and coinsurance
Annual Physical Exam	\$0	Deductible and coinsurance
Well-Child Care (Up to age 19; including covered immunizations)	\$0	Deductible and coinsurance
Well-Woman Care	\$0	Deductible and coinsurance
Home/Office/Outpatient Care	Member Pays	Member Pays
Home/Office/Outpatient Visits Copayment	\$20 copay	Deductible and coinsurance
webVisit ⁴	\$5 copay per online consultation	Covered in-network only
Emergency Room/Facility (initial visit per occurrence)	\$50 copay (Waived if admitted within 24 hours)	\$50 copay (Waived if admitted within 24 hours)
Ambulatory/Outpatient Surgery ^{5,6}	\$0	Deductible and coinsurance
Presurgical Testing, Anesthesia	\$0	Deductible and coinsurance
Chemotherapy, Radiation Therapy	\$0	Deductible and coinsurance
Maternity Care	\$0	Deductible and coinsurance
Laboratory Tests, X-rays, MRI ⁴ /MRA ⁴ , CAT Scan ⁶ , PET ⁶ and Nuclear Cardiology ⁶	\$0	Deductible and coinsurance
Allergy Testing & Treatment	\$20 copay (Waived for treatment)	Deductible and coinsurance
Chiropractic Care ⁸	\$20 copay	Deductible and coinsurance
Home Healthcare (Up to 200 visits per calendar year)	\$0	Coinsurance (no deductible)
Home Infusion Therapy	\$0	Deductible and coinsurance
Hospice Care (Up to 210 days per lifetime)	\$0	Deductible and coinsurance
Physical Therapy ⁵ (Up to 30 visits per calendar year combined in home, office or outpatient facility)	\$20 copay	Deductible and coinsurance
Speech/Language ⁵ , Occupational ⁵ , Vision Therapies (Up to 30 visits per calendar year combined in home, office or outpatient facility)	\$20 copay	Deductible and coinsurance
Outpatient Cardiac Rehabilitation	\$20 copay	Deductible and coinsurance
Second Surgical Opinion	\$20 copay	Deductible and coinsurance
Kidney Dialysis	\$0	Deductible and coinsurance

- (1) The following benefits, if provided in-network for preventive care, are not subject to copayment: mammography screenings, cervical cancer screening, colorectal cancer screenings, prostate cancer screenings, hypercholesterol screenings, diabetes screenings for pregnant women, bone density testing, annual physical examinations and up to two annual obstetric and gynecological examinations.
- (2) In-network provider delivers care. In-network providers are in Empire's POS network, and in our affiliate POS network in Connecticut, Anthem Blue Cross and Blue Shield.
- (3) Out-of-network providers are providers who are not in Empire's POS network or our affiliate network in Connecticut, Anthem Blue Cross and Blue Shield. Out-of-network services rendered by providers who do not participate with Empire or with another Blue Cross Blue Shield plan through the BlueCard Program are subject to balance billing over the allowed amount. (This does not apply to emergency benefits.)
- (4) A webVisit enables you to receive a covered medical consultation for a non-urgent matter from a participating provider who has agreed to provide webVisits to Empire members online. Confirm your provider's participation by contacting your provider or his/her office staff. Visit our website or call for more details.
- (5) Empire's or Anthem's, CT network provider must precertify INN services or services may be denied; Empire or Anthem, CT network providers cannot bill members beyond INN copayment (if applicable) for covered services. You are responsible for obtaining precertification for out-of-network services. Your provider may call for you, but you will be responsible for penalties applied to out-of-network claims if precertification is not obtained.
- (6) 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.
- (7) Empire's or Anthem's, CT network provider must precertify INN services or services may be denied; Empire or Anthem, CT network providers cannot bill members for covered services. Precertification is not necessary for out-of-network services.
- (8) Precertification must be obtained from the Behavioral Healthcare Manager, or penalties apply.

References continued on next page

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Benefit	In-Network ²	Out-of-Network ³
Inpatient Care⁵		
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	\$500/\$1,250 per admission/maximum per calendar year per contract	Deductible and coinsurance
Surgery, Surgical Assistant, Anesthesia	\$0	Deductible and coinsurance
Physical Therapy, Physical Medicine, or Rehabilitation (Up to 90 inpatient days per calendar year)	\$500/\$1,250 per admission/maximum per calendar year per contract	Deductible and coinsurance
Skilled Nursing Facility (Up to 30 days per calendar year)	\$500/\$1,250 per admission/maximum per calendar year per contract	Deductible and coinsurance
Mental Health		
Outpatient Visits in Office or Facility	\$20 copay	Deductible and coinsurance
Inpatient Care ⁹ (As many days as is medically necessary; semiprivate room and board)	\$500/\$1,250 per admission/maximum per calendar year per contract	Deductible and coinsurance
Alcohol/Substance Abuse⁹		
Outpatient Visits	\$0	Deductible and coinsurance
Inpatient Detoxification (As many days as is medically necessary; semiprivate room and board)	\$500/\$1,250 per admission/maximum per calendar year per contract	Deductible and coinsurance
Inpatient Rehabilitation (Up to 90days per calendar year)	\$500/\$1,250 per admission/maximum per calendar year per contract	Deductible and coinsurance
Other		
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	Deductible and coinsurance
Durable Medical Equipment ⁵	\$0	Deductible and coinsurance
Prosthetics & Orthotics ⁵	\$0	Deductible and coinsurance
Ambulance (air ambulance)	\$0	Deductible and coinsurance

NOTE: This is a benefits summary only and is subject to the terms, conditions, limitations and exclusions set forth in the certificate of coverage or contract. Failure to comply with our Medical Management or Behavioral Healthcare Management Program requirements may result in benefit reductions.

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