

## GHI-COMPREHENSIVE BENEFITS PLAN/EMPIRE BLUECROSS BLUESHIELD HOSPITAL PLAN (GHI-CBP)



### GHI-Empire CBP option consists of two components:

- GHI, an EmblemHealth company, offering benefits for medical/physician services, and
- Empire BlueCross BlueShield offering benefits for services provided at hospital and out-patient facilities.

**GHI Emblem Health (GHI):** You have the freedom to choose any provider worldwide. You can select a GHI participating provider and not pay any deductibles or coinsurance, or go out-of-network and still receive coverage, subject to deductibles and coinsurance. GHI’s provider network includes all medical specialties. When you need specialty care, you select the specialist and make the appointment. Payment for services will be made directly to the provider - you will not have to file a claim form when you use a GHI participating provider.

**Empire BlueCross BlueShield (EBCBS):** 96% of the nation’s hospitals participate in the Blue Cross and Blue Shield Association BlueCard® PPO Program network, which provides you with access to network care across the country, it should be easy to find a participating facility in a convenient location.

### NEW IN 2020

You can now visit Memorial Sloan Kettering Cancer Center (MSK) for cancer treatment and Hospital for Special Surgery (HSS) for orthopedic treatment, and your hospital inpatient/outpatient copays will be waived when you utilize these two nationally recognized hospitals. You must use a doctor who participates in your GHI-CBP plan and participates with MSK or HSS. If you prefer, you can still go to any hospital of your choice and your benefits and costs will remain the same as they are today.

At a Glance	
<b>Plan Type:</b>	PPO
<b>Geographic Service Area</b>	Nationwide
<b>Does this plan use a network of providers?</b>	GHI: Yes. Visit the website <a href="http://www.emblemhealth.com/city">www.emblemhealth.com/city</a> or call 1-800-624-2414 for a list of participating medical providers.  BlueCross BlueShield: Yes. Visit the website <a href="http://www.empireblue.com/nyc">www.empireblue.com/nyc</a> or call 1-800-433-9592 for a list of participating hospital and out-patient facilities.
<b>Do I need a referral to see a specialist?</b>	No
<b>Contact Information</b>	EmblemHealth 55 Water Street New York, NY 10041 1-800-624-2414  Empire BlueCross BlueShield City of New York Dedicated Service Center P.O. Box 1407 Church Street Station New York, NY 10008-3598 1-800-433-9592 (Monday through Friday 8:30 a.m. to 5:30 p.m.)
<b>Web Sites</b>	<a href="http://emblemhealth.com/city">emblemhealth.com/city</a> <a href="http://empireblue.com/nyc">empireblue.com/nyc</a>

Plan Features	Cost
<b>What is the overall <u>medical</u> deductible for this plan?</b>	<b>GHI:</b> In-network: \$0 Out-of-network: \$200 individual/\$500 family
<b>What is the out-of-pocket limit on my expenses (applies to in-network services only)?</b>	<b>GHI Medical:</b> For 1/01/19 – 12/31/19 the limit is \$4,550 individual/\$9,100 family. <b>EBCBS Hospital:</b>

