Empire BlueCross

An Anthem Company

Ready to choose *your benefits?*

We can point you in the right direction.

Empire PPO / Empire EPO / Empire EPO with HSA
Greater Johnstown School District

This guide is for information purposes only. You must enroll in a plan for your benefits to start.

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Let's take a look

We know picking a health plan is a big deal, so this guide makes it easier for you to understand your benefit options. We'll explain how the plans work and give you other important details. That way you can enroll with confidence!

In this guide, you'll find:

- The plans at a glance
- How to use your health plan
- Your pharmacy benefits
- Health and wellness programs
- Your privacy and rights

Pay a visit to empireblue.com to get an idea of what you can do once you're a member. Find a doctor, estimate care costs, sign up to get emails instead of mail and much more!

The plans at a glance

Here's a quick overview of the plans your employer is offering.[1] To learn more plan basics visit **empireblue.com/basics**.

PPO

- This plan covers services from almost any doctor or hospital.
- You pay less if you use a doctor from the **Preferred Provider Organization** (PPO) plan.
- You pay more if you go to a doctor who's not part of the PPO plan.
- You don't usually need a referral from your main doctor, also called a primary care doctor, to see a specialist.

EPO

- This plan covers services from doctors and hospitals that are part of the **Exclusive Provider Organization** (EPO) plan.
- You usually won't need to go through your main doctor, also called a primary care doctor, in order to see a specialist.
- If you visit a doctor outside the plan, you typically have limited benefits so you pay more for care.

HSA

- This plan comes with a **Health Savings Account** (HSA) you can use to pay your deductible or other qualified health care expenses, like prescription drugs or eyeglasses.[2]
- Once you pay your deductible, you'll pay a percentage of the total cost (also called coinsurance), and your plan covers the rest.
- The money you put into your account isn't taxed – so each dollar goes further. You can contribute up to $3,500 for individuals and $7,000 for families to your account.
- If you don't use all the money in your HSA, you can roll over that money to the next year. And you can take it with you if you leave your employer or change health plans.

1 Each of our plans may have different rules, so always check your plan details for more specific information.
2 For a full list of qualified expenses visit **irs.gov/pub502**. Veterans who have received medical benefits from the VA, due to a service-connect disability, are eligible to receive or make HSA contributions. Visit the IRS website at **irs.gov/irb/2004-33/IRB** for more information.

Using your health plan

It's easy to get started with your plan and make the best of your benefits.

Choose a doctor in your plan

Avoid getting care from doctors outside of your plan; it will cost you more or your plan may not cover it at all. We've made it easy for you to find doctors in your plan. Visit **empireblue.com** to look for a primary care doctor, hospitals, labs and other health care professionals in your plan.

Use your digital ID card

Once your plan starts, make sure to register right away so you can quickly access your digital ID card. Visit **empireblue.com** or use the **Empire Anywhere** mobile app to share your ID card quickly in three easy ways: print a copy any time you need one, email it to your doctor or pharmacy, or fax it right from your computer or mobile device.

Register to use online tools and resources

Register on the **Empire Anywhere app** and **empireblue.com** to get personalized information about your wellness programs and health plan.

Use the self-service tools to:

- Quickly access your digital ID card.
- View plan information right away.
- Find a doctor and receive personalized reminders.
- Estimate your costs, before you step into the doctor's office.
- Check the price of a drug or refill a prescription.
- Get support managing your health conditions and tracking health goals.
- View your health account balance and claims.

Preventive care is covered at no extra cost

Preventive care from a doctor in your plan is covered at 100%. Getting these regular checkups, screenings and shots can help you stay healthy and catch problems early – when they're easier to treat. So, talk to your doctor about what preventive care you may need to protect your health.

You're covered when you travel

When you're away from home and need care right away, you have access to care across the country. Plus, if you're going out of the country, you have access to care abroad through the Blue Cross Blue Shield Global Core program.

Save emergency room visits for emergencies only

Knowing where to go for care saves you time and money. So if you have a real emergency, head straight to the ER or call 911. Otherwise, visit your regular doctor or an urgent care center for minor medical issues.

We're here for you

When you become a member, we make it easy for you to get your questions answered in the way that works best for you.

- **By phone:** Call the Member Services number on your mobile ID card.
- **Online:** Use the **Empire Anywhere app** to chat with a team member.

Done driving to the doctor? Hey there, LiveHealth Online!

You can visit a board-certified doctor 24/7 for simple things like the cold, flu, allergies and more with no appointments and no waiting room. All you need is the LiveHealth Online mobile app or a computer with a webcam to have a video visit with a doctor.* LiveHealth Online costs as little as an office visit or at most $49. Learn more at **livehealthonline.com.**

* Prescription availability is defined by physician judgment.

Your pharmacy benefits

Here's an overview to help you enroll.

Getting the medication you need is important for good health. Your plan will cover:

- Brand-name and generic drugs covered by your benefits. Your options include plans with different drug lists. Check your plan details to see which drug list the plan is using.
  - You can find out if the drug you take is included on the **National 3-tier** Drug List by visiting **empireblue.com/national3tierebc**.
- Most specialty drugs if you have an ongoing health issue or serious illness.

Understand how your pharmacy benefits work

It's important to understand how your health plan works when you visit the pharmacy.

Your annual deductible

Before a plan starts to help pay for medicine, you may first pay a set amount out of your pocket. This is your deductible. You'll want to check the plan details to see if it has a:

- **Pharmacy deductible:** You first pay a set amount of drug costs out of your pocket and it's separate from a medical deductible. You have to pay your full pharmacy deductible before your plan starts to share the cost of your medicine.
- **Combined deductible:** You first pay a set amount for both covered medical care and drug costs out of your pocket.
- **No pharmacy deductible:** Your plan helps pay for medicine before you reach your deductible.

What you pay after meeting your deductible

You pay a set amount, or copay, for medicine. Your copay will be based on which tier the drug is on. See *Save money with Tier 1 drugs* to learn more.

Once you're a member, you can check the price of a drug at different pharmacies on **empireblue.com** and see if there are lower-cost drugs.

Save money with Tier 1 drugs

Drugs are listed in groups called "tiers." Your cost is based on which tier the drug is in. Lower-cost drugs and generics are usually in Tier 1 and 2. You can see from the chart that you'll save the most money when you use Tier 1 drugs. You'll pay more out of pocket for drugs in higher tiers.

	Drug type	Cost
Tier 1	Preferred generics	$
Tier 2	Preferred brand name and newer, more expensive generic drugs	$$
Tier 3	Non-preferred brand and generic drugs	$$$

Take advantage of your pharmacy benefits

Choose a pharmacy that's in your plan. You have many retail pharmacies to choose from. Use a pharmacy that is in your plan to get the best price. To find a pharmacy in your plan, visit **empireblue.com/pharmacyinformation/rxnetworks.html** and choose the **National Plus** network list of pharmacies.

Save time with home delivery. If you take medicines regularly or need them on a long-term basis, you can save time with home delivery. You may also save money. You can get up to a 90-day supply of your drugs delivered to your door. Once you're a member, visit **empireblue.com** to sign up.

Use generics for health — and wealth. Talk to your doctor about using a generic versus a brand-name drug. Because generics cost less than brand-name drugs, they'll save you money.

Specialty drugs are covered if you need them

Specialty drugs are for people with serious health issues. They come in different forms like pills or liquids. And some need to be injected, inhaled or infused. These drugs often need special storage and handling, and may be given to you by a doctor or nurse.

For more information about how your pharmacy benefits work, visit **empireblue.com/faqs/empireblue/pharmacy/**

Health and wellness programs support you along the way

Your plan goes way beyond covering doctor visits

We can help you reach your health goals and save money on health products and services. As a member, you have easy access to these programs and tools on the **Empire Anywhere app** or by calling the Member Services number on your ID card.

24/7 NurseLine — Our registered nurses can answer your health questions wherever you are — any time, day or night. All you have to do is call.

Case Management — If you're in the hospital or have a serious health problem and need extra care, a nurse care manager can help. Your nurse care manager will answer your questions, set up your care with different doctors and help you use your health benefits.

ConditionCare — Get support from a dedicated nurse team if you have asthma, diabetes, heart disease or heart failure. You work with dietitians, health educators and pharmacists to help you reach your goals and feel your best.

Future Moms — Moms-to-be get one-on-one support from registered nurses to help them have a healthy pregnancy, a safe delivery and a healthy baby.

Gym Reimbursement — Working out regularly? Ready to get started? Nice, either way! This benefit helps pay for part of your gym dues.

LiveHealth Online — Using LiveHealth Online, you can have a video visit with a board-certified doctor or therapist on your smartphone, tablet or computer with a webcam. It's easy to use and there when you need it. All you have to do is sign up at **livehealthonline.com** or on the **Empire Anywhere app**.

Online Wellness Toolkit — The Online Wellness Toolkit gives you tools to set and achieve your unique health goals. It includes a Health Assessment for identifying health risks, guidance for lowering those risks, personalized trackers to monitor progress and fun activities that promote healthier decision-making.

MyHealth Advantage — Avoid health problems, stay healthy and save money. This program tracks your health information to see if there's anything you can do to improve your health. If so, you'll get a personalized and confidential MyHealth Note in the mail. Download the **Empire Anywhere app** to receive your personalized, secure health messages on-the-go via the Mobile Inbox.

Your plan details

In this next section, you'll find more information about your plan.

