

# Your Summary of Benefits

## Direct HMO



An Anthem Company

### Rensselaer County

Benefit	In-Network <sup>1</sup>
Lifetime Maximum	Unlimited
Out-of-Pocket Maximum	\$5,080 / \$12,700 (All In-Network Medical and RX Cost Shares)
Dependent Children (covered to the end of the month)	Dependents to Age 26
<b>Covered Preventive Services<sup>6</sup></b>	<b>Member Pays In-Network</b>
Covered Adult Preventive Care	\$0
Annual Physical Exam	\$0
Well-Child Care (to age 19; including covered immunizations)	\$0
Preventive Well-Woman Care (no PCP referral required)	\$0
<b>Home/Office/Outpatient Care</b>	<b>Member Pays In-Network</b>
Home/Office Visits (PCP or Specialist)	\$25 copayment
Urgent Care Center	\$25 copayment
Online Visits	\$25 copayment
Emergency Room/Facility (Initial visit per occurrence)	\$50 copayment (Waived if admitted within 24 hours)
Ambulatory/Outpatient Surgery <sup>2</sup>	\$0
Presurgery Testing	\$0
Anesthesia	\$0
Office Surgery	\$25 copayment
Chemotherapy, Radiation Therapy	\$0
Routine Maternity Care	\$0
Laboratory Tests	\$0
X-rays/ MRI <sup>2</sup> /MRA <sup>2</sup> , CAT <sup>2</sup> , PET <sup>2</sup> , Nuclear Cardiology <sup>2</sup>	\$25 copayment
Allergy Routine Testing and Treatment (Allergy Injections/Immunotherapy)	\$25 copayment (Waived for treatment)
Chiropractic Care <sup>4</sup>	\$25 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 <sup>2</sup> (Up to 30 visits per calendar year combined in home, office or outpatient facility)	\$25 copayment in home or office
Speech/Language <sup>2</sup> , Occupational <sup>2</sup> , Vision Therapies <sup>2</sup> (Up to 30 visits per calendar year combined in home, office or outpatient facility)	\$25 copayment in home or office
Cardiac Rehabilitation	\$0
Second Surgical Opinion	\$0
Kidney Dialysis	\$0

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Benefit	In-Network <sup>1</sup>
<b>Inpatient Care<sup>2</sup></b>	
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
<b>Mental Health</b>	
Outpatient Visits in Office	\$25 copayment
Outpatient Visits in Facility	\$0
Inpatient Care <sup>3</sup> (As many days as is medically necessary; semiprivate room and board)	\$0
<b>Alcohol/Substance Abuse<sup>3</sup></b>	
Outpatient Visits in Office	\$25 copayment
Outpatient Visits in Facility	\$0
Inpatient Detoxification (As many days as is medically necessary; semiprivate room and board)	\$0
Inpatient Rehabilitation	\$0
<b>Other</b>	
Medical Supplies <sup>5</sup>	\$25 copayment
Durable Medical Equipment <sup>2,5</sup>	20% coinsurance
Prosthetics & Orthotics <sup>2</sup>	20% coinsurance
Ambulance (air ambulance)	\$0
Prescription Drugs <sup>7</sup>	\$0 Deductible per person per calendar year
Retail Program – One copayment required for up to a 30-day supply	Tier 1/Tier 2/Tier 3
	\$10/\$25/\$50 copayment
	Includes Contraceptives (Retail & Mail-Order)
	\$0 Deductible
Mail-Order Program <sup>8</sup> – Only two copayments required for a 90-day supply	Mail-Order Program has the same copayments as the Retail Program listed above

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- (1) PCP functions as member's personal physician but does not act as gatekeeper. Member must use PCP for primary care services, such as annual physical examinations and well-child care, and may access a network specialist with or without PCP referral.
- (2) Empire's network provider must precertify in-network services or services may be denied; Empire's network providers cannot bill members beyond in-network copayment (if applicable) for covered services. For ambulatory surgery, preapproval is required for cosmetic/reconstructive procedures, outpatient transplants and ophthalmological or eye-related procedures.
- (3) Our Behavioral Health Care Management Program must preapprove all mental health and alcohol/substance abuse services.
- (4) 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 in-network copayment for covered services.
- (5) Diabetic durable medical equipment, medical supplies, education, insulin and oral agents are subject to an office visit copayment for first 52 items (combined), then covered at 100% when covered under medical benefit.
- (6) 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.
- (7) All prescription drug plans, except Generic Only, listed on this Benefits Summary, meet the CMS standard for Creditable Coverage under the Medicare Modernization Act of 2003.
- (8) 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.

**IMPORTANT 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.

Direct HMO

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