	For 1/01/19– 12/31/19 the limit is \$2,600 individual/\$5,200 family.
<b>What are the costs for preventive services? Visit emblemhealth.com/city for a full list of preventive services.</b>	Preventive services are available with <b>\$0</b> copayments when using a participating provider.
<b>What are the costs when you visit an AdvantageCare Physician's (ACPNY) office?</b>	<ul style="list-style-type: none"> <li>• ACPNY primary care visit to treat an injury or illness: \$0 copay/visit</li> <li>• ACPNY specialist visit: \$0 copay/visit</li> </ul>
<b>What are the costs when you visit a health care provider's office?</b>	<ul style="list-style-type: none"> <li>• In-network primary care visit to treat an injury or illness: \$15 copay/visit</li> <li>• Montefiore: \$0 copay/visit</li> <li>• ACPNY: \$0 copay/visit</li> <li>• Non-participating provider: 0% coinsurance</li> <li>• In-network specialist visit: \$30 co-pay/visit</li> <li>• Non-participating provider: 0% coinsurance</li> <li>• In-network other practitioner office visit: \$15 copay/visit</li> <li>• Non-participating provider: 0% coinsurance</li> <li>• In-network preventive care/screening/immunization: \$0 copay/visit</li> <li>• Non-participating provider: 0% coinsurance</li> </ul>
<b>What are the costs when you use Teladoc?</b>	<ul style="list-style-type: none"> <li>• Teladoc is an easy, convenient way to access doctors for treatment of non-emergency conditions, including cold and flu symptoms, respiratory infections, sinus problems, bronchitis, skin problems, and allergies.</li> <li>• Your first visit is free. After that, Teladoc visits have a \$10 copay.</li> <li>• Visit Teladoc/emblemhealth or call 800-835-2362 (800-Teladoc) (TTY: 711) to set up your account. Once you register, you are just a call or click away from getting treatment.</li> </ul>
<b>What are the costs if you have a test?</b>	<ul style="list-style-type: none"> <li>• In-network diagnostic test (x-ray, blood work): \$20 co-pay/visit</li> <li>• Non-participating provider: 0% co-insurance</li> <li>• In-network imaging (CT/PET scans, MRIs): \$50 co-pay (Pre-certification required)</li> <li>• Non-participating provider: 0% co-insurance</li> </ul>
<b>What are the costs if you have outpatient surgery?</b>	<ul style="list-style-type: none"> <li>• EBCBS: Facility fee: <ul style="list-style-type: none"> <li>In-network: 20% coinsurance of allowed amount to a maximum of \$200 per person per calendar year.</li> <li>Out-of-Network provider: \$500 deductible per person per visit and 20% coinsurance per person and balance billing.</li> </ul> </li> <li>• GHI: Physician/surgeon fees: <ul style="list-style-type: none"> <li>In-network: Covered</li> <li>Non-participating provider 0% co-insurance</li> </ul> </li> </ul> <p>You must call NYC Healthline 1-800- 521-9574 for pre-certification.</p>
<b>What are the costs if you need immediate medical attention?</b>	<ul style="list-style-type: none"> <li>• EBCBS: Emergency room services: <ul style="list-style-type: none"> <li>In-network: \$150 copay/visit; Co-pay waived if admitted.</li> <li>Out-of-network: \$150 copay/visit; Co-pay waived if admitted</li> </ul> </li> <li>• GHI: Emergency medical transportation: <ul style="list-style-type: none"> <li>In-network: Not covered</li> <li>Non-participating provider: 20% co-insurance</li> </ul> </li> <li>• GHI: Urgent Care: <ul style="list-style-type: none"> <li>In-network: \$50 copay/visit</li> <li>Non-participating provider: 0% co-insurance</li> </ul> </li> </ul>
<b>What are the costs if you have a hospital stay?</b>	<ul style="list-style-type: none"> <li>• GHI: Physician/surgeon fees: <ul style="list-style-type: none"> <li>In-network: Covered</li> <li>Non-participating provider 0% co-insurance</li> </ul> </li> <li>• EBCBS: Facility fee (e.g., hospital room): <ul style="list-style-type: none"> <li>In-network (e.g., hospital room): \$300 per person up to \$750 maximum individual co-pay per calendar year.</li> <li>Out-of-network: \$500 per person up to \$1,250 in a calendar year. After the individual co-payment is met, EBCBS will pay 80% of the allowed amount and you will be charged 20% co-insurance and balance billing.</li> </ul> </li> </ul> <p>You must call NYC Healthline 1-800- 521-9574 for approval. If there is no call, claim is subject to a penalty of \$250 per day up to a maximum of \$500. There has to be a gap of 90 days between admissions before the 365 days will renew.</p>

**What are the costs if you are pregnant?**

- GHI: Prenatal and postnatal care: No charge  
In-network: No charge  
Out-of-Network: 0% co-insurance
- GHI: Delivery and inpatient physician/surgeon services:  
In-network: No charge  
Out-of Network: 0% co-insurance
- EBCBS: Delivery and all inpatient services:  
In-network: **\$300** per person up to **\$750** maximum deductible.  
Out-of-network: **\$500** per person up to **\$1,250** maximum deductible. Doesn't apply to copayments.

You must call NYC Healthline 1-800- 521-9574 for approval. If there is no call, claim is subject to a penalty of \$250 per day up to a maximum of \$500.