Your summary of benefits

Empire BlueCross
An Anthem Company

Fulmont Health Trust

Your Plan: Empire PPO

Your Network: PPO/EPO

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible *See notes section to understand how your deductible works. Your plan may also have a separate Prescription Drug Deductible. See Prescription Drug Coverage section.*	$0 person / $0 family	$750 person / $1,500 family
Out-of-Pocket Limit *When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of your benefit period. See notes section for additional information regarding your out of pocket maximum.*	$6,350 person / $12,700 family	$2,500 person / $5,000 family
Preventive care/screening/immunization *In-network preventive care is not subject to deductible, if your plan has a deductible.*	No charge	30% coinsurance after deductible is met
Doctor Home and Office Services		
Primary Care Visit to treat an injury or illness	$20 copay per visit	30% coinsurance after deductible is met
Specialist Care Visit	$20 copay per visit	30% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Prenatal and Post-natal Care *In-Network preventive prenatal and postnatal services are covered at 100%.*	No charge after initial $20 copay	30% coinsurance after deductible is met
Other Practitioner Visits:		
Retail Health Clinic	$20 copay per visit	30% coinsurance after deductible is met
On-line Visit	$0 copay per visit	30% coinsurance after deductible is met
Chiropractic	$20 copay per visit	30% coinsurance after deductible is met
Acupuncture	No charge	30% coinsurance after deductible is met
Other Services in an Office:		
Allergy Testing Performed by a Primary Care Physician	No charge	30% coinsurance after deductible is met
Allergy Testing Performed by a Specialist	No charge	30% coinsurance after deductible is met
Chemo/Radiation Therapy Performed by a Primary Care Physician	No charge	30% coinsurance after deductible is met
Chemo/Radiation Therapy Performed by a Specialist	No charge	30% coinsurance after deductible is met
Hemodialysis Performed by a Primary Care Physician	No charge	30% coinsurance after deductible is met
Hemodialysis Performed by a Specialist	No charge	30% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Prescription Drugs Administered in an Office by a Primary Care Physician *For the drugs itself dispensed in the office through infusion/injection.*	No charge	30% coinsurance after deductible is met
Prescription Drugs Administered in an Office by a Specialist *For the drugs itself dispensed in the office through infusion/injection.*	No charge	30% coinsurance after deductible is met
Diagnostic Services		
Lab:		
Office Performed by a Primary Care Physician	No charge	30% coinsurance after deductible is met
Office Performed by a Specialist	No charge	30% coinsurance after deductible is met
Freestanding Lab/Reference Lab *Empire's participating Freestanding Labs are Laboratory Corporation of America or Quest Diagnostics. Please check Provider Finder for additional participating Freestanding Labs in your area.*	No charge	Not Applicable
Outpatient Hospital	No charge	30% coinsurance after deductible is met
X-Ray:		
Office Performed by a Primary Care Physician	No charge	30% coinsurance after deductible is met
Office Performed by a Specialist	No charge	30% coinsurance after deductible is met
Freestanding Radiology Center	No charge	30% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Hospital	No charge	30% coinsurance after deductible is met
Advanced Diagnostic Imaging (for example, MRI/PET/CAT scans):		
Office	$0 copay per service	30% coinsurance after deductible is met
Freestanding Radiology Center	$0 copay per service	30% coinsurance after deductible is met
Outpatient Hospital	$0 copay per service	30% coinsurance after deductible is met
Emergency and Urgent Care		
Urgent Care (Office Setting)	$25 copay per visit	Covered as In-Network for Emergency
Emergency Room Facility Services *Copay waived if admitted.*	$200 copay per visit	Covered as In-Network
Emergency Room Doctor and Other Services	No charge	Covered as In-Network
Ambulance (Air and Ground)	$0 copay per trip	Covered as In-Network
Outpatient Mental/Behavioral Health and Substance Abuse		
Doctor Office Visit *Family counseling related to Substance Abuse is limited to 20 visits per year.*	No charge	30% coinsurance after deductible is met
Facility visit:		

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Facility Fees	No charge	30% coinsurance after deductible is met
Doctor Services	No charge	30% coinsurance after deductible is met
Outpatient Surgery		
Facility Fees:		
Hospital	$0 copay per visit	30% coinsurance after deductible is met
Freestanding Surgical Center	$0 copay per visit	30% coinsurance after deductible is met
Doctor and Other Services:		
Surgery Performed by a Primary Care Physician	$20 copay per visit	30% coinsurance after deductible is met
Surgery Performed by a Specialist	$20 copay per visit	30% coinsurance after deductible is met
Freestanding Surgical Center	No charge	30% coinsurance after deductible is met
Hospital Stay (all inpatient stays including Maternity, Mental / Behavioral Health, and Substance Abuse)		
Facility fees (for example, room & board) *Coverage for Inpatient Rehabilitation is limited to 120 days per year. Limit is combined In-Network and Non-Network.*	$0 copay per admission	30% coinsurance after deductible is met
Doctor and other services	No charge	30% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Recovery & Rehabilitation **Home Health Care** *Coverage has unlimited visits per year. Limit is combined In-Network and Non-Network.*	No charge	30% coinsurance after deductible is met
Rehabilitation services (for example, physical/speech/occupational therapy): Office *Coverage for rehabilitative and habilitative physical therapy, occupational therapy and speech therapy combined is limited to 120 visits per year. Applies to In-Network. Visit limits are combined both across outpatient and other professional visits.*	$20 copay per visit	Not covered
Outpatient Hospital *Coverage for rehabilitative and habilitative physical therapy, occupational therapy and speech therapy combined is limited to 120 visits per year. Applies to In-Network. Visit limits are combined both across outpatient and other professional visits.*	$20 copay per visit	Not covered
Habilitation services (for example, physical/speech/occupational therapy): Office *Coverage for rehabilitative and habilitative physical therapy, occupational therapy and speech therapy combined is limited to 120 visits per year. Applies to In-Network. Visit limits are combined both across outpatient and other professional visits.*	$20 copay per visit	Not covered
Outpatient Hospital *Coverage for rehabilitative and habilitative physical therapy, occupational therapy and speech therapy combined is limited to 120 visits per year. Applies to In-Network. Visit limits are combined both across outpatient and other professional visits.*	$20 copay per visit	Not covered

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Cardiac rehabilitation		
Office	$20 copay per visit	30% coinsurance after deductible is met
Outpatient Hospital	$20 copay per visit	30% coinsurance after deductible is met
Skilled Nursing Care (in a facility) *Coverage has unlimited days per year. Limit is combined In-Network and Non-Network.*	No charge	30% coinsurance after deductible is met
Hospice	No charge	30% coinsurance after deductible is met
Durable Medical Equipment	No charge	50% coinsurance after deductible is met
Prosthetic Devices	20% coinsurance	20% coinsurance after deductible is met

Your summary of benefits

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Pharmacy Deductible	Not applicable	Not covered
Pharmacy Out of Pocket	Combined with medical out of pocket maximum	Not covered
Prescription Drug Coverage *National Drug List* *This product has a 90-day Retail Pharmacy Network available. A 90 day supply is available at most retail pharmacies.*		
Tier 1 - Typically Generic *Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program).*	$5 copay per prescription (retail) and $10 copay per prescription (home delivery)	Not covered
Tier 2 – Typically Preferred Brand *Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). If you select a brand name drug when a generic drug is available, additional cost sharing amounts may apply.*	$15 copay per prescription (retail) and $30 copay per prescription (home delivery)	Not covered
Tier 3 - Typically Non-Preferred Brand/Specialty Drugs *Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). If you select a brand name drug when a generic drug is available, additional cost sharing amounts may apply.*	$30 copay per prescription (retail) and $60 copay per prescription (home delivery)	Not covered

Your summary of benefits

Notes:

- The prescription drug plan listed on this Summary meets the Centers for Medicare and Medicaid Services (CMS) standard for Creditable Coverage under the Medicare Modernization Act of 2003.
- Preauthorization - You may have to pay for all or a portion of any test, equipment, service or procedure that is not preauthorized. To find out which services require Preauthorization and to be sure that Preauthorization has been given, you may contact us.
- If You seek coverage for services that require Preauthorization or notification, You or Your Provider must call Us or Our vendor at the number indicated on Your ID card.
- Preventive care benefits not subject to copay, deductible and coinsurance; when provided In-Network include: 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 annual obstetric and gynecological examinations. May also include other services as required under State and Federal Law. May be subject to age and frequency limits.
- 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.

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Overall Deductible *See notes section to understand how your deductible works. Your plan may also have a separate Prescription Drug Deductible. See Prescription Drug Coverage section.*	$0 person / $0 family	$750 person / $1,500 family
Out-of-Pocket Limit *When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of your benefit period. See notes section for additional information regarding your out of pocket maximum.*	$6,350 person / $12,700 family	$2,500 person / $5,000 family
Preventive care/screening/immunization *In-network preventive care is not subject to deductible, if your plan has a deductible.*	No charge	30% coinsurance after deductible is met
Doctor Home and Office Services		
Primary Care Visit to treat an injury or illness	$20 copay per visit	30% coinsurance after deductible is met
Specialist Care Visit	$20 copay per visit	30% coinsurance after deductible is met

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Doctor and other services	No charge	30% coinsurance after deductible is met

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Tier 1 - Typically Generic *Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program).*	$10 copay per prescription (retail) and $20 copay per prescription (home delivery)	Not covered
Tier 2 – Typically Preferred Brand *Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). If you select a brand name drug when a generic drug is available, additional cost sharing amounts may apply.*	$25 copay per prescription (retail) and $50 copay per prescription (home delivery)	Not covered
Tier 3 - Typically Non-Preferred Brand/Specialty Drugs *Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). If you select a brand name drug when a generic drug is available, additional cost sharing amounts may apply.*	$40 copay per prescription (retail) and $80 copay per prescription (home delivery)	Not covered

Notes:

- The prescription drug plan listed on this Summary meets the Centers for Medicare and Medicaid Services (CMS) standard for Creditable Coverage under the Medicare Modernization Act of 2003.
- Preauthorization - You may have to pay for all or a portion of any test, equipment, service or procedure that is not preauthorized. To find out which services require Preauthorization and to be sure that Preauthorization has been given, you may contact us.
- If You seek coverage for services that require Preauthorization or notification, You or Your Provider must call Us or Our vendor at the number indicated on Your ID card.
- Preventive care benefits not subject to copay, deductible and coinsurance; when provided In-Network include: 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 annual obstetric and gynecological examinations. May also include other services as required under State and Federal Law. May be subject to age and frequency limits.
- 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.

