



An Anthem Company

Using your plan

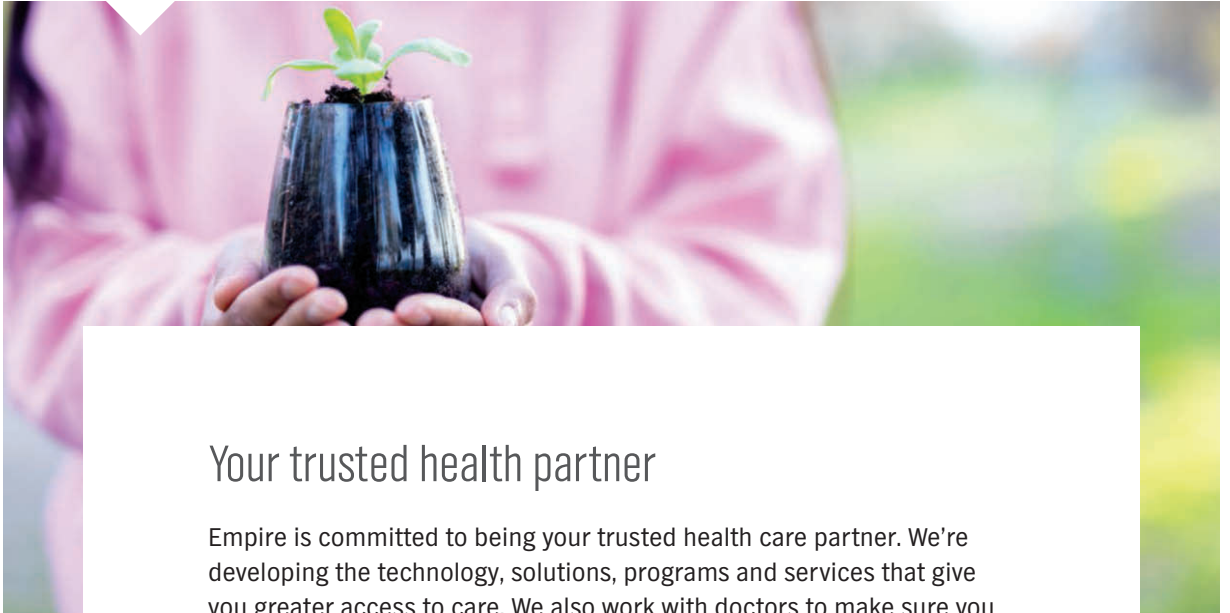
Your guide to open enrollment and
making the most of your benefits



Platinum I / Platinum II
CEWW Health Insurance Consortium
Effective January 1, 2020



Using your health plan



Your trusted health partner

Empire is committed to being your trusted health care partner. We're developing the technology, solutions, programs and services that give you greater access to care. We also work with doctors to make sure you get affordable, quality health care.

Save this guide

You'll find tips on how to make the most of your benefits and save on health care costs throughout the year.





Using your health plan

Let's get started

This guide will help you understand your plan. It's also full of tips, tools and resources that can help you reach your health and wellness goals when you become a member. So keep it handy to make the most of your benefits throughout the year.



