

Hofstra University - POS Plan

Effective 1/1/2019

| Benefit | In-Network ³ | Out-of-Network ⁴ |
|--|---|--|
| Lifetime Maximum | Unlimited | Unlimited |
| Medical Deductible | No deductible | \$2,000/\$4,000 |
| Prescription Drug Deductible | No deductible | Covered in-network only |
| Medical Out-of-Pocket Maximum | \$3,500/\$7,000 for in-network claims | \$5,000/\$10,000 |
| Prescription Drug Out-of-Pocket Maximum | \$2,000/\$4,000 for all pharmacy claims | Covered in-network only |
| Dependent Children (covered to the end of the month) | Dependents to Age 26 | Dependents to Age 26 |
| Covered Preventive Care ¹ | Member Pays In-Network | Member Pays Out-of-Network |
| Covered Adult Preventive Care | \$0 | 35% after deductible |
| Annual Physical Exam | \$0 | Covered in-network only |
| Well-Child Care (Up to age 19; including necessary covered immunizations) | \$0 | 35% after deductible |
| Preventive Well-Woman Care | \$0 | 35% after deductible |
| Home/Office/Outpatient Care | Member Pays In-Network | Member Pays Out-of-Network |
| Home/Office Visits ² | \$35 (Non-Specialist) / \$50 (Specialist) copay | 35% after deductible |
| Emergency Room/Facility (initial visit per occurrence) | \$250 (Waived if admitted within 24 hours) | \$250 (Waived if admitted within 24 hours) |
| Urgent Care Facility | \$50 (Specialist) copay | 35% after deductible |
| Ambulatory/Outpatient Surgery ^{5,6} | \$125 | 35% after deductible |
| Presurgical Testing, | \$50 | 35% after deductible |
| Anesthesia | \$0 | 35% after deductible |
| Chemotherapy, Radiation Therapy | \$0 | 35% after deductible |
| Routine Maternity Care | \$35 for initial visit, \$0 for subsequent maternity visits | 35% after deductible |
| Laboratory Tests, X-rays | \$0 (Non-Preventive subject to \$35 copay) | 35% after deductible |
| MRI/MRA ⁵ , CAT Scan, PET & Nuclear Cardiology | \$0 (Non-Preventive subject to \$50 copay) | 35% after deductible |
| Allergy Testing & Treatment | \$35 (Non-Specialist) / \$50 (Specialist) copay (Waived for treatment) | 35% after deductible |
| Chiropractic Care (Up to 20 visits per calendar year)(In-Network & Out-of-Network combined) | \$50 (Specialist) copay | 35% after deductible |
| Home Healthcare (Up to 40 visits per calendar year)(In-Network & Out-of-Network combined) | \$0 | 35% (no deductible) |
| Home Infusion Therapy | \$0 | 35% after deductible |
| Hospice Care (Up to 210 days per lifetime)(In-Network & Out-of-Network combined) | \$0 | 35% after deductible |
| Physical Therapy ^{2,5} (Up to 30 visits per calendar year combined in home, office or outpatient facility)(In-Network & Out-of-Network combined) | \$50 | 35% after deductible |
| Other Short-Term Rehabilitative Therapies ^{2,5} (Speech/Language/Occupational/Vision) (Up to 30 visits per calendar year combined in home, office or outpatient facility)(In-Network & Out-of-Network combined) | \$50 | 35% after deductible |
| Cardiac Rehabilitation | \$0 | 35% after deductible |
| Second Surgical Opinion | \$35 (Non-Specialist) / \$50 (Specialist) copay (no copay applied if arranged through the Medical Management Program) | 35% after deductible |
| Kidney Dialysis | \$0 | 35% after deductible |
| Inpatient Care ⁵ | Member Pays In-Network | Member Pays Out-of-Network |
| Inpatient Hospital (As many days as is medically necessary; semiprivate room and board) | \$550 per admission | 35% after deductible |
| Surgery, Surgical Assistant, Anesthesia | \$0 | 35% after deductible |
| Physical Therapy, Physical Medicine, or Rehabilitation (Up to 30 inpatient days per calendar year) | \$0 | 35% after deductible |
| Skilled Nursing Facility (Up to 60 days per calendar year) | \$0 | 35% after deductible |

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| Mental Health | Member Pays In-Network | Member Pays Out-of-Network |
| Outpatient Visits in Office | \$35 | 35% after deductible |
| Outpatient Visits in Facility | \$0 | 35% after deductible |
| Inpatient Care ⁷ (As many days as is medically necessary; semiprivate room and board) | \$550 per admission | 35% after deductible |
| Alcohol/Substance Abuse⁷ | Member Pays In-Network | Member Pays Out-of-Network |
| Outpatient Visits in Office | \$35 | 35% after deductible |
| Outpatient Visits in Facility | \$0 | 35% after deductible |
| Inpatient Detoxification (As many days as is medically necessary; semiprivate room and board) | \$550 per admission | 35% after deductible |
| Inpatient Rehabilitation | \$550 per admission | 35% after deductible |
| Other Medical | Member Pays In-Network | Member Pays Out-of-Network |
| Medical Supplies | \$0 when obtained through Empire's medical supplies vendor | 35% after deductible |
| Durable Medical Equipment ⁵ | \$0 | 35% after deductible |
| Prosthetics & Orthotics ⁵ | \$0 | 35% after deductible |
| Ambulance (air ambulance) | \$50 | 35% after deductible |
| Private Duty Nursing (covered at home only – unlimited visits) | \$0 | 35% after deductible |
| Organ Transplants – Travel & Lodging (\$10,000 Lifetime Maximum) | \$0 | 35% after deductible |
| 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) The following benefits, if provided in-network for preventive care, are not subject to copayment; mammography screenings, cervical cancer screening, colorectal cancer screenings, prostate cancer screenings, hypercholesterol screenings, diabetes screenings for pregnant women, bone density testing, annual physical examinations and up to two annual obstetric and gynecological examinations.
- (2) The following practitioners receive the lower (primary) copay for services provided in an office: patient's PCP, obstetricians, gynecologists, certified nurse midwives, and physical 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 and vision therapies.
- (3) In-network provider delivers care. In-network providers are in Empire's POS network, and in our affiliate POS network in Connecticut, Anthem Blue Cross and Blue Shield.
- (4) Out-of-network providers are providers who are not in Empire's POS network or our affiliate network in Connecticut, Anthem Blue Cross and Blue Shield. Out-of-network services rendered by providers who do not participate with Empire or with another Blue Cross Blue Shield plan through the BlueCard Program are subject to balance billing over the allowed amount. (This does not apply to emergency benefits.)
- (5) Empire's or Anthem's, CT network provider must precertify INN services or services may be denied; Empire or Anthem, CT network providers cannot bill members beyond INN copayment (if applicable) for covered services. You are responsible for obtaining precertification for out-of-network services. Your provider may call for you.
- (6) 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.
- (7) Precertification must be obtained from the Behavioral Healthcare Manager.

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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.