Your summary of benefits

Empire BlueCross
An Anthem Company

Fulmont Health Trust

Your Plan: Empire EPO

Your Network: PPO/EPO

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible *See notes section to understand how your deductible works. Your plan may also have a separate Prescription Drug Deductible. See Prescription Drug Coverage section.*	$0 person / $0 family	Not covered
Out-of-Pocket Limit *When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of your benefit period. See notes section for additional information regarding your out of pocket maximum.*	$6,350 person / $12,700 family	Not covered
Preventive care/screening/immunization *In-network preventive care is not subject to deductible, if your plan has a deductible.*	No charge	Not covered
Doctor Home and Office Services		
Primary Care Visit to treat an injury or illness	$20 copay per visit	Not covered
Specialist Care Visit	$20 copay per visit	Not covered

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Prenatal and Post-natal Care *In-Network preventive prenatal and postnatal services are covered at 100%.*	No charge after initial $20 copay	Not covered
Other Practitioner Visits:		
Retail Health Clinic	$20 copay per visit	Not covered
On-line Visit	$20 copay per visit	Not covered
Chiropractic	$20 copay per visit	Not covered
Acupuncture	No charge	Not covered
Other Services in an Office:		
Allergy Testing Performed by a Primary Care Physician	No charge	Not covered
Allergy Testing Performed by a Specialist	No charge	Not covered
Chemo/Radiation Therapy Performed by a Primary Care Physician	No charge	Not covered
Chemo/Radiation Therapy Performed by a Specialist	No charge	Not covered
Hemodialysis Performed by a Primary Care Physician	No charge	Not covered
Hemodialysis Performed by a Specialist	No charge	Not covered
Prescription Drugs Administered in an Office by a Primary Care Physician *For the drugs itself dispensed in the office through infusion/injection.*	No charge	Not covered
Prescription Drugs Administered in an Office by a Specialist *For the drugs itself dispensed in the office through infusion/injection.*	No charge	Not covered

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Diagnostic Services		
Lab:		
Office Performed by a Primary Care Physician	No charge	Not Applicable
Office Performed by a Specialist	No charge	Not Applicable
Freestanding Lab/Reference Lab *Empire's participating Freestanding Labs are Laboratory Corporation of America or Quest Diagnostics. Please check Provider Finder for additional participating Freestanding Labs in your area.*	No charge	Not Applicable
Outpatient Hospital	No charge	Not covered
X-Ray:		
Office Performed by a Primary Care Physician	No charge	Not covered
Office Performed by a Specialist	No charge	Not covered
Freestanding Radiology Center	No charge	Not covered
Outpatient Hospital	No charge	Not covered
Advanced Diagnostic Imaging (for example, MRI/PET/CAT scans):		
Office	$0 copay per service	Not covered
Freestanding Radiology Center	$0 copay per service	Not covered

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Hospital	$0 copay per service	Not covered
Emergency and Urgent Care		
Urgent Care (Office Setting)	$25 copay per visit	Covered as In-Network for Emergency
Emergency Room Facility Services *Copay waived if admitted.*	$200 copay per visit	Covered as In-Network
Emergency Room Doctor and Other Services	No charge	Covered as In-Network
Ambulance (Air and Ground)	$0 copay per trip	Covered as In-Network
Outpatient Mental/Behavioral Health and Substance Abuse		
Doctor Office Visit *Family counseling related to Substance Abuse is limited to 20 visits per year.*	No charge	Not covered
Facility visit:		
Facility Fees	No charge	Not covered
Doctor Services	No charge	Not covered
Outpatient Surgery		
Facility Fees:		
Hospital	$0 copay per visit	Not covered
Freestanding Surgical Center	$0 copay per visit	Not covered

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Doctor and Other Services:		
Surgery Performed by a Primary Care Physician	$20 copay per visit	Not covered
Surgery Performed by a Specialist	$20 copay per visit	Not covered
Freestanding Surgical Center	No charge	Not covered
Hospital Stay (all inpatient stays including Maternity, Mental / Behavioral Health, and Substance Abuse)		
Facility fees (for example, room & board) *Coverage for Inpatient Rehabilitation is limited to 120 days per year. Applies to In-Network.*	$0 copay per admission	Not covered
Doctor and other services	No charge	Not covered
Recovery & Rehabilitation		
Home Health Care *Coverage has unlimited visits per year. Applies to In-Network.*	No charge	Not covered
Rehabilitation services (for example, physical/speech/occupational therapy):		
Office *Coverage for rehabilitative and habilitative physical therapy, occupational therapy and speech therapy combined is limited to 120 visits per year. Applies to In-Network. Visit limits are combined both across outpatient and other professional visits.*	$20 copay per visit	Not covered
Outpatient Hospital *Coverage for rehabilitative and habilitative physical therapy, occupational therapy and speech therapy combined is limited to 120 visits per year. Applies to In-Network. Visit limits are combined both across outpatient and other professional visits.*	$20 copay per visit	Not covered

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Habilitation services (for example, physical/speech/occupational therapy): Office *Coverage for rehabilitative and habilitative physical therapy, occupational therapy and speech therapy combined is limited to 120 visits per year. Applies to In-Network. Visit limits are combined both across outpatient and other professional visits.*	$20 copay per visit	Not covered
Outpatient Hospital *Coverage for rehabilitative and habilitative physical therapy, occupational therapy and speech therapy combined is limited to 120 visits per year. Applies to In-Network. Visit limits are combined both across outpatient and other professional visits.*	$20 copay per visit	Not covered
Cardiac rehabilitation Office	$20 copay per visit	Not covered
Outpatient Hospital	$20 copay per visit	Not covered
Skilled Nursing Care (in a facility) *Coverage has unlimited days per year. Applies to In-Network.*	No charge	Not covered
Hospice	No charge	Not covered
Durable Medical Equipment	No charge	Not covered

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Prosthetic Devices	20% coinsurance	Not covered

Your summary of benefits

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Pharmacy Deductible	Not applicable	Not covered
Pharmacy Out of Pocket	Combined with medical out of pocket maximum	Not covered
Prescription Drug Coverage *National Drug List* *This product has a 90-day Retail Pharmacy Network available. A 90 day supply is available at most retail pharmacies.*		
Tier 1 - Typically Generic *Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program).*	$10 copay per prescription (retail) and $120 copay per prescription (home delivery)	Not covered
Tier 2 – Typically Preferred Brand *Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). If you select a brand name drug when a generic drug is available, additional cost sharing amounts may apply.*	$25 copay per prescription (retail) and $50 copay per prescription (home delivery)	Not covered
Tier 3 - Typically Non-Preferred Brand/Specialty Drugs *Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). If you select a brand name drug when a generic drug is available, additional cost sharing amounts may apply.*	$40 copay per prescription (retail) and $80 copay per prescription (home delivery)	Not covered

Your summary of benefits

Notes:

- The prescription drug plan listed on this Summary meets the Centers for Medicare and Medicaid Services (CMS) standard for Creditable Coverage under the Medicare Modernization Act of 2003.
- Preauthorization - You may have to pay for all or a portion of any test, equipment, service or procedure that is not preauthorized. To find out which services require Preauthorization and to be sure that Preauthorization has been given, you may contact us.
- If you seek coverage for services that require Preauthorization or notification, You or Your Provider must call Us or Our vendor at the number indicated on Your ID card.
- Preventive care benefits not subject to copay, deductible and coinsurance; when provided In-Network include: 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 annual obstetric and gynecological examinations. May also include other services as required under State and Federal Law. May be subject to age and frequency limits.
- 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.

Your summary of benefits

Empire BlueCross
An Anthem Company

Fulmont Health Trust

Your Plan: Empire EPO with HSA

Your Network: PPO/EPO

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible *See notes section to understand how your deductible works. Your plan may also have a separate Prescription Drug Deductible. See Prescription Drug Coverage section.*	$1,500 person / $3,000 family	Not covered
Out-of-Pocket Limit *When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of your benefit period. See notes section for additional information regarding your out of pocket maximum.*	$6,350 person / $12,700 family	Not covered
Preventive care/screening/immunization *In-network preventive care is not subject to deductible, if your plan has a deductible.*	No charge	Not covered
Doctor Home and Office Services		
Primary Care Visit to treat an injury or illness	$20 copay per visit after deductible is met	Not covered
Specialist Care Visit	$20 copay per visit after deductible is met	Not covered

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Prenatal and Post-natal Care *In-Network preventive prenatal and postnatal services are covered at 100%.*	$0 copay per pregnancy after deductible is met	Not covered
Other Practitioner Visits:		
Retail Health Clinic	$20 copay per visit after deductible is met	Not covered
On-line Visit	$0 copay per visit after deductible is met	Not covered
Chiropractic	$20 copay per visit after deductible is met	Not covered
Acupuncture	$20 copay per visit after deductible is met	Not covered
Other Services in an Office:		
Allergy Testing Performed by a Primary Care Physician	$20 copay per visit after deductible is met	Not covered
Allergy Testing Performed by a Specialist	$20 copay per visit after deductible is met	Not covered
Chemo/Radiation Therapy Performed by a Primary Care Physician	$20 copay per visit after deductible is met	Not covered
Chemo/Radiation Therapy Performed by a Specialist	$20 copay per visit after deductible is met	Not covered
Hemodialysis Performed by a Primary Care Physician	$20 copay per visit after deductible is met	Not covered
Hemodialysis Performed by a Specialist	$20 copay per visit after deductible is met	Not covered

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Prescription Drugs Administered in an Office by a Primary Care Physician *For the drugs itself dispensed in the office through infusion/injection.*	$20 copay per visit after deductible is met	Not covered
Prescription Drugs Administered in an Office by a Specialist *For the drugs itself dispensed in the office through infusion/injection.*	$20 copay per visit after deductible is met	Not covered
Diagnostic Services		
Lab:		
Office Performed by a Primary Care Physician	$20 copay per visit after deductible is met	Not Applicable
Office Performed by a Specialist	$20 copay per visit after deductible is met	Not Applicable
Freestanding Lab/Reference Lab *Empire's participating Freestanding Labs are Laboratory Corporation of America or Quest Diagnostics. Please check Provider Finder for additional participating Freestanding Labs in your area.*	0% coinsurance after deductible is met	Not Applicable
Outpatient Hospital	0% coinsurance after deductible is met	Not covered
X-Ray:		
Office Performed by a Primary Care Physician	$20 copay per visit after deductible is met	Not covered
Office Performed by a Specialist	$20 copay per visit after deductible is met	Not covered
Freestanding Radiology Center	$20 copay per visit after deductible is met	Not covered

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Hospital	0% coinsurance after deductible is met	Not covered
Advanced Diagnostic Imaging (for example, MRI/PET/CAT scans):		
Office	$0 copay per visit after deductible is met	Not covered
Freestanding Radiology Center	0% coinsurance after deductible is met	Not covered
Outpatient Hospital	0% coinsurance after deductible is met	Not covered
Emergency and Urgent Care		
Urgent Care (Office Setting)	$25 copay per visit after deductible is met	Covered as In-Network for Emergency
Emergency Room Facility Services *Copay waived if admitted.*	$200 copay per visit after deductible is met	Covered as In-Network
Emergency Room Doctor and Other Services	0% coinsurance after deductible is met	Covered as In-Network
Ambulance (Air and Ground)	$0 copay per trip after deductible is met	Covered as In-Network
Outpatient Mental/Behavioral Health and Substance Abuse		
Doctor Office Visit *Family counseling related to Substance Abuse is limited to 20 visits per year.*	$20 copay per visit after deductible is met	Not covered
Facility visit:		
Facility Fees	$0 copay per visit after deductible is met	Not covered

