

Hofstra University - EPO Plan

Effective 1/1/2019

Benefit	In-Network ¹	Out-of-Network
Lifetime Maximum	Unlimited	Covered in-network only
Medical Deductible	No deductible	Covered in-network only
Prescription Drug Deductible	No deductible	Covered in-network only
Medical Out-of-Pocket Maximum	\$3,000/\$6,000	Covered in-network only
Prescription Drug Out-of-Pocket Maximum	\$2,000/\$4,000	Covered in-network only
Dependent Children (covered to the end of the month)	Dependents to Age 26	Covered in-network only
Covered Preventive Care ²	Member Pays In-Network	Member Pays Out-of-Network
Covered Adult Preventive Care	\$0	Covered in-network only
Annual Physical Exam	\$0	Covered in-network only
Well-Child Care (Up to age 19; including necessary covered immunizations)	\$0	Covered in-network only
Preventive Well-Woman Care	\$0	Covered in-network only
Home/Office/Outpatient Care	Member Pays In-Network	Member Pays Out-of-Network
Home/Office Visits	\$25 (Non-Specialist) / \$40 (Specialist) copay	Covered in-network only
Emergency Room/Facility (initial visit per occurrence)	\$200 (Waived if admitted within 24 hours)	Covered in-network only
Urgent Care Facility	\$40 (Specialist) copay	Covered in-network only
Ambulatory/Outpatient Surgery ³	\$100	Covered in-network only
Presurgical Testing	\$40	Covered in-network only
Anesthesia	\$0	Covered in-network only
Chemotherapy, Radiation Therapy	\$0	Covered in-network only
Routine Maternity Care	\$25 for initial visit, \$0 for subsequent maternity visits	Covered in-network only
Laboratory Tests, X-rays	\$0 (Non-Preventive subject to \$25 copay)	Covered in-network only
MRI/MRA, CAT Scan, PET & Nuclear Cardiology	\$0 (Non-Preventive subject to \$40 copay)	Covered in-network only
Allergy Testing & Treatment	\$25 (Non-Specialist) / \$40 (Specialist) copay (Waived for treatment)	Covered in-network only
Chiropractic Care (Up to 20 visits per calendar year)	\$40 (Specialist) copay	Covered in-network only
Home Healthcare (Up to 40 visits per calendar year)	\$0	Covered in-network only
Home Infusion Therapy	\$0	Covered in-network only
Hospice Care (Up to 210 days per lifetime)	\$0	Covered in-network only
Physical Therapy (Up to 30 visits per calendar year combined in home, office or outpatient facility)	\$40	Covered in-network only
Other Short-Term Rehabilitative Therapies (Speech/Language/Occupational/Vision) (Up to 30 visits per calendar year combined in home, office or outpatient facility)	\$40	Covered in-network only
Cardiac Rehabilitation	\$0	Covered in-network only
Second Surgical Opinion	\$25 (Non-Specialist) / \$40 (Specialist) copay (no copay applied if arranged through the Medical Management Program)	Covered in-network only
Kidney Dialysis	\$0	Covered in-network only
Inpatient Care ³	Member Pays In-Network	Member Pays Out-of-Network
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	\$500 per admission	Covered in-network only
Surgery, Surgical Assistant, Anesthesia	\$0	Covered in-network only
Physical Therapy, Physical Medicine, or Rehabilitation (Up to 30 inpatient days per calendar year)	\$0	Covered in-network only
Skilled Nursing Facility (Up to 60 days per calendar year)	\$0	Covered in-network only
Mental Health ⁴	Member Pays In-Network	Member Pays Out-of-Network
Outpatient Visits in Office	\$25	Covered in-network only
Outpatient Visits in Facility	\$0	Covered in-network only
Inpatient Care (As many days as is medically necessary; semiprivate room and board)	\$500 per admission	Covered in-network only

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Benefit	In-Network ¹	Out-of-Network
Alcohol/Substance Abuse ⁴	Member Pays In-Network	Member Pays Out-of-Network
Outpatient Visits in Office	\$25	Covered in-network only
Outpatient Visits in Facility	\$0	Covered in-network only
Inpatient Detoxification (As many days as is medically necessary; semiprivate room and board)	\$500 per admission	Covered in-network only
Inpatient Rehabilitation	\$500 per admission	Covered in-network only
Other Medical	Member Pays In-Network	Member Pays Out-of-Network
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	Covered in-network only
Durable Medical Equipment ⁵	\$0	Covered in-network only
Prosthetics & Orthotics ⁵	\$0	Covered in-network only
Ambulance (air ambulance)	\$40	Covered in-network only
Private Duty Nursing (covered at home only – unlimited visits)	\$0	Covered in-network only
Organ Transplants – Travel & Lodging (\$10,000 Lifetime Maximum)	\$0	Covered in-network only
Prescription Drugs	Member Pays In-Network	Member Pays Out-of-Network
Retail Generic	\$10	Covered in-network only
Retail Preferred Brand	\$30	Covered in-network only
Retail Non-Preferred Brand	\$50	Covered in-network only
Mail Generic	\$25	Covered in-network only
Mail Preferred Brand	\$75	Covered in-network only
Mail Non-Preferred Brand	\$125	Covered in-network only
Other Prescription Drug Programs		
Exclusive Home Delivery (replaces Select Home Delivery - Active Choice)	Members with maintenance medications must fill the prescription through home delivery	

(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.