

Empire BlueCross BlueShield/ GHI — CBP Hospital Benefits Summary



An Anthem Company

Effective January 1, 2021 - December 31, 2021, for non-Medicare employees and retirees

	<i>Basic Hospital benefits</i>	<i>2021 Basic Hospital In-network You pay:</i>	<i>2021 Basic Hospital Out-of-network You pay:</i>
	Copay	\$300 individual copay per admission/\$750 maximum individual copays per calendar year	\$500 individual copay per admission//\$1,250 maximum individual copays per calendar year
	Coinsurance	20% to a maximum of \$200 per person per calendar year	20% to a maximum \$2,000 per person per calendar year
	Coinsurance Stop Loss (excluding Copay)	\$200 maximum per person per calendar year	\$2,000 per person/\$5,000 per family
	Maximum out of pocket**(MOOP)	\$2,600 Individual/\$5,200 Family	N/A
	Dependent children	Covered to end of month age 26	Covered to end of month age 26
Inpatient ¹ (except behavioral health)	<ul style="list-style-type: none"> o Limited to 365 days, semiprivate room and board o Hospital-provided services o Maternity care 	\$300 copay per admission per person, up to a maximum of \$750 per person per calendar year	\$500 copay per person per admission and 20% coinsurance and balance billing*
Outpatient ²	<ul style="list-style-type: none"> o Surgery and ambulatory surgery³ o Blood o Chemotherapy 	20% coinsurance up to a maximum of \$200 per person per calendar year	\$500 Copay per person per visit and 20% coinsurance and balance billing*
Outpatient ²	<ul style="list-style-type: none"> o Pre-surgical testing (performed within 21 days of admission) o One annual routine mammography screening and one annual routine cervical cancer screening 	\$0	\$500 copay per person per visit and 20% coinsurance and balance billing*
Outpatient kidney dialysis ⁴	Hospital-based or freestanding facility	20% coinsurance up to a maximum of \$200 per person per calendar year	Up to 10 out of network visits annually when approved by NYC HealthLine
Outpatient therapy ²	Hyperbaric oxygen therapy ³	20% coinsurance up to a maximum of \$200 per person per calendar year	20% coinsurance up to a maximum of \$200 per person per calendar year
Emergency room/Facility	<ul style="list-style-type: none"> o Accidental injury o Sudden and serious medical condition 	\$150 copay (waived if admitted within 24 hours)	\$150 copay (waived if admitted within 24 hours)
	Emergency room physicians and non-invasive cardiology, radiology and pathology services performed in the emergency room only	\$0	\$0

(continued)

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	<i>Basic Hospital benefits</i>	<i>2021 Basic Hospital In-network You pay:</i>	<i>2021 Basic Hospital Out-of-network You pay:</i>
Skilled nursing facility ¹	Up to 90 days per calendar year. NYC Healthline may substitute benefits if medically appropriate. 2 ½ outpatient visits=1 day in a skilled nursing facility. 1 day in an acute rehabilitation facility = 2 days in a skilled nursing facility. Of the 90 days there are 30 occupational and speech therapy visits combined allowed.	\$300 copay per admission per person, up to a maximum of \$750 per person per calendar year	\$500 copay per person per admission and 20% coinsurance and balance billing*
Hospice	Up to 210 days per lifetime	\$0	\$0
Cardiac rehabilitation ⁴	Up to 36 outpatient visits (Benefit only available if preauthorized and approved by NYC Healthline)	\$0	\$500 copay per person per visit and 20% coinsurance and balance billing*
Air ambulance ⁵	When medically necessary	\$0 (unlimited lifetime maximum)	\$0 (unlimited lifetime maximum)

* Balance billing — You may be responsible for charges that are higher than Empire’s out-of-network reimbursement, combined with the remaining copay and coinsurance amounts.

** MOOP refers to the maximum amount of in-network cost sharing expenses that you will pay in each plan year for covered services/essential health benefits received from Participating Providers under the Empire BlueCross BlueShield plan. MOOP includes coinsurance and copay charge amounts that you must pay for covered in-network services.

1. You must call NYC Healthline for authorization and approval for all inpatient admissions.
If the member does not call for approval, the claim is subject to a penalty of \$250 per day, up to a maximum of \$500. The claim will also be subject to retrospective review by NYCHSRO. Coverage ends on the 365th day. There must be a gap of 90 days between admissions before the 365 days begins again.
2. Outpatient benefits are limited to 30 visits per calendar year.
3. You must call NYC Healthline for authorization and approval for the following procedures: possible/cosmetic procedures, reconstruction, outpatient transplants, optical/vision related procedures, breast reconstruction, cochlear implants, functional endoscopy/nasal surgery, spinal stimulator implants, joint replacements and obesity surgeries, experimental/investigational procedures, hyperbaric O2 chamber, infertility with underlying condition, pain management, stimulatory implants, wound vac, bariatric surgery, spinal surgery.
4. You must call NYC Healthline for authorization and approval.
5. You must call NYC Healthline for any scheduled transportation.
6. For more information about your Empire Blue Cross Blue Shield plan, visit www.empireblue.com/nyc