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Doctor Services	$20 copay per visit after deductible is met	Not covered
Outpatient Surgery		
Facility Fees:		
Hospital	$0 copay per visit after deductible is met	Not covered
Freestanding Surgical Center	$0 copay per visit after deductible is met	Not covered
Doctor and Other Services:		
Surgery Performed by a Primary Care Physician	$20 copay per visit after deductible is met	Not covered
Surgery Performed by a Specialist	$20 copay per visit after deductible is met	Not covered
Freestanding Surgical Center	$20 copay per visit after deductible is met	Not covered
Hospital Stay (all inpatient stays including Maternity, Mental / Behavioral Health, and Substance Abuse)		
Facility fees (for example, room & board) *Coverage for Inpatient Rehabilitation is limited to 30 days per year. Applies to In-Network.*	$0 copay per admission after deductible is met	Not covered
Doctor and other services	0% coinsurance after deductible is met	Not covered

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Recovery & Rehabilitation		
Home Health Care *Coverage is limited to 200 visits per year. Applies to In-Network.*	$20 copay per visit after deductible is met	Not covered
Rehabilitation services (for example, physical/speech/occupational therapy):		
Office *Coverage for rehabilitative and habilitative physical therapy, occupational therapy and speech therapy combined is limited to 60 visits per year. Applies to In-Network. Visit limits are combined both across outpatient and other professional visits.*	$20 copay per visit after deductible is met	Not covered
Outpatient Hospital *Coverage for rehabilitative and habilitative physical therapy, occupational therapy and speech therapy combined is limited to 60 visits per year. Applies to In-Network. Visit limits are combined both across outpatient and other professional visits.*	$20 copay per visit after deductible is met	Not covered
Habilitation services (for example, physical/speech/occupational therapy):		
Office *Coverage for rehabilitative and habilitative physical therapy, occupational therapy and speech therapy combined is limited to 60 visits per year. Applies to In-Network. Visit limits are combined both across outpatient and other professional visits.*	$20 copay per visit after deductible is met	Not covered
Outpatient Hospital *Coverage for rehabilitative and habilitative physical therapy, occupational therapy and speech therapy combined is limited to 60 visits per year. Applies to In-Network. Visit limits are combined both across outpatient and other professional visits.*	$20 copay per visit after deductible is met	Not covered

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Cardiac rehabilitation		
Office	$20 copay per visit after deductible is met	Not covered
Outpatient Hospital	0% coinsurance after deductible is met	Not covered
Skilled Nursing Care (in a facility) *Coverage is limited to 120 days per year. Applies to In-Network.*	$0 copay per admission after deductible is met	Not covered
Hospice	0% coinsurance after deductible is met	Not covered
Durable Medical Equipment	50% coinsurance after deductible is met	Not covered
Prosthetic Devices	20% coinsurance after deductible is met	Not covered

Your summary of benefits

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Pharmacy Deductible	Combined with medical deductible	Not covered
Pharmacy Out of Pocket	Combined with medical out of pocket maximum	Not covered
Prescription Drug Coverage *National Drug List* *This product has a 90-day Retail Pharmacy Network available. A 90 day supply is available at most retail pharmacies.*		
Tier 1 - Typically Generic *Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program).*	$10 copay per prescription after deductible is met (retail) and $20 copay per prescription after deductible is met (home delivery)	Not covered
Tier 2 – Typically Preferred Brand *Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). If you select a brand name drug when a generic drug is available, additional cost sharing amounts may apply.*	$25 copay per prescription after deductible is met (retail) and $50 copay per prescription after deductible is met (home delivery)	Not covered
Tier 3 - Typically Non-Preferred Brand/Specialty Drugs *Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). If you select a brand name drug when a generic drug is available, additional cost sharing amounts may apply.*	$40 copay per prescription after deductible is met (retail) and $80 copay per prescription after deductible is met (home delivery)	Not covered

Your summary of benefits

Notes:

- The prescription drug plan listed on this Summary meets the Centers for Medicare and Medicaid Services (CMS) standard for Creditable Coverage under the Medicare Modernization Act of 2003.
- Preauthorization - You may have to pay for all or a portion of any test, equipment, service or procedure that is not preauthorized. To find out which services require Preauthorization and to be sure that Preauthorization has been given, you may contact us.
- If you seek coverage for services that require Preauthorization or notification, You or Your Provider must call Us or Our vendor at the number indicated on Your ID card.
- Preventive care benefits not subject to copay, deductible and coinsurance; when provided In-Network include: 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 annual obstetric and gynecological examinations. May also include other services as required under State and Federal Law. May be subject to age and frequency limits.
- 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.

Make your exercise pay off (literally)

Get reimbursed for your fitness center dues

Routine exercise can help you manage your weight, improve your flexibility, relieve stress and lower your risk for major health problems, such as diabetes and high blood pressure.[1]

And now it can put money back in your pocket, too. We'll reimburse you up to **$400** of your fitness center membership dues![2] Just work out **35** times in each six-month period within your benefit plan year at a qualifying fitness center.[3,4]

You have a choice on how you select your fitness center and manage your gym reimbursement:

Choice 1: Go to a qualified fitness center, track your workouts, and send in your completed *Fitness Center Membership Verification* (FCMV) and *Gym Reimbursement* forms.

Choice 2: Enroll in the Active&Fit Direct™ (AFD) program through empireblue.com. Once enrolled, AFD automatically tracks your visits and manages your reimbursement paperwork for you.

Visit empireblue.com for additional details about the program, fitness center options and how to manage your gym reimbursement.

Qualifying fitness centers (also see "Exclusions and limitations" on page 4):

- Are in the U.S. and open to the public.
- Have staff oversight.[5]
- Offer regular cardio, flexibility and/or weight-training programs.

For questions, visit empireblue.com or call the Member Services number on the back of your ID card.

Choose the workouts you love, including:[6]

- Dance
- Kickboxing
- Pilates
- Running
- Rowing
- Swimming
- Stair climbing
- Stationary cycling
- Tai chi
- Weight/resistance training
- Yoga
- Zumba®

Empire BlueCross
An Anthem Company

ExerciseRewards®

Start working out

You have to work out **35** times during each six-month period in your benefit plan year. Your benefit plan year starts with the anniversary of your health plan's effective date.[4] You can only count one workout session per calendar date and the workouts must be at least eight hours apart.

Get reimbursed for your fitness center membership dues

After each six-month period or when you've completed **35** workouts, you can get reimbursed:

Note: If you're enrolled in the AFD program, **you don't need to submit anything** for reimbursement.

1. **Fill out the** *Gym Reimbursement* **form**.
2. **Provide your fitness log with tracked workouts**.
   - Use your fitness center's computer printouts, if offered. Attach the printouts to your completed *Gym Reimbursement* form.
   - Fill out the fitness log on the back of the *Gym Reimbursement* form. A fitness center staff member needs to sign or stamp your log sheet after each workout.
3. **Attach a receipt or credit card statement (if you have automatic billing)** that shows you paid for the fitness center membership for the time frame you're requesting reimbursement.
4. **Include a signed copy of the FCMV form**. This form needs to be submitted with your first reimbursement request and/or once per benefit plan year for each qualifying fitness center. *The FCMV must also be signed by a fitness center representative.*

You have two ways to send us your documents:

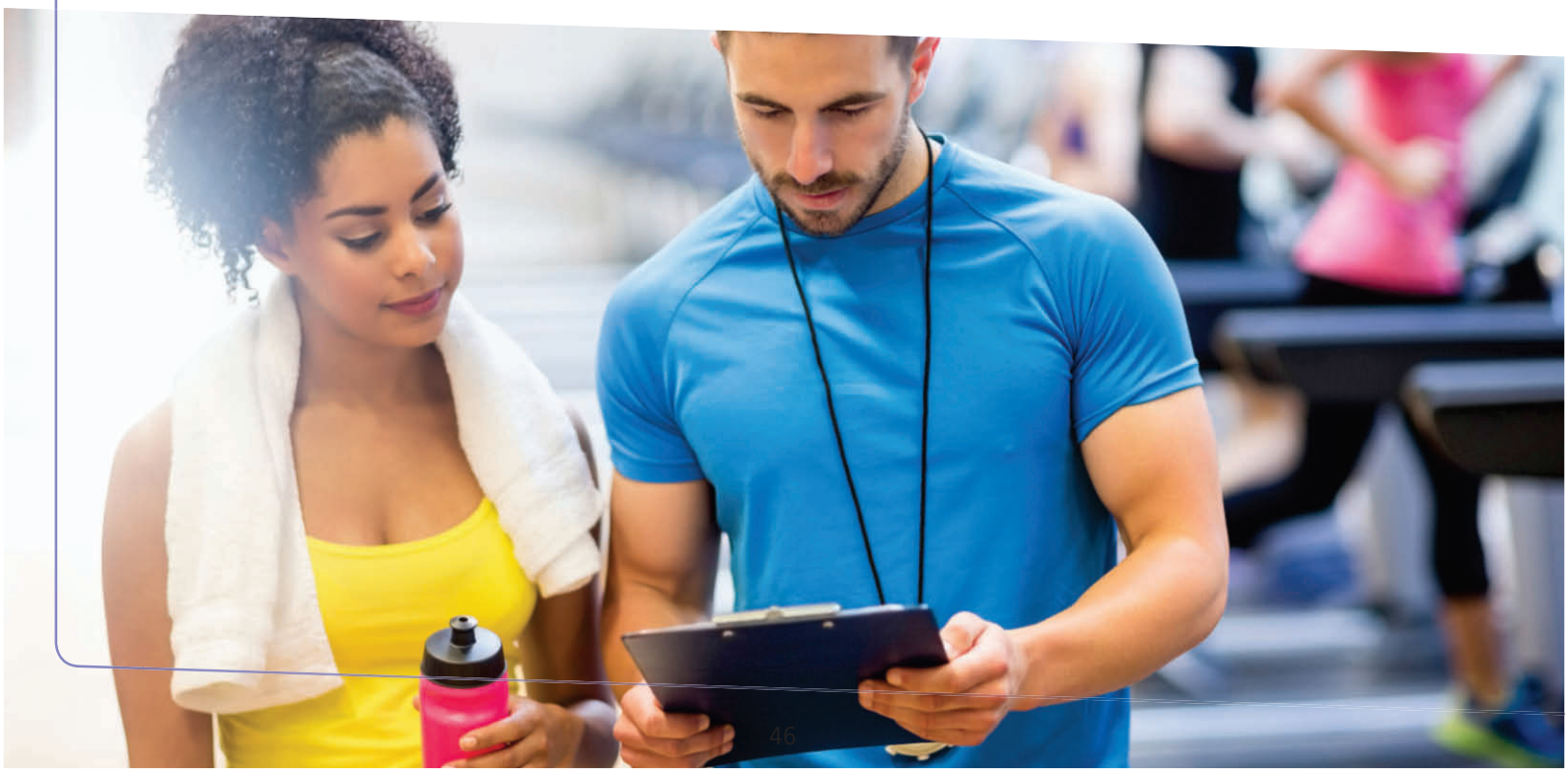
1. Send printed/hard copies to:

   The ExerciseRewards™ Program
   P.O. Box 509117
   San Diego, CA 92150-9117
2. Email: **fitness@exerciserewards.com**
   Use subject line: Gym Reimbursement Request
   Include electronic and scanned copies as attachments.

