

Your Summary of Benefits

H.S.A PPO



An Anthem Company

UVMHN-CVPH Medical Center

Benefit	In-Network ¹	Out-of-Network ^{2,3}
Combined Deductible: In-Network and Out-of-Network	\$2,600/\$5,200	\$2,600/\$5,200
Coinsurance	0%	0%
Coinsurance Stop Loss Maximum	N/A	N/A
Annual Out-of-Pocket Maximum:	\$3,425/\$6,850	\$5,500/\$11,000
Lifetime Maximum	Unlimited	Unlimited
Dependent Children (covered to the end of the month)	Dependents to Age 26	Dependents to Age 26
Covered Preventive Care⁴	Member Pays	Member Pays
Covered Adult Preventive Care	\$0 (covered 100%)	Deductible, then covered up to allowed amount
Annual Physical Exam (One per calendar year)	\$0	Deductible, then covered up to allowed amount
Well-Child Care (Up to age 19; including necessary covered immunizations)	\$0	\$0 (covered in full up to allowed amount)
Preventive Well-Woman Care	\$0	Deductible, then covered up to allowed amount
Home/Office/Outpatient Care		
Home/Office Visits/Outpatient	Deductible, then covered in full	Deductible, then covered up to allowed amount
Emergency Room/Facility	Deductible, then covered in full	Deductible, then covered up to allowed amount
Surgery ^{5,9} , Pre-surgical Testing, Anesthesia	Deductible, then covered in full	Deductible, then covered up to allowed amount
Chemotherapy, Radiation Therapy	Deductible, then covered in full	Deductible, then covered up to allowed amount
Routine Maternity Care	Deductible, then covered in full	Deductible, then covered up to allowed amount
Laboratory Tests ⁴ , X-rays ⁴	Deductible, then covered in full	Deductible, then covered up to allowed amount
Cardiac Rehabilitation	Deductible, then covered in full	Deductible, then covered up to allowed amount
Second Surgical Opinion	Deductible, then covered in full	Deductible, then covered up to allowed amount
Kidney Dialysis	Deductible, then covered in full	Deductible, then covered up to allowed amount
MR ⁶ /MRA ⁶ , CAT Scans ⁷ , PET ⁷ and Nuclear Cardiology ⁷	Deductible, then covered in full	Deductible, then covered up to allowed amount
Allergy Testing & Treatment	Deductible, then covered in full	Deductible, then covered up to allowed amount
Chiropractic Care ¹⁰	Deductible, then covered in full	Deductible, then covered up to allowed amount
Home Healthcare (Up to 40 visits per calendar year)	Deductible, then covered in full	Deductible, then covered up to allowed amount
Home Infusion Therapy	Deductible, then covered in full	Deductible, then covered up to allowed amount
Hospice Care (Unlimited days per calendar year)	Deductible, then covered in full	Deductible, then covered up to allowed amount
Short-Term Rehabilitative Therapies – Physical Therapy ^{5,9} Speech/Language ^{5,9} , Occupational ^{5,9} , (Up to 45 visits per calendar year combined in home, office or outpatient facility)	Deductible, then covered in full	Deductible, then covered up to allowed amount

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Inpatient Care^{5,9}	Member Pays	Member Pays
Inpatient Hospital (As many days as are medically necessary; semiprivate room and board)	Deductible, then covered in full	Deductible, then covered up to allowed amount
Physical Therapy, Physical Medicine, or Rehabilitation (Up to 60 inpatient days per calendar year)	Deductible, then covered in full	Deductible, then covered up to allowed amount
Surgery, Surgical Assistant, Anesthesia	Deductible, then covered in full	Deductible, then covered up to allowed amount
Skilled Nursing Facility (Up to 45 days per calendar year)	Deductible, then covered in full	Deductible, then covered up to allowed amount
Birth Centers	Deductible, then covered in full	Deductible, then covered up to allowed amount
Mental Health⁸		
Outpatient Visits in Office or Facility	Deductible, then covered in full	Deductible, then covered up to allowed amount
Inpatient Care (As many days as are medically necessary; semiprivate room and board)	Deductible, then covered in full	Deductible, then covered up to allowed amount
Alcohol/Substance Abuse⁸		
Outpatient Visits	Deductible, then covered in full	Deductible, then covered up to allowed amount
Inpatient Detoxification (As many days as are medically necessary; semiprivate room and board)	Deductible, then covered in full	Deductible, then covered up to allowed amount
Inpatient Rehabilitation	Deductible, then covered in full	Deductible, then covered up to allowed amount
Other		
Medical Supplies	Deductible, then covered in full	Deductible, then covered up to allowed amount
Durable Medical Equipment ^{6,9}	Deductible, then covered in full	Deductible, then covered up to allowed amount
Prosthetics & Orthotics ^{6,9}	Deductible, then covered in full	Deductible, then covered up to allowed amount
Ambulance (air ambulance)	Deductible, then covered in full	Deductible, then covered up to allowed amount
Acupuncture (up to 10 visits per calendar year)	Deductible, then covered in full	Deductible, then covered up to allowed amount
Annual Vision Exam – paid through medical	Deductible, then covered in full	Deductible, then covered up to allowed amount
Annual Hearing Exam – paid through medical	Deductible, then covered in full	Deductible, then covered up to allowed amount
Prescription Drugs	Member must meet integrated I-N-N medical and Rx deductible before 3-tier copay structure applies to Retail & Mail Order Retail Program (Tier1/Tier2/Tier3): \$5/\$35/\$70 and \$0 generics for children up to age 19, once the integrated medical and Rx deductible is met. Mail-Order Program ¹¹ – Only two copays required for a 3-month supply once the integrated medical and Rx deductible is met.	Covered in-network only

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- (1) Network provider delivers care.
- (2) Subject to balance billing over allowed amount.
- (3) Out-of-network services (except Mental Health and Alcohol/Substance Abuse) are those from a provider that does not participate with Empire or another Blue Cross and Blue Shield Plan through the BlueCard® PPO Program. (This does not apply to emergency benefits.) See (8) for Mental Health and Alcohol/Substance Abuse Services.
- (4) The following benefits, if provided in-network for preventive care, are not subject to the deductible: 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.
- (5) 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 cosmetic surgery, an excluded benefit except when medically necessary.
- (6) Empire's network provider must precertify in-network services or services may be denied; Empire network providers cannot bill members beyond in-network deductible for covered services. You are responsible for obtaining precertification from Empire's Medical Management Program for out-of-network services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained.
- (7) Empire's network provider must precertify in-network services or services may be denied; Empire network providers cannot bill members beyond in-network deductible for covered services. Precertification is not required for out-of-network services or out-of-area.
- (8) You are responsible for obtaining precertification from the Behavioral Healthcare Manager for these services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained.
- (9) You are responsible for obtaining precertification for services received from an out-of-area BlueCard PPO provider. The provider may call for you, but you will be responsible for penalties if precertification is not obtained.
- (10) 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 beyond the in-network deductible for covered services. Authorization is not required for out-of-network services or for services rendered from in-network BlueCard PPO providers outside of Empire's network area.
- (11) 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. 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.

HSA

Revised on 10/5/2017 NG