

Your Summary of Benefits



EPO

Niskayuna Central School District EPO \$20

| Benefit | In-Network ¹ |
|---|---|
| Lifetime Maximum | Unlimited |
| Out-of-Pocket Maximum | \$5,080 / \$12,700 (All In-Network Cost Shares) |
| Dependent Children (covered to the end of the month) | Dependents to Age 26 |
| Covered Preventive Care² | Member Pays In-Network |
| Covered Adult Preventive Care | \$0 copayment |
| Annual Physical Exam | \$0 copayment |
| Well-Child Care (Up to age 19; including necessary covered immunizations) | \$0 copayment |
| Preventive Well-Woman Care | \$0 copayment |
| Home/Office/Outpatient Care | Member Pays In-Network |
| Home/Office Visits / Online Visits | \$20 copayment |
| Urgent Care Center | \$20 copayment |
| Emergency Room/Facility (initial visit per occurrence) | \$50 copayment (Waived if admitted within 24 hours) |
| Surgery ³ , Pre-surgical Testing, Anesthesia | \$0 |
| Chemotherapy, Radiation Therapy | \$0 |
| Routine Maternity Care | \$0 |
| Laboratory Tests, X-rays | \$0 |
| MRI ⁵ /MRA ⁵ , CAT Scan ⁵ , PET ⁵ & Nuclear Cardiology ⁵ | \$0 |
| Allergy Care Routine Testing and Treatment (Allergy Injections/Immunotherapy) | \$20 copayment (Waived for treatments) |
| Chiropractic Care ⁶ | \$20 copayment |
| Home Healthcare (Up to 200 visits per calendar year) | \$0 |
| Home Infusion Therapy | \$0 |
| Hospice Care (Up to 210 days per lifetime) | \$0 |
| Physical Therapy ³ (Up to 30 visits per calendar year combined in home, office or outpatient facility) | \$20 copayment |
| Other Short-Term Rehabilitative Therapies ³ — Speech/Language, Occupational, Vision (Up to 30 visits per calendar year combined in home, office or outpatient facility) | \$20 copayment |
| Cardiac Rehabilitation | \$20 copayment |
| Second Surgical Opinion | \$20 copayment |
| Kidney Dialysis | \$0 |

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| Benefit | In-Network¹ |
|---|--|
| Inpatient Care³ | |
| Member Pays In-Network | |
| Inpatient Hospital (As many days as is medically necessary; semiprivate room and board) | \$0 |
| Surgery, Surgical Assistant, Anesthesia | \$0 |
| Physical Therapy, Physical Medicine or Rehabilitation (Up to 30 inpatient days per calendar year) | \$0 |
| Skilled Nursing Facility (Up to 60 days per calendar year) | \$0 |
| Mental Health | |
| Outpatient Visits in Office | \$20 copayment |
| Outpatient Visits in Facility | \$0 |
| Inpatient Care ⁴ (As many days as is medically necessary; semiprivate room and board) | \$0 |
| Alcohol/Substance Abuse | |
| Outpatient Visits in Office | \$20 copayment |
| Outpatient Visits in Facility | \$0 |
| Inpatient Detoxification ⁴ (As many days as is medically necessary; semiprivate room and board) | \$0 |
| Inpatient Rehabilitation ⁴ | \$0 |
| Other | |
| Medical Supplies | \$0 when obtained through Empire's medical supplies vendor |
| Durable Medical Equipment ⁵ | \$0 |
| Prosthetics & Orthotics ⁵ | \$0 |
| Ambulance (air ambulance) | \$0 |

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- (1) A network provider must deliver all care. There is no out-of-network option for this product, except for emergency care.
- (2) 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.
- (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 cosmetic surgery, an excluded benefit except when medically necessary.
- (4) 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.
- (5) For services received from an Empire network provider, the provider must precertify in-network services; Empire's network providers cannot bill members for covered services. 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, 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). 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.
- (6) 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 for covered services. Authorization is not required for services rendered from in-network BlueCard® PPO providers outside of Empire's network area.

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.

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