All reimbursements must be submitted within 90 days of the end of your benefit plan year. After we receive your completed forms, it takes up to 30 days to process reimbursements once the payout period ends. You won't be reimbursed for months that services haven't been provided yet.

To download forms

1. Log in at **empireblue.com**.
2. Go to the *Health & Wellness Center,* under the *Care* section.
3. Select **Get reimbursement forms** under the *Gym Reimbursements* section.



Key things to keep in mind

- This program is for members aged 18 or older.
- Members and their covered spouses or partners over 18 are each eligible to submit and receive the annual reimbursement maximum.
- If you become eligible or add your spouse or partner after the effective date of your benefit plan year, you and your spouse or partner can still take part in the program. Your workout session requirements and reimbursement will be prorated based on the number of months you are eligible for the program.
- You need to keep Empire health coverage with your current employer through the date on which you can be reimbursed.
- If you need a medical leave of absence from your exercise program, you may submit a doctor's note to Empire and the time period covering your leave of absence will be excluded from your eligibility period. Your workout session requirements and reimbursement will be prorated based on the number of months you were eligible to take part in the program.

Exclusions and limitations

- Members younger than 18 don't qualify for reimbursement.
- ExerciseRewards is available if your employer has purchased the program — whether it's bought separately or is part of a medical plan. Check with your Human Resources department or call the Member Services number on the back of your ID card to determine whether you're eligible for the program.
- The following services and activities don't qualify: rehabilitation services, physical therapy services, country clubs, social clubs and sports teams or leagues.
- Fees or dues for taking part in aerobic/fitness activities in clubs or centers that don't qualify, as well as fees for personal training, lessons, such as for tennis and swimming, courses (including boot camp), homeowner's association (HOA) fees, coaching and exercise equipment or clothing purchases, aren't eligible for reimbursement.
- Exercise sessions at fitness centers where a membership or class agreement isn't offered or there is no staff oversight don't qualify.[5]
- Reimbursements are based on the membership fees that are paid by a member up to the annual contract maximum reimbursement amount.
- Reimbursement is made based on the order of submitted requests until the maximum amount is reached.
- You won't be reimbursed for months during which services haven't yet been provided. If you submit requests for such months, reimbursement will be denied and you'll need to submit a new request for reimbursement once the services have been provided.
- If your exercise sessions took place before you became eligible for the ExerciseRewards program, they don't qualify for reimbursement.
- Reimbursement requests received later than 90 days after the end of your benefit plan year don't qualify.

The ExerciseRewards and Active&Fit Direct programs aren't covered services under your group's medical insurance policy, but separate components of your group health plan that aren't guaranteed under your insurance *Certificate* and could be discontinued at any time.

Your health plan is committed to helping you achieve your best health. If you think you might not be able to meet a standard for the available reimbursement under this wellness program, you may qualify for an opportunity to receive the same amount by different means. Contact us at **1-877-809-2746**, Monday through Friday, 5 a.m. to 6 p.m. PT, and we'll explain how you can work with your doctor to find an alternative that makes sense for you and your health status.

This program is designed to help you make healthy, safe and small behavioral changes. If you choose to take part in the program, first talk to your doctor or health care provider. This program may not be safe for everyone. If you're pregnant or have an injury or health condition, talk to a doctor before you start. Some parts of this program may not be safe if you have certain health problems. Your doctor can tell you if this program is safe for you.

This is a summary only. It's subject to the terms, conditions, limitations and exclusions set forth in any additional riders or contracts your group may have bought. Be sure to check your benefit contract or *Certificate* for full details about your coverage.

1 Prior to participating in this or any other exercise program, it's important for you to seek the advice of a doctor or other qualified health professional.

2 Up to your yearly maximum reimbursement amount, the reimbursement you get may be considered income to you and subject to state and federal taxes in the tax year it's paid. We recommend that you consult with a tax expert on any questions regarding your tax obligations.

3 50 visits are required per member, each six-month period.

4 The benefit plan year is determined by your group's effective and renewal dates. Your benefit plan year is based on 12 months; therefore, this reimbursement program is based on two specific six-month periods within your benefit plan year. Reimbursement for the benefit plan year cannot be made more than 90 days after a benefit plan year expires.

5 Staff oversight means that, during normal operational hours, the fitness center has employees who oversee operations and attend to members. Class instructors don't constitute oversight.

6 You must use a qualifying fitness club or center open to the public.

M930-067E-EBC-600 3/19 © 2019 American Specialty Health Incorporated (ASH). All rights reserved. The ExerciseRewards and Active&Fit Direct programs are provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Active&Fit Direct, ExerciseRewards, and the ExerciseRewards logo are trademarks of ASH and used with permission herein. Members aren't required to participate at an ASH Fitness-contracted fitness center to be eligible for the programs. These are health improvement and education programs, not insurance. ASH Fitness is a separate company that administers the ExerciseRewards and Active&Fit Direct programs on behalf of Empire BlueCross.

Services provided by Empire HealthChoice HMO, Inc., and/or Empire HealthChoice Assurance, Inc. licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

Take care of yourself
Use your preventive care benefits

Empire BlueCross
An Anthem Company

Getting regular checkups and exams can help you stay healthy and catch problems early — when they're easier to treat.

That's why our health plans offer all the preventive care services and immunizations below — at no cost to you.[1] As long as you see a doctor or use a pharmacy or lab in the plan, you won't have to pay anything for these services and immunizations. If you want to visit a doctor or pharmacy outside the plan, you may have to pay out of pocket.

Not sure which services make sense for you? Talk to your doctor. He or she can help you figure out what you need.

Preventive vs. diagnostic care

What's the difference? Preventive care helps protect you from getting sick. If your doctor recommends you have services even though you have no symptoms, that's preventive care. Diagnostic care is when you have symptoms and your doctor recommends services to determine what's causing those symptoms.

Adult preventive care

Preventive physical exams

Screening tests:

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) level
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit, and computed tomography (CT) colonography (as appropriate)[3]
- Depression screening
- Hepatitis C virus (HCV) for people at high risk for infection and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening*
- Eye chart test for vision[2]
- Hearing screening
- Height, weight and body mass index (BMI)
- HIV screening and counseling
- Lung cancer screening for those ages 55-80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years[3]
- Obesity: related screening and counseling*
- Prostate cancer, including digital rectal exam and prostate-specific antigen (PSA) test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Tuberculosis screening
- Violence, interpersonal and domestic: related screening and counseling

Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)
- Zoster (shingles)

Women's preventive care:

- Well-woman visits
- Breast cancer, including exam, mammogram, and genetic testing for BRCA 1 and BRCA 2 when certain criteria are met[4]
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies and counseling[5,6,7]
- Contraceptive (birth control) counseling
- Food and Drug Administration (FDA)-approved contraceptive medical services, including sterilization, provided by a doctor
- Counseling related to chemoprevention for those with a high risk of breast cancer
- Counseling related to genetic testing for those with a family history of ovarian or breast cancer
- HPV screening
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings, including gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, syphilis, HIV and depression[6]
- Pelvic exam and Pap test, including screening for cervical cancer

These preventive care services are recommendations of the Affordable Care Act (ACA or health care reform law). They may not be right for every person, so ask your doctor what's right for you.

This sheet is not a contract or policy with Empire BlueCross. If there is any difference between this sheet and the group policy, the provisions of the group policy will rule. Please see your combined Evidence of Coverage and Disclosure Form or Certificate for exclusions and limitations.

* CDC-recognized Diabetes Prevention programs are available for overweight or obese adults with abnormal blood glucose or who have abnormal CVD risk factors.

Child preventive care

Preventive physical exams

Screening tests:

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid level
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight and BMI
- Hemoglobin or hematocrit (blood count)
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Counseling for those ages 10–24 with fair skin about lowering their risk for skin cancer
- Oral (dental health) assessment when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Tobacco use: related screening and behavioral counseling
- Vision screening when done as part of a preventive care visit[2]

Immunizations:

- Chickenpox
- Flu
- Haemophilus influenza type b (Hib)
- Hepatitis A and hepatitis B
- HPV
- Meningitis
- MMR
- Pneumonia
- Polio
- Rotavirus
- Whooping cough

A word about pharmacy items

For 100% coverage of your over-the-counter (OTC) drugs and other pharmacy items listed here, you must:

- Meet certain age requirements and other rules.
- Get prescriptions from plan providers and fill them at plan pharmacies.
- Have prescriptions, even for OTC items.

Adult preventive drugs and other pharmacy items — age appropriate:

- Aspirin use (81 mg and 325 mg) for the prevention of cardiovascular disease, preeclampsia and colorectal cancer by adults less than 70 years old.
- Colonoscopy prep kit (generic or OTC only) when prescribed for preventive colon screening
- Generic low to moderate dose statins for members that are 40-75 years and have 1 or more CVD risk factors (dyslipidemia, diabetes, hypertension, or smoking)
- Tobacco-cessation products, including all FDA-approved brand and generic OTC and prescription products, for those ages 18 and older

Child preventive drugs and other pharmacy items — age appropriate:

- Dental fluoride varnish to prevent the tooth decay of primary teeth for children ages 0-5
- Fluoride supplements for children ages 6 months to 16 years old

Women's preventive drugs and other pharmacy items — age appropriate:

- Contraceptives, including generic prescription drugs, brand-name drugs with no generic equivalent and OTC items like female condoms and spermicides[6,8,9]
- Low-dose aspirin (81 mg) for pregnant women who are at increased risk of preeclampsia
- Folic acid for women ages 55 or younger who are planning and able to get pregnant

Breast cancer risk-reducing medications, such as tamoxifen and raloxifene, that follow the U.S. Preventive Services Task Force criteria[3]

For a complete list of covered preventive drugs under the Affordable Care Act, view the Preventive ACA Drug List flier available at empireblue.com/pharmacyinformation.

