

Benefits

Empire Prism
EPOSM

SUMMARY

Long Island Cares #520705

Benefit	In-Network ¹
Lifetime Maximum	Unlimited
Dependent Children (covered to end of calendar year)	To age 19 ; full-time students to age 23
Preventive Care ⁶	Member Pays
Adult Preventive Care	\$0
Annual Physical Exam	\$0
Well-Child Care (to age 19; Including covered immunizations)	\$0
Well-Woman Care	\$0
Home/Office/Outpatient Care ⁷	Member Pays
Home/Office Visits	\$35/\$50 copay
Emergency Room/Facility (initial visit per occurrence)	\$100 copay (waived if admitted within 24 hours)
Maternity Care	\$0
Ambulatory Surgery/Outpatient Surgery ³	\$300 copay per visit
Office Surgery	\$35/\$50 copay
Laboratory Tests ⁶	\$0
X-rays ⁶	\$35 copay
Kidney Dialysis	\$35 copay
Presurgical Testing, Anesthesia	\$0
Chemotherapy, Radiation Therapy	\$35 copay
MRI ² /MRA ² , CAT Scan ² , PET ² & Nuclear Cardiology ²	\$35 copay
Allergy Care	
- Office	\$35/\$50 copay
- Testing	\$0
- Treatment	\$0
Home Healthcare (Up to 60 visits per calendar year)	\$0
Home Infusion Therapy	\$0
Hospice Care (Up to 210 days combined IP & OP per lifetime)	\$0
Infertility Care	\$35/\$50 copay
Cardiac Rehabilitation	\$35/\$50 copay
Physical Therapy ³ (Up to 30 visits per calendar year combined in home, office or outpatient facility)	\$35/\$50 copay
Other Short-Term Rehabilitative Therapies, Speech/Language ³ , Occupational ³ , Vision (Up to 30 visits per calendar year combined in home, office or outpatient facility)	\$35/\$50 copay
Chiropractic Care ⁵	\$35/\$50 copay
Second Surgical Opinion	\$35/\$50 copay

- (1) A network provider must deliver all care, except in emergencies. There is no out-of-network option for this product.
- (2) For services received from an Empire network provider, the provider must precertify services or services may be denied. Empire's network providers cannot bill members except for copayments or coinsurance for covered services. Outside Empire's network area, you must obtain precertification from Empire's Medical Management Program for non-emergency 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).
- (3) 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 proposed cosmetic surgery, an excluded benefit except when medically necessary.
- (4) Precertification is required from Empire's Behavioral Healthcare Management Program.
- (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 except for copayments or coinsurance for covered services. Authorization is not required for services rendered from in-network BlueCard® PPO providers outside of Empire's network area.
- (6) The following benefits, if provided in-network for Preventive Care, are not subject to copay: 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 up to two annual obstetric and gynecological examinations.
- (7) The following practitioners receive the lower (primary) copay for services provided in an office: Patient's PCP, obstetrics, gynecologists, certified nurse midwives, chiropractors, and physical, occupational, speech and vision therapists. The higher (specialist) copay will apply for all other specialists when a Copay is required, and for services received in an outpatient facility for physical and other speech, language, occupational, vision and cardiac therapy.

Benefit	In-Network ¹
Inpatient Care ³	Member Pays
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	\$750/\$1875 per admission/maximum per calendar year per contract
Surgery, Surgical Assistant, Anesthesia	\$0
Physical Therapy, Physical Medicine or Rehabilitation (Up to 30 inpatient days per calendar year)	\$750/\$1875 per admission/maximum per calendar year per contract
Skilled Nursing Facility (Up to 60 days per calendar year)	\$100/\$250 copayment per admission/maximum per calendar year per contract
Mental Health ⁴	
Outpatient Visits in Office or Facility (Up to 20 outpatient visits per calendar year)	\$50 copay
Inpatient Care (Up to 30 inpatient days per calendar year)	\$750/\$1875 per admission/maximum per calendar year per contract
Alcohol/Substance Abuse ⁴	
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)	\$750/\$1875 per admission/maximum per calendar year per contract
Other	
Medical Supplies	\$35 copay
Durable Medical Equipment ²	50% coinsurance up to \$5,000 member OOP maximum
Prosthetics & Orthotics ²	50% coinsurance up to \$5,000 member OOP maximum
Ambulance (air ambulance)	\$50 copay
Prescription Drugs ⁸	
Retail Program – One copay required for up to a 30-day supply	\$50 Deductible per person per calendar year Option 1 \$10 copay for generic \$35 copay for brand \$70 copay for non-formulary
Mail-Order Program ⁹ – Only two copays required for a 90-day supply	Includes Contraceptives (Retail & Mail-Order) \$0 Deductible The Mail-Order Program has the same copayments as the Retail Program listed above.

(8) Only prescription drug option 1, listed on this Benefit Summary meets the CMS standard for Creditable Coverage under the Medicare Modernization Act of 2003.

(9) 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.

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.