

EMPIRE HMO



This program features a full range of in-network benefits with low out-of-pocket costs, no claim forms, and access to quality health care for you and your family. Empire HMO lets you choose from over 66,000 providers and 200 hospitals in our local service area. With Empire's HMO, every family member can choose his or her own Primary Care Physician (PCP).

At a Glance	
Plan Type:	HMO
Geographic Service Area	Empire's service area includes the 27 county NY service area, the 7 bordering New Jersey counties of Hudson, Union, Sussex, Passaic, Monmouth, Middlesex and Bergen and the 2 bordering Connecticut counties of Fairfield and Litchfield.
Does this plan use a network of providers?	Yes. Visit the website or call for a list of in-network participating providers.
Do I need a referral to see a specialist?	Yes, written approval is required by your primary care physician before you can see a specialist.
Contact Information	<p>Empire BlueCross Blue Shield City of New York - Dedicated Service Center P.O. Box 1407 Church Street Station New York, NY 10008</p> <p>1-800-767-8672 (Representatives will be available Monday through Friday, 8:30 a.m. to 5:00 p.m.)</p>
Web Site	www.empireblue.com/nyc

Plan Features	Cost
What is the overall deductible for this plan?	<ul style="list-style-type: none"> • \$250 / \$625 per admission/maximum per calendar year per contract
What are the costs when you visit a health care provider's office or clinic?	<ul style="list-style-type: none"> • Primary care visit to treat an injury or illness: \$15 co-pay • Specialist visit: \$15 co-pay • Other practitioner office visit: \$15 co-pay for chiropractor and no charge for acupuncture • Preventive care/screening/immunization: No charge
What are the costs if you have a test?	<p>Diagnostic test (x-ray, blood work): No charge Imaging (CT/PET scans, MRIs): No charge Pre certify in-network services</p>
What are the costs if you have outpatient surgery?	<p>Facility fee (e.g., ambulatory surgery center): No charge Not covered for non-participating provider Prior approval is required for cosmetic/reconstructive procedures, outpatient transplants and ophthalmological or eye-related procedures. Physician/surgeon fees: No charge Not covered for non-participating provider</p>
What are the costs if you need immediate medical attention?	<p>Emergency room services: \$35 co-pay/visit \$35 co-pay to non-participating provider Co-pay waived if admitted within 24 hours Emergency medical transportation: No charge No charge to non-participating provider</p>
What are the costs if you have a hospital stay?	<p>Facility fee (e.g., hospital room): \$250 / \$625 per admission/maximum per calendar year per contract Not covered non-participating provider Prior approval required Physician/surgeon fee: No charge Not covered for non-participating provider Urgent care:\$15 co-pay Not covered for non-participating provider</p>

What are the costs if you are pregnant?	<p>Prenatal and postnatal care: No charge Not covered for non-participating provider</p> <p>Delivery and all inpatient services: \$250 / \$625 per admission/maximum per calendar year per contract Not covered for non-participating provider</p> <p>Limited to 48 hours for natural delivery and 96 hours for caesarean delivery. Empire’s network provider must pre-certify in-net-work services or services may be denied. Empire’s network providers cannot bill members beyond in-network copayment (if applicable) for covered services.</p>
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WHAT ARE THE COSTS IF YOU HAVE MENTAL HEALTH, BEHAVIORAL HEALTH, OR SUBSTANCE ABUSE NEEDS?

Service	Cost
Mental/Behavioral health Outpatient services	<ul style="list-style-type: none"> • \$15 co-pay • Prior approval required
Mental/Behavioral health Inpatient services	<ul style="list-style-type: none"> • \$250 per admission / \$625 per maximum per calendar year per contract • Prior approval required • Not covered for non-participating provider
Substance abuse Outpatient services	<ul style="list-style-type: none"> • \$15 co-pay • Prior approval required • Not covered for non-participating provider
Substance abuse Inpatient services	<ul style="list-style-type: none"> • \$250 / \$625 per admission/maximum per calendar year per contract • Prior approval required • Not covered for non-participating provider

What are the costs if you need help recovering or have other special health needs?

Service	Cost
Home health care	<ul style="list-style-type: none"> • No charge • Coverage limited to 200 visits/year • Not covered for non-participating provider
Skilled nursing care	<ul style="list-style-type: none"> • No charge • (limited to 60 visits/year) • Prior approval required • Not covered for non-participating provider
Durable medical equipment (DME)	<ul style="list-style-type: none"> • No charge - Prior approval required • Not covered for non-participating provider
Hospice service	<ul style="list-style-type: none"> • No charge - Coverage limited to up to 210 days lifetime max • Not covered for non-participating provider

OPTIONAL RIDER

What is the cost if you need drugs to treat your illness or condition?

	Retail	Mail Order
Generic drugs*	\$10 co-pay/30 day supply	After Empire Pharmacy management has paid \$3,000 in drug expenses, all drugs have 50% coinsurance for each benefit year.
Preferred brand drugs	\$25 co-pay/30 day supply	After Empire Pharmacy management has paid \$3,000 in drug expenses, all drugs have 50% coinsurance for each benefit year.
Non-preferred brand drugs	\$50 co-pay/30 day supply	After Empire Pharmacy management has paid \$3,000 in drug expenses, all drugs have 50% coinsurance for each benefit year
Specialty drugs	Not covered	Not covered

*Must be dispensed by a Participating Pharmacy.

Please refer to the Summary of Benefits and Coverage (SBC) for additional information and to see what this plan covers and any cost-sharing responsibilities.