

## Voorheesville CSD -- Health Insurance Benefit Comparison 2011-2012

*Note: This is a sample summary of benefits, not a complete member contract.*

Benefits	Empire BCBS Matrix	Empire BCBS PPO		CDPHP EPO (experience rated)
		In Network	Out-of-Network	
<b>HOME/OFFICE/OUTPATIENT CARE</b>				
<b>Referrals</b>	Not required	Not required	Not required	Not required
<b>Home/Office Visits</b>				
Primary Care	Deductible & Coinsurance	\$20 copay	Deductible & Coinsurance	\$20 copay
Specialist	Deductible & Coinsurance	\$20 copay	Deductible & Coinsurance	\$20 copay
<b>Annual Physical Exam</b>	Deductible & Coinsurance	\$20 copay	Covered In Network Only	Covered in Full
<b>Well Child Care</b> (up to age 19, including covered immunizations)	Covered in Full*	Covered in Full	Deductible & Coinsurance	Covered in Full
<b>Well Women Care</b>	Covered in Full*	\$20 copay	Deductible & Coinsurance	Covered in Full
<b>Annual Mammograms and Cervical Cancer Screenings</b>	Covered in Full	Covered in Full	Deductible & Coinsurance	Covered in Full
<b>Maternity Care</b>	Covered in Full*	Covered in Full	Deductible & Coinsurance	Covered in Full
<b>Emergency Room</b>	Covered in Full	\$35 copay; waived if admitted	\$35 copay; waived if admitted	\$50 copay
<b>Outpatient Surgery</b>	Covered in Full	Covered in Full; subject to pre-certification	Deductible & Coinsurance; subject to pre-certification	\$20 copay
<b>Pre-Surgical Testing and Anesthesia</b>	Covered in Full*	Covered in Full	Deductible & Coinsurance	Covered in Full
<b>Second Surgical Opinion</b>	Covered in Full*	\$20 copay	Deductible & Coinsurance	\$20 copay
<b>Chemotherapy and Radiation</b>	Covered in Full	Covered in Full	Deductible & Coinsurance	\$20 copay
<b>Diagnostic Lab and X-Ray</b>	Covered in Full	Covered in Full	Deductible & Coinsurance	\$20 copay; waived if at designated preferred provider
<b>MRI and MRA</b>	Covered in Full	Covered in Full; subject to pre-certification	Deductible & Coinsurance; subject to pre-certification	\$20 copay; waived if at designated preferred provider
<b>Allergy Testing &amp; Treatment</b>	Covered in Full*	\$20 copay; waived for treatments	Deductible & Coinsurance	Testing Covered in full; Treatment \$20 copay
<b>Chiropractic Care</b>	Deductible & Coinsurance	\$20 copay; Empire must approve clinical/medical necessity	Deductible & Coinsurance	\$20 copay
<b>Home Health Care</b>	Covered in Full	Covered in full; maximum of 200 visits/CY	Deductible & Coinsurance; maximum of 200 visits/CY	Covered in Full
<b>Hospice Care</b>	Covered in Full*	Covered in Full; maximum of 210 days/lifetime	Covered In Network Only	Covered in Full

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<b>HOME/OFFICE/OUTPATIENT CARE (continued)</b>				
<b>Physical Therapy</b>	Covered in Full	\$20 copay; maximum of 90 visits/CY combined (home/office/outpatient); subject to pre-certification	Covered In Network Only	\$20 copay; 120 visit limit
<b>Occupational, Speech and Vision Therapy</b>	Covered in Full	\$20 copay; maximum of 90 visits/CY combined (home/office/outpatient); subject to pre-certification	Covered In Network Only	\$20 copay; OT, 120 visit limit; ST, 60 visit limit
<b>Mental Health</b>	Maximum benefit of \$5,000/CY	\$25 copay; maximum of 40 visits/CY; subject to pre-certification	Covered In Network Only	\$20 copay
<b>Alcohol and Substance Abuse</b>	Covered in Full; maximum of 60 visits/CY	Covered in Full; maximum of 60 visits/CY; subject to pre-certification	Deductible & Coinsurance; subject to pre-certification	\$20 copay
<b>INPATIENT HOSPITAL CARE</b>				
<b>General Hospital Services</b>	365 days Covered in Full	Unlimited days; subject to a \$100 copay/admission, up to \$250/CY/contract	Unlimited days; subject to deductible and coinsurance	Covered in Full
<b>Surgery, Surgical Assistant, Anesthesia</b>	Covered in Full*	Covered in Full; subject to pre-certification	Deductible & Coinsurance; subject to pre-certification	Covered in Full
<b>Physical Therapy, Physical Medicine and Physical Rehabilitation</b>	Covered in Full	Up to 30 days/CY; subject to a \$100 copay/admission, up to \$250/CY/contract; subject to pre-certification	Deductible & Coinsurance; up to 30 days/CY; subject to pre-certification	Covered in Full
<b>Mental Health Services</b>	Covered in Full; maximum of 120 days	Up to 30 days per CY; subject to a \$100 copay/admission, up to \$250/CY/contract; subject to pre-certification	Covered in network only	Covered in Full

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<b>INPATIENT HOSPITAL CARE (continued)</b>				
Alcohol & Substance Abuse Services	Covered in Full for detox only; maximum of 7 days/CY	Up to 7 days detox per CY; subject to a \$100 copay/admission, up to \$250/CY/contract; subject to pre-certification	Covered in network only	Covered in Full for detox only; maximum of 7 days/CY
<b>OTHER SERVICES &amp; CARE</b>				
Skilled Nursing Facility	100% of UCR	Covered in Full; up to 60 days/CY; subject to pre-certification	Covered in network only	Covered in Full; 90 days
Durable Medical Equipment	100% of UCR	Covered in Full; subject to pre-certification	Covered in network only	20% Coinsurance
Ambulance	Covered in Full	Covered in Full	Covered in network only	\$50 copay
Hearing	Not covered	Not covered	Not covered	Not covered
Vision Care	Eye Exam, Lenses and Frames Covered in Full Once Every Two Years	Eye Exam every 2 years, \$10; Lenses covered in full after copay; Frames \$130 allowance, then 20% off remaining balance; Contact Lenses \$130 allowance	Eye exam not covered. Allowance for lenses, frames and contacts.	\$20 copay for eye exam every 24 mos.; \$160 allowance towards frames & lenses/ \$125 allowance towards contact lenses
<b>MAJOR MEDICAL</b>				
<b>Deductible</b>				
Individual	\$50	None	\$200	N/A
Family	\$150	None	\$500	N/A
<b>Coinsurance</b>	20%	None	30%	N/A
<b>Coinsurance Maximum</b>	\$6,250 per member <i>per Lifetime</i> (Empire pays 80% of \$31,250 then 100% thereafter)	N/A	\$1,500/individual and \$3,750/family <i>per CY</i> (Empire pays 80% of \$5,000/\$12,500 then 100% thereafter)	N/A
<b>Lifetime Maximum</b>	\$1,000,000	Unlimited	\$1,000,000	N/A
<b>DEPENDENT COVERAGE</b>				
<b>Dependent Children</b>	As of July 1, 2011 under the Federal Health Care Reform, dependents to age 26 will be covered.			