**WHAT ARE THE COSTS IF YOU HAVE MENTAL HEALTH, BEHAVIORAL HEALTH, OR SUBSTANCE ABUSE NEEDS?**

Service	Cost
<b>Mental/Behavioral health Outpatient services</b>	<ul style="list-style-type: none"> <li>• GHI: In-network: \$15 co-pay/visit Out-of-Network: \$200/\$500 per calendar year</li> </ul>
<b>Mental/Behavioral health Inpatient services</b>	<ul style="list-style-type: none"> <li>• GHI: In-network: \$300 co-pay per admission Out-of-Network: \$500 co-pay per admission/\$1,250 maximum per calendar year. *20% to max of \$2,000 per person per calendar year.</li> </ul>
<b>Substance abuse Outpatient services</b>	<ul style="list-style-type: none"> <li>• GHI: In-network: \$15 co-pay/visit Out-of-network: \$200/\$500 calendar year deductible</li> </ul>
<b>Substance abuse Inpatient services</b>	<ul style="list-style-type: none"> <li>• GHI: In-network: \$300 co-pay per admission Out-of-Network: \$500 co-pay per admission/ \$1,250 maximum per calendar year</li> </ul>

**WHAT ARE THE COSTS IF YOU NEED HELP RECOVERING OR HAVE OTHER SPECIAL HEALTH NEEDS?**

Service	Cost
<b>Home health care</b>	<ul style="list-style-type: none"> <li>• GHI: <ul style="list-style-type: none"> <li>– In-network: No charge</li> <li>– Out-of-Network: \$50 deductible per episode; 20% coinsurance</li> <li>– 200 visits per member per year</li> <li>– Pre-certification required</li> </ul> </li> </ul>
<b>Skilled nursing care</b>	<ul style="list-style-type: none"> <li>• EBCBS: <ul style="list-style-type: none"> <li>– In-network: \$300 deductible per admission, up to a maximum of \$750 per person per calendar year</li> <li>– Out-of-network: \$500 deductible per person per visit and 20% co-insurance per person and balance billing.</li> <li>– Coverage is limited to 90 days annual max.</li> </ul> </li> </ul>
<b>Durable medical equipment (DME)</b>	<ul style="list-style-type: none"> <li>• GHI: <ul style="list-style-type: none"> <li>– In-network: \$100 deductible</li> <li>– Out-of-network: \$100 deductible; 50% of usual and customary charge</li> <li>– Pre-certification required on greater than \$2,000</li> </ul> </li> </ul>
<b>Hospice service</b>	<ul style="list-style-type: none"> <li>• EBCBS: <ul style="list-style-type: none"> <li>– In-network: No charge</li> <li>– Out-of-Network: No charge</li> <li>– Coverage is limited to 210 days lifetime max.</li> </ul> </li> </ul>

**OPTIONAL RIDER – PRESCRIPTION DRUGS PROVIDED THROUGH GHI-EMBLEMHEALTH**

**WHAT IS THE COST IF YOU NEED DRUGS TO TREAT YOUR ILLNESS OR CONDITION?**

	<b>Retail</b>	<b>Mail Order: Smart90 Program</b>
<b>Generic drugs</b>	Retail - 30 days supply-2 fills; Deductible \$150 ind/\$450 fam; 20% co-insurance with min charge of \$5 or actual cost, if less.	Mandatory mail order –90 day supply; \$12.50 co-pay. Prescriptions will not be filled at retail after 2 fills. The 90 day supply can be obtained through Express Scripts or participating Duane Reade or Walgreens.
<b>Preferred brand drugs</b>	Retail-30 days supply-2 fills; Deductible \$150 ind/\$450 fam; 40% co-insurance with min charge of \$25 or actual cost, if less.	Mandatory mail order - 90 day supply; \$50 co-pay. Prescriptions will not be filled at retail after 2 fills. Prior authorization is required for certain brand name medications. The 90 day supply can be obtained through Express Scripts or participating Duane Reade or Walgreens.
<b>Non-preferred brand drugs</b>	Retail-30 days supply-2 fills; Deductible \$150 ind/\$450 fam; 50% co-insurance with min charge of \$40 or actual cost if less	Mandatory mail order - 90 day supply; \$75 co-pay. Prescriptions will not be filled at retail after 2 fills. The 90 day supply can be obtained through Express Scripts or participating Duane Reade or Walgreens.
<b>Specialty drugs*</b>	Covered (cost based on above categories)	Must be dispensed by the Specialty Pharmacy Program Provider. Pre-certification required contact NYC Healthline at 1-800-521-9574.

