

Benefits

EPO #1

SUMMARY

Freelancers Union EPO #1

Benefit	In-Network ¹
*Deductible	\$3,000 Individual / \$6,000 Family
Coinsurance	20%
*Out-of-Pocket Coinsurance Maximum	\$10,000 Individual / \$20,000 Family
*Total Annual Out-of-Pocket Maximum(Deductible plus Out-of-Pocket coinsurance)	\$13,000 Individual / \$26,000 Family
Lifetime Maximum	Unlimited
*Dependent Children	To age 19 end of calendar month; full-time students to age 23 end of calendar year
Home/Office/Outpatient Care	Member Pays In-Network ¹
*Home/Office Visits ¹	\$30 Primary Care copay /\$50 Specialist copay
*Emergency Room (initial visit per occurrence)	\$100 copay (Waived if admitted within 24 hours)
Well-Child Care (Up to age 19; including necessary immunizations)	\$0 copay
Maternity Care	Deductible and Coinsurance
AllergyCare	
• Office Visit	\$50 Specialist copay
• Testing	Deductible and coinsurance
• Treatment	Copay Waived
*Home Healthcare (40 visits per calendar year)	Deductible and Coinsurance
Home Infusion Therapy	Deductible and Coinsurance
Hospice Care (Up to 210 days per lifetime)	Deductible and Coinsurance
Annual Physical Exam	\$30 Primary Care copay /\$50 Specialist copay
Well-Woman Care	\$30 Primary Care copay /\$50 Specialist copay
Surgery ⁴ , Presurgical Testing, Anesthesia	Deductible and coinsurance
Chemotherapy, Radiation Therapy	Deductible and coinsurance
Infertility Care	\$30 Primary Care copay /\$50 Specialist copay
Mammograms (Preventative)	\$0 copay
Cervical Cancer Screenings (Preventative)	\$0 copay
*Laboratory Tests, X-rays	\$0 copay
*MRI ⁴ , MRA ⁴ , CAT Scan ⁵ , PET ⁵ & Nuclear Cardiology ⁵	Deductible and Coinsurance
*Kidney Dialysis	\$20 copay
*Chiropractic Care ⁵	\$50 Specialist copay
*Physical Therapy	Not Covered
*Other Short-Term Rehabilitative Therapies – Speech/Language, Occupational, Vision	Not Covered

(1) A network provider must deliver all care. The in-network office co-payment applies to examinations and evaluations only. Other services performed at the office setting may be subject to in-network deductible and coinsurance. There is no out-of-network option for this product.

(2) 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.

(3) Precertification is required by Empire's Behavioral Healthcare Management Programs.

(4) For services received from an Empire network provider, the provider must precertify in-network services or services may be denied: Empire's network providers cannot bill members beyond the co-payments for "examinations and evaluations" services and the in-network deductible and coinsurance for other covered services (for services subject to in-network cost share). 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.

(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 beyond the co-payments for "examinations and evaluations" services and the in-network deductible and coinsurance for other covered services (for services subject to in-network cost share). Authorization is not required for services rendered from in-network BlueCard® PPO providers outside of Empire's network area.

References continued on next page

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EPO #1

SUMMARY

Benefit	In-Network ¹
Inpatient Care²	Member Pays In-Network¹
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	Deductible and Coinsurance
*Physical Therapy, Physical Medicine or Rehabilitation	Not Covered (Unless part of an Acute Care Admission)
Surgery, Surgical Assistant, Anesthesia	Deductible and Coinsurance
*Skilled Nursing Facility (Up to 30 days per calendar year)	Deductible and Coinsurance
Birth Centers	Deductible and Coinsurance
Mental Health³	
*Outpatient Visits in Office or Facility (Up to 20 outpatient visits per calendar year)	\$50 Specialist copay ³
Inpatient Care ³ (Up to 30 inpatient days per calendar year)	Deductible and Coinsurance
Biologically-based mental illness and serious emotional disturbances in children with certain risks/behaviors will be treated the same as any other illness once the visit limits have been exhausted.	
Alcohol/Substance Abuse³	
Outpatient Visits (Up to 60 outpatient visits, which include 20 family counseling visits per calendar year)	\$50 Specialist copay
*Inpatient Detoxification	Not Covered
Inpatient Rehabilitation	Not Covered
Other	
*Medical Supplies(Including Diabetic Supplies)	\$30 copay when obtained through Empire's medical supplies vendor
*Durable Medical Equipment ⁴	Not Covered (Unless associated with diabetes)
Prosthetics & Orthotics ⁴	Not Covered
*Ambulance (ground & air ambulance)	\$100 copay
*Prescription Drugs ⁶ Retail Program – One copay required for up to a 30-day supply	\$100 Annual Deductible (Combined Retail & Mail Order) \$10 copay for generic No brand covered No non-formulary covered Includes Oral Contraceptives (Retail & Mail-Order)
Mail-Order Program ⁷ – Only two copays required for a 90-day supply	The Mail-Order Program has the same copayments as the Retail Program listed above.
Routine Vision Care	\$5 copay for 1 exam every 24 months \$10 copay for frames/contacts \$15 additional copay on designer frames \$25 allowance for nonplan eyewear purchases

(6) This prescription drug coverage meets the Centers for Medicare and Medicaid Services (CMS) standard for Creditable Coverage under the Medicare Modernization Act of 2003.

(7) 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.

* Non-standard benefit which is subject to approval of the New York State Insurance Department. If not approved, coverage may be returned to the status quo insofar as possible or modified retroactively to meet all requirements necessary for approval

NOTE: This is a benefits summary only and is subject to the terms, conditions, limitations and exclusions set forth in the contract. Failure to comply with Empire's Medical Management or Behavioral Healthcare Management Program requirements could result in benefit reductions.

For more information, please refer to the Summary Plan description.