1 The range of preventive care services covered at no cost share when provided by plan doctors is designed to meet state and federal requirements. The Department of Health and Human Services decided which services to include for full coverage based on U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents and women supported by Health Resources and Services Administration (HRSA) Guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your ***Certificate of Coverage*** or call the Member Services number on your ID card.
2 Some plans cover additional vision services. Please see your contract or ***Certificate of Coverage*** for details.
3 You may be required to get preapproval for these services.
4 Check your medical policy for details.
5 Breast pumps and supplies must be purchased from plan providers for 100% coverage. We recommend using plan durable medical equipment (DME) suppliers.
6 This benefit also applies to those younger than age 19.
7 Counseling services for breastfeeding (lactation) can be provided or supported by a plan doctor or hospital provider, such as a pediatrician, obstetrician/gynecologist or family medicine doctor, and hospitals with no member cost share (deductible, copay, coinsurance). Contact the provider to see if such services are available.
8 A cost share may apply for other prescription contraceptives, based on your drug benefits.
9 Your cost share may be waived if your doctor decides that using the multisource brand is medically necessary.

Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc., licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

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Skip the drugstore – have your medicine delivered to your home!

Why wait in line at the drugstore if you don't have to? If you take prescribed medicine on a regular basis, you can get up to a 90-day supply delivered to your door.[1] And depending on your plan, you may save on copays because the cost of a 90-day supply of many drugs is usually less than three 30-day refills. Standard shipping is free, and you can even set up automatic refills and renewals.

Getting set up for home delivery is easy:

Go online to get started.

Go to empireblue.com, log in and choose **Pharmacy**. On your personal pharmacy page, select **View Your Prescriptions** under *Switch to a 90-Day Supply*.

For the drugs you want to switch to home delivery, choose **Switch to a 90-day Supply** and then **Select Prescriber**. You can also add or update your shipping address, shipping options and payment method on this page.

Pay for your prescription.

We make it easy. You can pay by credit or debit card, flexible spending account, health savings account or electronic funds transfer (EFT).

To set up your payments, select **Complete your Profile and Communication Preferences** from your personal pharmacy page, then **Change Payment Method** to choose how you'd like to pay, sign up to pay online or add/update your credit card on file.

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Need help?

Call the home delivery pharmacy at 1-833-236-6196 and we'll get you started.

Send in your prescription.

If you prefer to mail in your order, complete the *Home Delivery Order Form* found in the forms library on empireblue.com, and submit it to the address shown. Be sure to include your prescription information and payment.

You may also want to ask your doctor for a 30-day prescription, which you can get filled at your regular pharmacy to make sure you have enough medicine to last until you get your first home delivery prescription.

A few important things to know

- If your doctor prescribes a brand-name drug, your pharmacy plan may require the home delivery pharmacy to send a generic version instead.
- All prescriptions and refills, including those sent by your doctor, will be filled as soon as the home delivery pharmacy gets them.
- In most cases, your first order will arrive within two weeks. After that, the orders will arrive within one week.
- If you need your medicine sooner, you can call the home delivery pharmacy and ask for overnight delivery. You'll be charged extra for the faster shipping.
- Your orders will be delivered by the U.S. Postal Service, UPS or FedEx.
- With some drugs, you may need to sign to accept delivery.[2]

1 Supplies vary based on your pharmacy plan design.
2 Drugs that are defined as controlled substances are highly regulated, which requires the home delivery pharmacy to follow special rules for filling these prescriptions.

Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc., dba Empire BlueCross. Independent licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

IngenioRx Mail Service Order Form

Mail this form to:

IngenioRx Home Delivery
PO BOX 94467
PALATINE, IL 60094-4467

Member ID # (if not shown or if different from above)

Prescription Plan Sponsor or Company Name

Please fold here

Instructions:

Please use **blue or black ink** and **print in capital letters.** Fill in **both sides** of this form.

New Prescriptions – Mail your new prescriptions with this form. Number of **New** prescriptions:

Refills – Order by Web, phone, or write in Rx number(s) below. Number of **Refill** prescriptions:

TO RECEIVE YOUR ORDER SOONER request refills or new prescriptions online or by phone at the website/phone number on your member ID card.

A Shipping Address. To ship to an address different from the one printed above, enter the changes here.

Last Name | First Name | MI | Suffix (JR, SR)

Street Address | Apt./Suite #

○ **Use shipping address for this order only.**

City | State | ZIP Code

Daytime Phone #: - - Evening Phone #: - -

B Refills. To order mail service refills, enter your prescription number(s) here.

1) 2) 3) 4)

5) 6) 7) 8)

Log in to check order status and access personalized information about your prescription benefits. When getting a new prescription, be sure to ask your doctor to write it for the maximum amount allowed by your plan, usually a 90-day supply. Make sure your doctor SIGNS and DATES all new prescriptions. We want to provide you with high quality medicines at the best possible price. In order to do this, we will substitute equivalent generic medicines for brand name medicines whenever possible. If you do not want us to substitute generics, please provide specific instructions, including drug names, in the "Special Instructions" section of this form.

We may package all of these prescriptions together unless you tell us not to.

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C Tell us about the people ordering prescriptions. If there are more than two people, please complete another form.

First person with a refill or new prescription. ◯ Spanish forms and labels

LAST NAME _____ FIRST NAME _____ M Suffix (JR,SR) ___

NICKNAME ___ Gender: ◯ M ◯ F Date of birth: MM-DD-YYYY

E-mail address: _____ Date new prescription written: _____

Doctor's last name _____ Doctor's first name _____ Doctor's phone # _____

Tell us about new health information for 1st person if never provided or if changed.

Allergies: ◯ None ◯ Aspirin ◯ Cephalosporin ◯ Codeine ◯ Erythromycin ◯ Peanuts ◯ Penicillin ◯ Sulfa ◯ Other: _____

Medical conditions: ◯ Arthritis ◯ Asthma ◯ Diabetes ◯ Acid reflux ◯ Glaucoma ◯ Heart problem ◯ High blood pressure ◯ High cholesterol ◯ Migraine ◯ Osteoporosis ◯ Prostate issues ◯ Thyroid ◯ Other: _____

Second person with a refill or new prescription. ◯ Spanish forms and labels

LAST NAME _____ FIRST NAME _____ M Suffix (JR,SR) ___

NICKNAME ___ Gender: ◯ M ◯ F Date of birth: MM-DD-YYYY

E-mail address: _____ Date new prescription written: _____

Doctor's last name _____ Doctor's first name _____ Doctor's phone # _____

Tell us about new health information for 2nd person if never provided or if changed.

Allergies: ◯ None ◯ Aspirin ◯ Cephalosporin ◯ Codeine ◯ Erythromycin ◯ Peanuts ◯ Penicillin ◯ Sulfa ◯ Other: _____

Medical conditions: ◯ Arthritis ◯ Asthma ◯ Diabetes ◯ Acid reflux ◯ Glaucoma ◯ Heart problem ◯ High blood pressure ◯ High cholesterol ◯ Migraine ◯ Osteoporosis ◯ Prostate issues ◯ Thyroid ◯ Other: _____

D Special instructions: _____

E How would you like to pay for this order? (If your copay is $0, you do not need to provide payment information.)

◯ **Electronic check.** Pay from your bank account. (You must first register online or call Customer Care.)

◯ **Credit or debit card.** (VISA®, MasterCard®, Discover®, or American Express®)

◯ Use your card on file.

◯ Use a new card or update your card's expiration date.

CARD NUMBER _____ Exp. Date MMYY

Credit card holder signature/Date

◯ **Check or money order.** Amount: $ ____ . __

- Make check/money order out to IngenioRx Home Delivery.
- Write your prescription benefit ID number on your check or money order.
- If your check is returned, we will charge you up to $40.

Payment for balance due and future orders: If you choose electronic check or a credit or debit card, we will use it to pay for any balance due and for future orders unless you provide another form of payment.

◯ Fill in this oval if you **DO NOT** want us to use this payment method for future orders.

Regular delivery is free and takes up to 5 days after your order is processed.

If you want faster delivery, choose:

◯ **2nd business day ($17)**

◯ **Next business day ($23)**

Faster delivery can only be sent to a street address, not a PO Box

Expected processing time from receipt of this form:

- Refills: 1-2 days
- New/renewed prescriptions: Within 5 days unless additional information is needed from your doctor

(Charges subject to change)

Please fold here

Please fold here

Please fold here

Please fold here

Instructions for completing the *Member Authorization Form*

Empire BlueCross
An Anthem Company

If you have any questions, please feel free to call us at the customer service number on your member identification card.

Please read the following for help completing page one of the form.

Part A: Member information

This section applies to the member who is asking for the release of his or her information to another person or company.

1. Print your last name, first name, and middle initial.
2. Write your date of birth in this format: mm/dd/yyyy. (If you were born on October 5, 1960, you would write 10/05/1960.)
3. Write your full street address, city, state, and ZIP code.
4. Write your daytime phone number (including area code.)
5. **Identification number**
   You will find this number on your member identification card.
6. **Group number**
   You will find this number on your member identification card. If your identification card does not have a group number leave this blank.

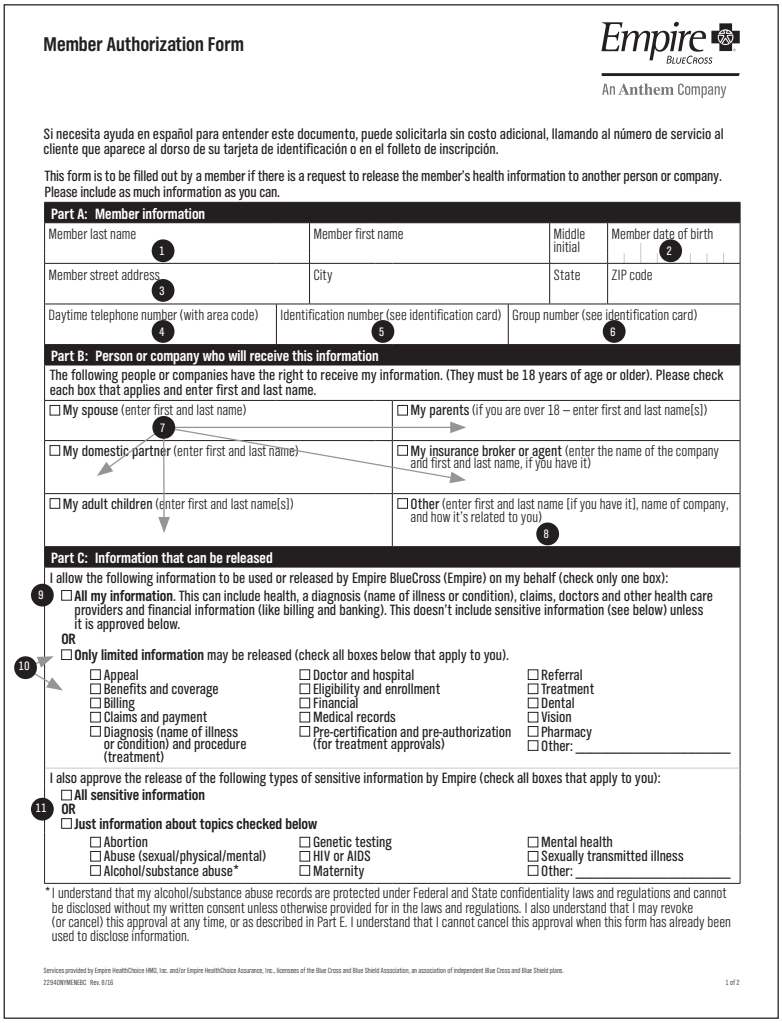
Part B: Person or company who will receive this information

7. Check the box that applies to you. Write the full name of the person or company that you want us to give your information to. Please don't use a general term like "my daughter" or "my son" as it will not be accepted. You need to be specific.
8. If you check "Other," give the first and last name (if available), the name of the company (if applicable), and how they relate to you.

