

Benefits

summary



For Groups with 2-50 Contracts

Benefit	In-Network ¹	Options
Lifetime Maximum	Unlimited	
Dependent Children	To age 19; full-time students to age 23	To age 23; full-time students to age 25
Home/Office/Outpatient Care	Member Pays	
Copayment Options	\$12, \$20, \$30	
Home/Office Visits	Copayment option selected	
Annual Physical Exam	Copayment option selected	
Well-Child Care (To age 19, including covered immunizations)	\$0	
Well-Woman Care	Copayment option selected	
Emergency Room/Facility (Initial visit per occurrence)	\$35 copay (Waived if admitted within 24 hours)	
Surgery ² , Pre-Surgical Testing, Anesthesia	\$0	
Chemotherapy, Radiation Therapy	\$0	
Maternity Care	\$0	
Mammograms	\$0	
Cervical Cancer Screenings	\$0	
Laboratory Tests, X-rays	\$0	
MRI ² /MRA ²	\$0	
Allergy Testing & Treatment	Copayment option selected (Waived for treatments)	
Chiropractic Care	Copayment option selected	
Home Health Care ² (Up to 200 visits per calendar year)	\$0	
Home Infusion Therapy ²	\$0	
Hospice Care ² (Up to 210 days per lifetime)	\$0	
Physical Therapy ² — (Up to 30 visits per calendar year combined in home, office or outpatient facility)	Copayment option selected	
Other Short-Term Rehabilitative Therapies ² — Speech/Language, Occupational, Vision (Up to 30 visits per calendar year combined in home, office or outpatient facility)	Copayment option selected	
Cardiac Rehabilitation ²	Copayment option selected	
Second Surgical Opinion	Copayment option selected (No copayment applies if arranged through the Medical Management Program.)	
Kidney Dialysis	\$0	

These new options are available as of May 15, 2002.

- (1) A network provider must deliver all care. There is no out-of-network option for this product.
- (2) Precertification is required. The member or a participating network physician or vendor must contact Empire's Medical Management Program.
- (3) Precertification is required by Empire's Behavioral Health Care Management Program.

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 our Medical Management or Behavioral Health Care Management Program requirements could result in benefit reductions.



Benefit	In-Network ¹	Options
Inpatient Care²	Member Pays	
Inpatient Hospital (As many days as is medically necessary; semi-private 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	
Mental Health³		
Outpatient Visits in Office or Facility (Up to 20 outpatient visits per calendar year)	\$25 copay per visit	
Inpatient Care (Up to 30 inpatient days per calendar year)	\$0	
Alcohol/Substance Abuse³		
Outpatient Visits (Up to 60 outpatient visits which include 20 family counseling visits per calendar year)	\$0	
Inpatient Detoxification (Up to 7 days detox per calendar year)	\$0	
Inpatient Rehabilitation (Up to 30 days per calendar year)	Rider available	30 days
Other		
Medical Supplies	\$0	
Durable Medical Equipment ²	\$0	
Prosthetics and Orthotics ²	\$0	
Ambulance (Air Ambulance ²)	\$0	
Prescription Drugs (With or without oral contraceptives)	Rider available	Deductible options: \$0, \$100, \$150 Retail/Mail order program (generic/brand/non-formulary): \$10/\$25/\$50, \$10/\$20/\$40
Routine Vision Care (Through a special network of providers)	Rider available	(1) \$5 copay for 1 exam every 24 months plus discounts on frames and lenses (2) Option (1) plus \$10 copay for frames, \$25 copay for contact lenses plus \$35 allowance for non-plan eyewear purchase
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