

NEW YORK MEDICAL COLLEGE
CUSTOMER SERVICE PHONE NUMBER: 1-800-934-7703

www.empireblue.com/nymc

Empire Care Plus PPO Plan Summary - 2012		
BENEFIT	IN-NETWORK¹	OUT-OF-NETWORK²
COST SHARING		
ANNUAL DEDUCTIBLE	\$400 Individual \$800 Family	\$600 Individual \$1,200 Family
COINSURANCE	90%	70%
ANNUAL OUT-OF-POCKET MAXIMUM Does not include deductible	\$1,200 Individual \$2,400 Family	\$3,600 Individual \$7,200 Family
HOSPITAL BENEFITS		
INPATIENT ³ Semi-Private room	Covered 90%, Subject to Deductible	Covered 70%, Subject to Deductible
INPATIENT MENTAL HEALTH ³	Covered 90%, Subject to Deductible	Covered 70%, Subject to Deductible
INPATIENT SUBSTANCE ABUSE AND DETOX ³	Covered 90%	Covered 70%
OUTPATIENT Ambulatory Surgery Center	\$50 Copay	Covered 70%
EMERGENCY ROOM/FACILITY ⁴	Covered 100% after \$100 Copay (waived if admitted within 24 hours)	Covered 100% after \$100 Copay (waived if admitted within 24 hours)
MRI/MRA/CAT/PET Scans	\$50 Copay	Covered 70%, Subject to Deductible
OTHER FACILITY BENEFITS		
HOME HEALTH CARE ³ 200 visit maximum per calendar year Combined In & Out-of-Network	Covered 90%, Subject to Deductible	Covered 70%, Subject to Deductible
HOSPICE ³ 210 days per lifetime Combined In & Out-of-Network	Covered 90%, Subject to Deductible	Covered 70%, Subject to Deductible
SKILLED NURSING FACILITY ³ 60 day visit maximum per calendar year Combined In & Out-of-Network	Covered 90%, Subject to Deductible	Covered 70%, Subject to Deductible
<p>¹ Network provider delivers care.</p> <p>² Out-of-network services are those from a provider that does not participate with Empire or with another Blue Cross and Blue Shield Plan through the BlueCard PPO Program. (This does not apply to emergency benefits). Out-of-network services are subject to balance billing over the allowed amount.</p> <p>³ Empire's Medical Management program must be prenotified or penalties will apply</p> <p>⁴ Empire's Medical Management program must be notified within 48 hours in the event of an emergency admission.</p>		

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BENEFIT	IN-NETWORK¹	OUT-OF-NETWORK²
MEDICAL BENEFITS		
NON-SPECIALIST OFFICE VISIT	\$20 Copay	Covered 70%, Subject to Deductible
**SPECIALIST OFFICE VISIT	\$30 Copay	Covered 70%, Subject to Deductible
CONSULTATIONS	Covered 90%, Subject to Deductible	Covered 70%, Subject to Deductible
SURGEON	Covered 90%, Subject to Deductible	Covered 70%, Subject to Deductible
*PREVENTIVE CARE	Covered 100%	Covered 70%, Subject to Deductible
MATERNITY	Covered 90%, Subject to Deductible	Covered 70%, Subject to Deductible
ANESTHESIOLOGY	Covered 90%, No Deductible	Covered 90% of UCR, No Deductible
LAB & X-RAY	\$20 Copay	Covered 70%, Subject to Deductible
OUTPATIENT MENTAL HEALTH	\$20 Copay	Covered 70%, Subject to Deductible
ALLERGY CARE TREATMENT AND OFFICE VISITS	\$30 Copay	Covered 70%, Subject to Deductible
ALLERGY CARE TESTING	Covered 90%, Subject to Deductible	Covered 70%, Subject to Deductible
PHYSICAL THERAPY	\$30 Copay	Covered 70%, Subject to Deductible
OCCUPATIONAL & SPEECH THERAPY	\$30 Copay	Covered 70%, Subject to Deductible
VISION THERAPY	\$30 Copay	Covered 70%, Subject to Deductible
INFERTILITY TESTING & TREATMENT	Not Covered	Not Covered
DURABLE MEDICAL EQUIPMENT	Covered 90%, Subject to Deductible	Covered 70%, Subject to Deductible
AMBULANCE	Covered 90%, No Deductible	Covered 90% of UCR, No Deductible
CHIROPRACTIC CARE 25 visits per calendar year Combined In & Out-of-Network	\$30 Copay	Covered 70%, Subject to Deductible

PRESCRIPTION DRUGS
ADMINISTERED BY CVS/CAREMARK
1-866-410-0652

Retail - 34 Day Supply Generic: \$10 Preferred Brand: \$25 Non Preferred Brand: \$40	Mail Order - 90 Day Supply Generic: \$20 Preferred Brand: \$50 Non Preferred Brand: \$80
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⁴ Empire's Medical Management program must be notified within 48 hours in the event of an emergency admission.

*If provided in-network for preventive care, the following benefits are not subject to copayment: mammography screenings, cervical cancer screenings, colorectal screenings, prostate cancer screenings, hypercholesterolemia screenings, diabetes screenings for pregnant women, bone density testing, annual physical examinations, two annual obstetric and gynecological exams.

**The following practitioners receive the lower (non-specialist) copay (\$20) for services provided in an office: obstetrician, gynecologist, certified nurse midwife, family practice, internal medicine general practice, nurse practitioners. The higher (specialist) copay (\$30) will apply for all other specialists when a copay is required.

NOTE: This is a benefit summary only and is subject to the terms, conditions, limitations, and exclusions set forth in more detail in your group health plan documents. The benefit summary is not a contract or guarantee of coverage and in the event of any discrepancy between the benefit summary and your group health plan documents, your group health plan documents will control. Benefits are available for covered services that are medically necessary. To qualify for benefits, patients must be eligible at the time of service.

Services provided by Empire HealthChoice Assurance, Inc., a licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.