Part C: Information that can be released

This section tells us what information you would like us to release: all or just some.

9. For "all of your information," check the first box.
10. For "limited information," check the second box and the boxes that apply to you.
11. Some topics may be very personal or sensitive to you. If you wish to approve the release of this type of information, check the box(es) that apply to you.



Member Authorization Form

Empire BlueCross
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Si necesita ayuda en español para entender este documento, puede solicitarla sin costo adicional, llamando al número de servicio al cliente que aparece al dorso de su tarjeta de identificación o en el folleto de inscripción.

This form is to be filled out by a member if there is a request to release the member's health information to another person or company. Please include as much information as you can.

Part A: Member information

Member last name (1)	Member first name	Middle initial	Member date of birth (2)
Member street address (3)	City	State	ZIP code
Daytime telephone number (with area code) (4)	Identification number (see identification card) (5)	Group number (see identification card) (6)	

Part B: Person or company who will receive this information

The following people or companies have the right to receive my information. (They must be 18 years of age or older). Please check each box that applies and enter first and last name.

☐ **My spouse** (enter first and last name) (7)	☐ **My parents** (if you are over 18 – enter first and last name[s])
☐ **My domestic partner** (enter first and last name)	☐ **My insurance broker or agent** (enter the name of the company and first and last name, if you have it)
☐ **My adult children** (enter first and last name[s])	☐ **Other** (enter first and last name (if you have it), name of company, and how it's related to you) (8)

Part C: Information that can be released

I allow the following information to be used or released by Empire BlueCross (Empire) on my behalf (check only one box):

(9) ☐ **All my information.** This can include health, a diagnosis (name of illness or condition), claims, doctors and other health care providers and financial information (like billing and banking). This doesn't include sensitive information (see below) unless it is approved below.

OR

(10) ☐ **Only limited information** may be released (check all boxes below that apply to you).

☐ Appeal	☐ Doctor and hospital	☐ Referral
☐ Benefits and coverage	☐ Eligibility and enrollment	☐ Treatment
☐ Billing	☐ Financial	☐ Dental
☐ Claims and payment	☐ Medical records	☐ Vision
☐ Diagnosis (name of illness or condition) and procedure (treatment)	☐ Pre-certification and pre-authorization (for treatment approvals)	☐ Pharmacy
		☐ Other: _____

I also approve the release of the following types of sensitive information by Empire (check all boxes that apply to you):

(11) ☐ **All sensitive information**

OR

☐ **Just information about topics checked below**

☐ Abortion	☐ Genetic testing	☐ Mental health
☐ Abuse (sexual/physical/mental)	☐ HIV or AIDS	☐ Sexually transmitted illness
☐ Alcohol/substance abuse*	☐ Maternity	☐ Other: _____

* I understand that my alcohol/substance abuse records are protected under Federal and State confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the laws and regulations. I also understand that I may revoke (or cancel) this approval at any time, or as described in Part E. I understand that I cannot cancel this approval when this form has already been used to disclose information.

Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc., licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

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Please read the following for help completing page two of the form.

Part D: Purpose of this approval

This section tells us the reason you've asked for the release of your information.

1. Check the first box to let us know to give out this information as shown on this form.
2. Check the second box for a specific reason. An example might be to settle a life insurance claim.

Part E: Date your approval expires

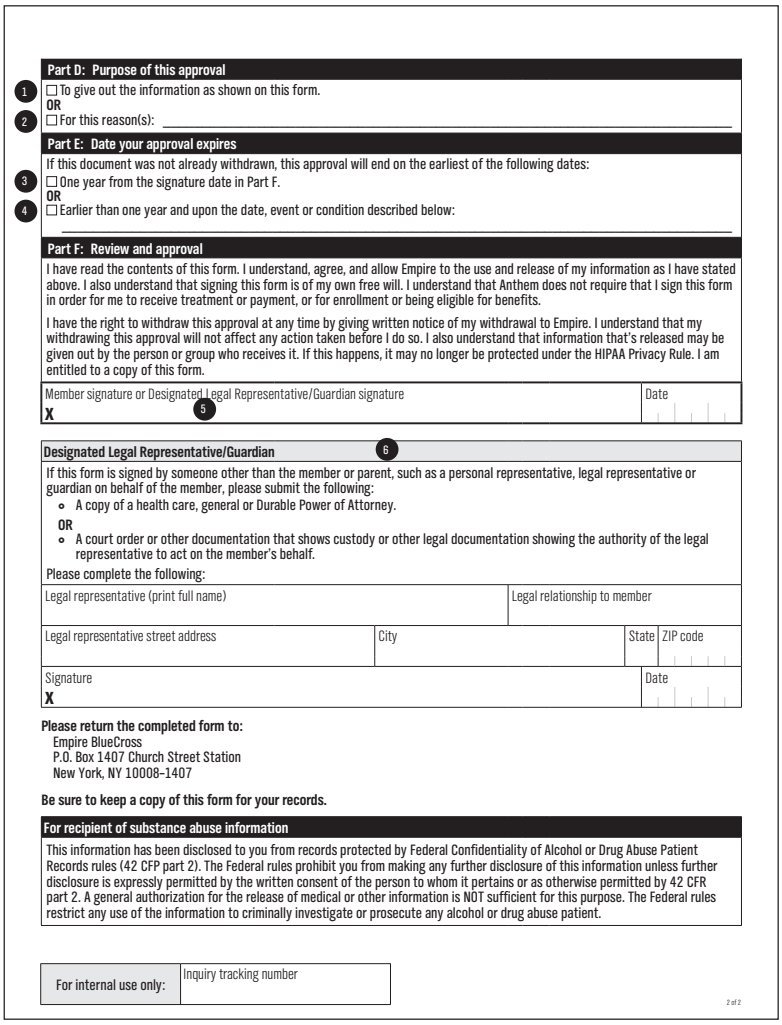
You have two choices of when you would like this approval to end.

3. Check the first box for the standard one year that it will end.
4. Check the second box for an earlier date (other than one year), and give the date you wish this approval to end.

Your authorization/approval can't be granted for more than one year.

Part F: Review and approval

5. **Sign your name and put the date on the form.** Your name and signature ***must*** match the information in Part A.
6. **If you are signing this form on behalf of another person, or if you have Power of Attorney for health care, or are a legal guardian/conservator you must do the following:**
   - You must complete the Designated Legal Representative/Guardian section.
   - You must also provide us with a copy of the legal document showing that you are approved and include it with this form.



Part D: Purpose of this approval

1 ☐ To give out the information as shown on this form.

OR

2 ☐ For this reason(s): _____

Part E: Date your approval expires

If this document was not already withdrawn, this approval will end on the earliest of the following dates:

3 ☐ One year from the signature date in Part F.

OR

4 ☐ Earlier than one year and upon the date, event or condition described below:

_____

Part F: Review and approval

I have read the contents of this form. I understand, agree, and allow Empire to the use and release of my information as I have stated above. I also understand that signing this form is of my own free will. I understand that Anthem does not require that I sign this form in order for me to receive treatment or payment, or for enrollment or being eligible for benefits.

I have the right to withdraw this approval at any time by giving written notice of my withdrawal to Empire. I understand that my withdrawing this approval will not affect any action taken before I do so. I also understand that information that's released may be given out by the person or group who receives it. If this happens, it may no longer be protected under the HIPAA Privacy Rule. I am entitled to a copy of this form.

Member signature or Designated Legal Representative/Guardian signature 5	Date
X	

Designated Legal Representative/Guardian 6

If this form is signed by someone other than the member or parent, such as a personal representative, legal representative or guardian on behalf of the member, please submit the following:

- A copy of a health care, general or Durable Power of Attorney.

OR

- A court order or other documentation that shows custody or other legal documentation showing the authority of the legal representative to act on the member's behalf.

Please complete the following:

Legal representative (print full name)	Legal relationship to member		
Legal representative street address	City	State	ZIP code
Signature X			Date

Please return the completed form to:
Empire BlueCross
P.O. Box 1407 Church Street Station
New York, NY 10008-1407

Be sure to keep a copy of this form for your records.

For recipient of substance abuse information

This information has been disclosed to you from records protected by Federal Confidentiality of Alcohol or Drug Abuse Patient Records rules (42 CFP part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

For internal use only:	Inquiry tracking number

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Examples of legal documents:

- **Health Care, General or Durable Power of Attorney**. This document gives someone you trust the legal power to act on your behalf and make health care decisions for you.
- **Legal Guardianship**. This is when the court appoints someone to care for another person.
- **Conservatorship**. This happens when a judge appoints a responsible person to make decisions for someone who can't make responsible decisions for him/herself.
- **Executor of estate**. This type of document would be used when the person who is being represented has died.

Member Authorization Form

Empire BlueCross
An Anthem Company

Si necesita ayuda en español para entender este documento, puede solicitarla sin costo adicional, llamando al número de servicio al cliente que aparece al dorso de su tarjeta de identificación o en el folleto de inscripción.

This form is to be filled out by a member if there is a request to release the member's health information to another person or company. Please include as much information as you can.

Part A: Member information

Member last name	Member first name	Middle initial	Member date of birth

Member street address	City	State	ZIP code

Daytime telephone number (with area code)	Identification number (see identification card)	Group number (see identification card)

Part B: Person or company who will receive this information

The following people or companies have the right to receive my information. (They must be 18 years of age or older). Please check each box that applies and enter first and last name.