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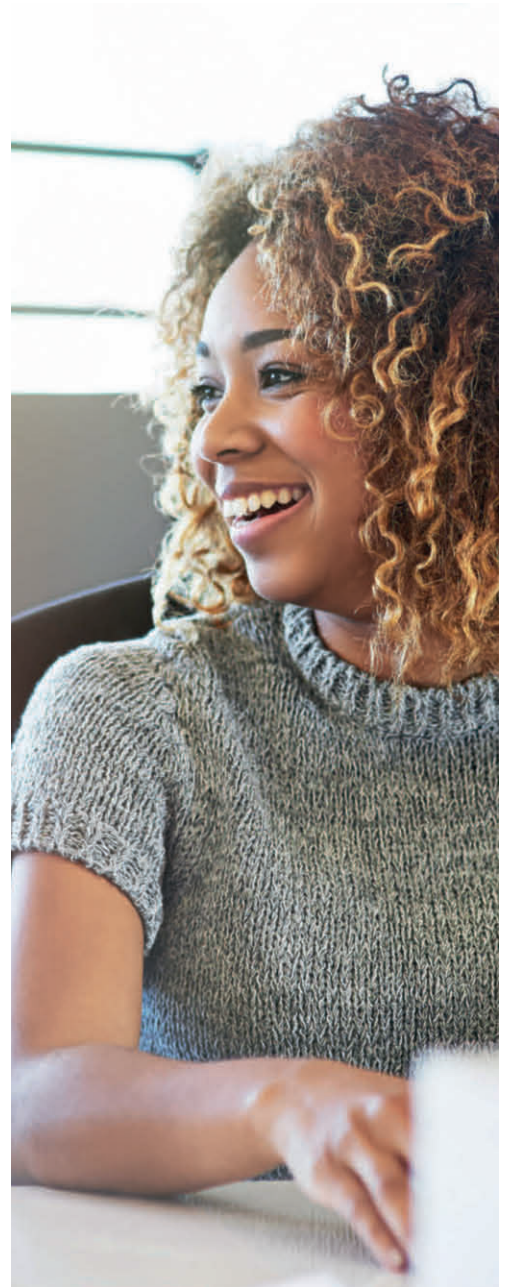
Explore your plan options

Let's take a look at the plan your employer is offering.