\*Must be dispensed by a Specialty Pharmacy.

**OPTIONAL RIDER – ENHANCED SCHEDULE FOR OUT-OF-NETWORK MEDICAL/PHYSICIAN SERVICES PROVIDED THROUGH GHI-EMBLEM HEALTH**

Enhanced schedule increases the reimbursement of the basic program's non-participating provider fee schedule, on average, by 75%.

**GHI-EMBLEM: NON-PARTICIPATING (OUT-OF-NETWORK) PROVIDER BENEFITS:**

Payment for services provided by out-of-network providers is made directly to you under the NYC Non-Participating Provider Schedule of Allowable Charges (Schedule). The reimbursement rates (allowed amounts) in the Schedule are not related to usual and customary rates or to what the provider may charge but are set at a fixed amount based on GHI's 1983 reimbursement rates. Most of the reimbursement rates have not increased since that time, and will likely be less (and in many instances substantially less) than the fee charged by the out of- network provider. You will be responsible for any difference between the provider's fee and the amount of the reimbursement; therefore, you may have a substantial out-of-pocket expense.

Once a member, if you intend to use an out-of-network provider, you can call GHI-Emblem Customer Service with the medical procedure code/s (CPT Code) of the service(s) you anticipate receiving to find out what you would be reimbursed.

Below are some examples of what you would typically pay out of pocket if you were to receive care or services from an out-of-network provider.

<b>Typical Out-of-Pocket Costs for Receiving Care from Out-of-Network Providers:</b>		
<b>Established Patient Office Visit (typically 15 minutes)</b>		<b>CPT Code 99213</b>
Estimated Charge for a Doctor in Manhattan		\$225.00
Reimbursement Under the Schedule		-\$ 33.36
<i>Member Out-of-Pocket Responsibility</i>		<i>\$191.64</i>
<b>Routine Maternity Care and Delivery</b>		<b>CPT Code 59400</b>
Estimated Charge for a Doctor in Manhattan		\$9,040.00
Reimbursement Under the Schedule		-\$1,379.00
<i>Member Out-of-Pocket Responsibility</i>		<i>\$7,661.00</i>
<b>Total Hip Replacement Surgery</b>		<b>CPT Code 27130</b>

Estimated Charge for a Doctor in Manhattan	\$20,099.95
Reimbursement under the Schedule	- \$ 3,011.00
<i>Member Out-of-Pocket Responsibility</i>	<i>\$17,088.95</i>

Please note that deductibles may apply and that you could be eligible for additional reimbursement if your catastrophic coverage kicks in or you have purchased the Enhanced Non-Participating Provider Schedule, an Optional Rider benefit that provides lower out-of-pocket costs for some surgical and in-hospital services from out-of-network doctors.

Effective for services received on or after April 1, 2015, GHI-EmblemHealth has set up new protections to ensure that — in the following circumstances — members won't be responsible for costs other than the in-network cost-sharing (in-network copay, coinsurance and/or deductible) that applies under the plan. These two cases are:

- If you receive **out-of-network emergency services** in a hospital in the State of New York
- If you receive a **non-emergency "surprise bill"** for out-of-network services rendered in the State of New York

You will not be responsible for the costs of "emergency services" you receive in a hospital, other than any in-network cost-sharing (in-network copay, coinsurance and/or deductible) that applies to such services under your plan.

You will not be responsible for the costs of "surprise bills" for out-of-network services, other than any in-network cost-sharing (in-network copay, coinsurance and/or deductible) that applies under your plan. For more information on what is "surprise bill", please call or visit the EmblemHealth website.

Please refer to the GHI-CBP Basic Plan, GHI-CBP with Enhanced Schedule and Prescription Drugs and Empire Blue Cross and Blue Shield (companion to GHI-CBP medical coverage) for additional information and to see what this plan covers and any cost-sharing responsibilities.

Please refer to the Summary of Benefits and Coverage (SBC) for additional information and to see what this plan covers and any cost-sharing responsibilities.