☐ **My spouse** (enter first and last name)	☐ **My parents** (if you are over 18 – enter first and last name[s])
☐ **My domestic partner** (enter first and last name)	☐ **My insurance broker or agent** (enter the name of the company and first and last name, if you have it)
☐ **My adult children** (enter first and last name[s])	☐ **Other** (enter first and last name [if you have it], name of company, and how it's related to you)

Part C: Information that can be released

I allow the following information to be used or released by Empire BlueCross (Empire) on my behalf (check only one box):

☐ **All my information**. This can include health, a diagnosis (name of illness or condition), claims, doctors and other health care providers and financial information (like billing and banking). This doesn't include sensitive information (see below) unless it is approved below.

OR

☐ **Only limited information** may be released (check all boxes below that apply to you).

- ☐ Appeal
- ☐ Benefits and coverage
- ☐ Billing
- ☐ Claims and payment
- ☐ Diagnosis (name of illness or condition) and procedure (treatment)
- ☐ Doctor and hospital
- ☐ Eligibility and enrollment
- ☐ Financial
- ☐ Medical records
- ☐ Pre-certification and pre-authorization (for treatment approvals)
- ☐ Referral
- ☐ Treatment
- ☐ Dental
- ☐ Vision
- ☐ Pharmacy
- ☐ Other: _____

I also approve the release of the following types of sensitive information by Empire (check all boxes that apply to you):

☐ **All sensitive information**

OR

☐ **Just information about topics checked below**

- ☐ Abortion
- ☐ Abuse (sexual/physical/mental)
- ☐ Alcohol/substance abuse*
- ☐ Genetic testing
- ☐ HIV or AIDS
- ☐ Maternity
- ☐ Mental health
- ☐ Sexually transmitted illness
- ☐ Other: _____

*I understand that my alcohol/substance abuse records are protected under Federal and State confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the laws and regulations. I also understand that I may revoke (or cancel) this approval at any time, or as described in Part E. I understand that I cannot cancel this approval when this form has already been used to disclose information.

Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc., licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

Part D: Purpose of this approval

☐ To give out the information as shown on this form.
OR
☐ For this reason(s): _____

Part E: Date your approval expires

If this document was not already withdrawn, this approval will end on the earliest of the following dates:

☐ One year from the signature date in Part F.
OR
☐ Earlier than one year and upon the date, event or condition described below:

_____

Part F: Review and approval

I have read the contents of this form. I understand, agree, and allow Empire to the use and release of my information as I have stated above. I also understand that signing this form is of my own free will. I understand that Empire does not require that I sign this form in order for me to receive treatment or payment, or for enrollment or being eligible for benefits.

I have the right to withdraw this approval at any time by giving written notice of my withdrawal to Empire. I understand that my withdrawing this approval will not affect any action taken before I do so. I also understand that information that's released may be given out by the person or group who receives it. If this happens, it may no longer be protected under the HIPAA Privacy Rule. I am entitled to a copy of this form.

Member signature or Designated Legal Representative/Guardian signature **X**	Date

Designated Legal Representative/Guardian

If this form is signed by someone other than the member or parent, such as a personal representative, legal representative or guardian on behalf of the member, please submit the following:

- A copy of a health care, general or Durable Power of Attorney.

OR

- A court order or other documentation that shows custody or other legal documentation showing the authority of the legal representative to act on the member's behalf.

Please complete the following:

Legal representative (print full name)	Legal relationship to member

Legal representative street address	City	State	ZIP code

Signature **X**	Date

Please return the completed form to:
Empire BlueCross
P.O. Box 1407 Church Street Station
New York, NY 10008-1407

Be sure to keep a copy of this form for your records.

For recipient of substance abuse information

This information has been disclosed to you from records protected by Federal Confidentiality of Alcohol or Drug Abuse Patient Records rules (42 CFP part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

For internal use only:	Inquiry tracking number

We're here for you – in many languages

The law requires us to include a message in all of these different languages. Curious what they say? Here's the English version: "You have the right to get help in your language for free. Just call the Member Services number on your ID card." Visually impaired? You can also ask for other formats of this document.

Spanish
Usted tiene derecho a recibir ayuda en su idioma en forma gratuita. Simplemente llame al número de Servicios para Miembros que figura en su tarjeta de identificación.

Chinese
您有權免費獲得透過您使用的語言提供的幫助。請撥打您的 ID 卡片上的會員服務電話號碼。若您是視障人士，還可索取本文件的其他格式版本。

Vietnamese
Quý vị có quyền nhận miễn phí trợ giúp bằng ngôn ngữ của mình. Chỉ cần gọi số Dịch vụ dành cho thành viên trên thẻ ID của quý vị. Bị khiếm thị? Quý vị cũng có thể hỏi xin định dạng khác của tài liệu này."

Korean
귀하는 자국어로 무료지원을 받을 권리가 있습니다. ID 카드에 있는 멤버 서비스번호로 연락하십시오.

Tagalog
May karapatan ka na makakuha ng tulong sa iyong wika nang libre. Tawagan lamang ang numero ng Member Services sa iyong ID card. May kapansanan ka ba sa paningin? Maaari ka ring humiling ng iba pang format ng dokumentong ito.

Russian
Вы имеете право на получение бесплатной помощи на вашем языке. Просто позвоните по номеру обслуживания клиентов, указанному на вашей идентификационной карте. Пациенты с нарушением зрения могут заказать документ в другом формате.

Armenian
Դուք իրավունք ունեք ստանալ անվճար օգնություն ձեր լեզվով: Պարզապես զանգահարեք Անդամների սպասարկման կենտրոն, որի հեռախոսահամարը նշված է ձեր ID քարտի վրա:

Farsi
"شما این حق را دارید تا به صورت رایگان به زبان مادری تان کمک دریافت کنید. کافی است با شماره خدمات اعضا (Member Services) درج شده روی کارت شناسایی خود تماس بگیرید." دچار اختلال بینایی هستید؟ می توانید این سند را به فرمت های دیگری نیز درخواست دهید.

French
Vous pouvez obtenir gratuitement de l'aide dans votre langue. Il vous suffit d'appeler le numéro réservé aux membres qui figure sur votre carte d'identification. Si vous êtes malvoyant, vous pouvez également demander à obtenir ce document sous d'autres formats.

Arabic
لك الحق في الحصول على مساعدة بلغتك مجانًا. ما عليك سوى الاتصال برقم خدمة الأعضاء الموجود على بطاقة الهوية. هل أنت ضعيف البصر؟ يمكنك طلب أشكال أخرى من هذا المستند.

Japanese
お客様の言語で無償サポートを受けることができます。IDカードに記載されているメンバーサービス番号までご連絡ください。

Haitian
Se dwa ou pou w jwenn èd nan lang ou gratis. Annik rele nimewo Sèvis Manm ki sou kat ID ou a. Èske ou gen pwoblèm pou wè? Ou ka mande dokiman sa a nan lòt fòma tou.

Italian
Ricevere assistenza nella tua lingua è un tuo diritto. Chiama il numero dei Servizi per i membri riportato sul tuo tesserino. Sei ipovedente? È possibile richiedere questo documento anche in formati diversi

Polish
Masz prawo do uzyskania darmowej pomocy udzielonej w Twoim języku. Wystarczy zadzwonić na numer działu pomocy znajdujący się na Twojej karcie identyfikacyjnej.

Punjabi
ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮੁਫ਼ਤ ਵਿੱਚ ਮਦਦ ਹਾਸਲ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਬਸ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਸਿਰਵਸ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। ਨਜ਼ਰ ਕਮਜ਼ੋਰ ਹੈ? ਤੁਸ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੇ ਹੋਰ ਰੂਪਾਂਤਰ ਮੰਗ ਸਕਦੇ ਹੋ।

TTY/TTD:711

It's important we treat you fairly

We follow federal civil rights laws in our health programs and activities. By calling Member Services, our members can get free in-language support, and free aids and services if you have a disability. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TTD: 711). If you think we failed in any of these areas, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279, or directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800- 368-1019 (TDD: 1-800-537-7697) or visit https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Let's talk about your privacy and rights

Safeguarding your information

As a member, you have the right to expect us to protect the privacy of your personal health information. We do this according to state and federal laws, and our policies. You also have certain rights and responsibilities when receiving your health care.

To learn more about how we protect your privacy, your rights and responsibilities when receiving health care and your rights under the Women's Health and Cancer Rights Act, go to **empireblue.com/bc/memberrights**. To ask for a printed copy, please contact your Benefits Administrator or Human Resources representative.

How we help manage your care

To decide if we'll cover a treatment, procedure or hospital stay, we use a process called Utilization Management (UM). Doctors and pharmacists who want to be sure you get the best treatments for certain health conditions make up Anthem's UM team. They review the information your doctor sends us. These reviews can be done before, during or after your treatment. We also use case managers. They're licensed health care professionals who work with you and your doctor to help you learn about and manage your health conditions. They also help you better understand your health benefits.

To learn more detailed information about how we help manage your care, visit **empireblue.com/bc/memberrights**. To request a printed copy, please contact your Benefits Administrator or Human Resources representative.

Special Enrollment Rights

Open enrollment usually happens once a year. That's the time you can enroll in a plan or make changes to it. If you choose not to enroll yourself or dependents during open enrollment, there are special cases when you're allowed to enroll yourself and dependents in a plan during other times of the year. Special enrollment is allowed:

- **If you had another health plan that was canceled.** If you, your dependents or your spouse are no longer eligible for other coverage (or if the employer stops contributing to your health plan), you may be able to enroll with us. You must enroll within 31 days after the other coverage ends (or after the employer stops paying for it). For example: You and your family are enrolled through your spouse's coverage at work. Your spouse's employer stops paying for health coverage. In this case, you and your spouse, as well as other dependents, may be able to enroll in one of our plans.
- **If you have a new dependent.** You gain new dependents from a life event like marriage, birth, adoption or if you have custody of a minor and an adoption is pending. You must enroll within 31 days after the event. For example: If you got married, your new spouse and any new children may be able to enroll in a plan.
- **If your eligibility for Medicaid or SCHIP changes.** You have a special period of 60 days to enroll after:
  - You (or your eligible dependents) lose Medicaid or SCHIP coverage because you're no longer eligible.
  - You (or eligible dependents) become eligible to get help from Medicaid or SCHIP for paying part of the cost.

Notes

Notes

Ready to enroll?

Here's how:

Stay tuned, your Benefits Administrator or Human Resources Representative will contact you soon with specific enrollment instructions for your organization. Then just follow those steps to join one of our plans.

Questions?

Open enrollment number 1-844-375-4194,

(1-844-274-8123 after 7/1/2019)

Monday to Friday, 8:30 a.m. to 5 p.m., Eastern time.

Empire BlueCross

An Anthem Company

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Empire BlueCross.

Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc., dba Empire BlueCross. Independent licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.