

Your Summary of Benefits

(Eff 10/01/10, Pending NYS Dept. of Insurance Approval)



EPO

HOFSTRA UNIVERSITY – EPO PLAN – AF, FL, LW, SF, TR, OF, MU EFFECTIVE 1/01/2011

Benefit	In-Network ¹
Lifetime Maximum	Unlimited
Dependent Children (covered to the end of the month)	Dependents to Age 26
Covered Preventive Care²	Member Pays In-Network
Covered Adult Preventive Care	\$0
Annual Physical Exam	\$0
Well-Child Care (Up to age 19; including necessary covered immunizations)	\$0
Preventive Well-Woman Care	\$0
Home/Office/Outpatient Care	Member Pays In-Network
Home/Office Visits	\$15 (Non-Specialist) / \$25 (Specialist) copay
Emergency Room/Facility (initial visit per occurrence)	\$25 copay (Waived if admitted within 24 hours)
Surgery ³ , Pre-surgical Testing, Anesthesia	\$0
Chemotherapy, Radiation Therapy	\$0
Routine Maternity Care	\$0 (after initial office visit)
Laboratory Tests, X-rays	\$0 (Non-Preventive Lab & X-Rays subject to \$25 copay)
MRI ⁵ /MRA ⁵ , CAT Scan, PET & Nuclear Cardiology	\$0 (Non-Preventive X-Rays subject to \$25 copay)
Allergy Testing & Treatment	\$15 (Non-Specialist) / \$25 (Specialist) copay (Waived for treatment)
Chiropractic Care (Up to 20 visits per calendar year)	\$25 (Specialist) copay
Home Healthcare (Up to 40 visits per calendar year)	\$0
Home Infusion Therapy	\$0
Hospice Care (Up to 210 days per lifetime)	\$0
Physical Therapy ³ (Up to 30 visits per calendar year combined in home, office or outpatient facility)	\$0
Other Short-Term Rehabilitative Therapies ³ — Speech/Language, Occupational, Vision (Up to 30 visits per calendar year combined in home, office or outpatient facility)	\$0
Cardiac Rehabilitation	\$0
Second Surgical Opinion	\$15 (Non-Specialist) / \$25 (Specialist) copay (no copay applies if arranged through the Medical Management Program)
Kidney Dialysis	\$0

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Benefit	In-Network ¹
Inpatient Care³	Member Pays In-Network
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
Mental Health⁴	Member Pays In-Network
Outpatient Visits in Office	\$15 (Non-Specialist) copay
Outpatient Visits in Facility	\$0
Inpatient Care (As many days as is medically necessary; semiprivate room and board)	\$0
Alcohol/Substance Abuse⁴	Member Pays In-Network
Outpatient Visits in Office	\$15 (Non-Specialist) copay
Outpatient Visits in Facility	\$0
Inpatient Detoxification (As many days as is medically necessary; semiprivate room and board)	\$0
Inpatient Rehabilitation	\$0
Other	Member Pays In-Network
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor
Durable Medical Equipment ⁵	\$0
Prosthetics & Orthotics ⁵	\$0
Ambulance (air ambulance)	\$0
Private Duty Nursing (covered at home only – unlimited visits)	\$0
Organ Transplants – Travel & Lodging (\$10,000 Lifetime Maximum)	\$0

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- (1) A network provider must deliver all care. There is no out-of-network option for this product, except for emergency care (and Private Duty Nursing). The following practitioners receive the lower (Non-Specialist) copay for services provided in an office: Patient's PCP, obstetrics, gynecologists, certified nurse midwives, nurse practitioners, Preventive Medicine, Geriatrics, Internal Medicine, Pediatrics, General Practitioner, Family Practitioner. The higher (Specialist) copay will apply for all other specialists when a Copay is required.
- (2) The following benefits, if provided in-network for preventive care, are not subject to copayment; 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.
- (3) You are responsible for obtaining precertification from Empire's Medical Management Program for these services. Your provider may call for you. 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.
- (4) Precertification is required by Empire's Behavioral Healthcare Management Program.
- (5) For services received from an Empire network provider, the provider must precertify in-network services; Empire's network providers cannot bill members for covered services. 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.
- (6) Empire's network provider must obtain authorization for clinical/medical necessity for in-network services; Empire network providers cannot bill members beyond the in-network copayment for covered services. Authorization is not required for services rendered from in-network BlueCard® PPO providers outside of Empire's network area.

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. 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.

EPO Rev Sept 2010

Prepared on 10/08/10 jl