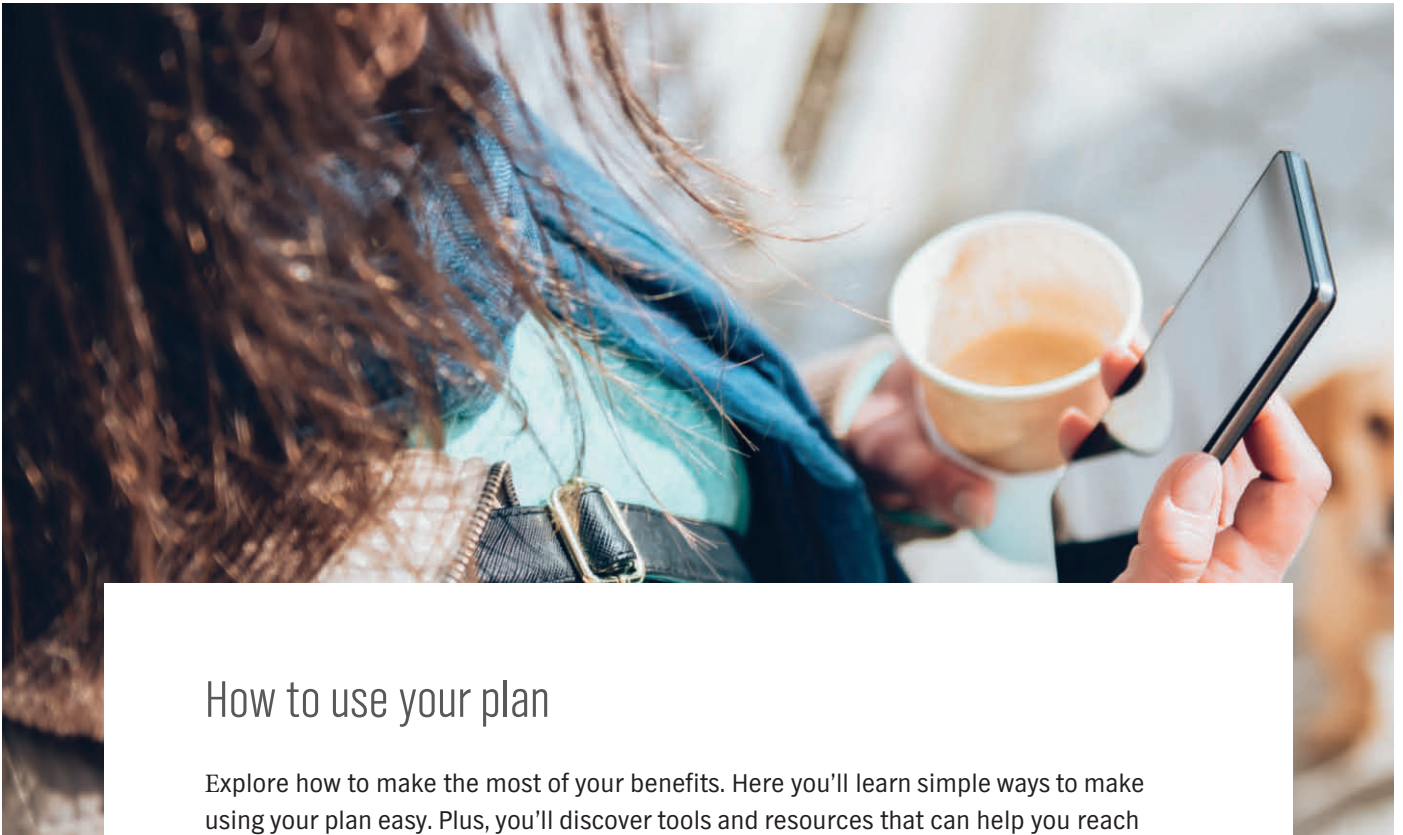
PPO

With a Preferred Provider Organization (PPO), you can go to almost any doctor or hospital — giving you more choices and flexibility.

- You can choose a primary care doctor (PCP) from the plan for preventive care like checkups and screenings.
- You don't need to have a PCP to see a specialist.
- When you want to see a specialist, like an orthopedic doctor or a cardiologist, you don't need to visit your PCP first to get a referral. This can save you time and a copay.
- You'll pay less if you use doctors who are part of the PPO.
- You'll pay more if you go to doctors who aren't part of the PPO.



1. For a full list of qualified expenses for an individual, visit [empireblue.com/qme](https://www.empireblue.com/qme). 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](https://www.irs.gov/irb/2004-33/IRB) for more information.



How to use your plan

Explore how to make the most of your benefits. Here you'll learn simple ways to make using your plan easy. Plus, you'll discover tools and resources that can help you reach your health and wellness goals. With Empire, supporting your healthiest self is all part of the plan!



How to use your plan

Use your ID card right from your phone

Introducing the **Sydney** mobile app. With **Sydney** you can find everything you need to know about your benefits – all in one place. You'll have a custom experience that's based on your plan, your specific health care needs and lots more. And you can quickly access your digital ID card to show it to your doctor. You can even use **Sydney** to track your health goals, find care, compare costs, and manage your claims.

Have a question? **Sydney** acts like a personal health guide, answering your questions and connecting you to the right resources at the right time. And you can use the chatbot to get answers quickly. **Sydney** makes it easier to get things done, so you can spend more time focusing on your health. Get started by downloading the **Sydney** mobile app.

Register for online tools and resources

Accessing your health plan on your mobile phone or computer makes life so much easier. Register on the **Sydney** mobile app and **empireblue.com** to get personalized information about your health plan and more. You can:

- Quickly access your digital ID card.
- Find a doctor and estimate your costs before you go.
- View your claims, see what's covered and what you may owe for care.
- Check your spending account balances.
- Get support managing your health conditions and tracking your goals.
- Update your email and communication preferences.



How to use your plan

Find a doctor in your plan

The right doctor can make all the difference — and choosing one in your plan can save you money, too. So you'll be happy to know your plan includes lots of top-notch doctors. If you decide to get care from doctors outside the plan, it'll cost you more and your care might not be covered at all.

It's easy to find a doctor in your plan. Simply use the **Find a Doctor** tool on the **Sydney** mobile app or at **empireblue.com** to search for doctors, hospitals, labs and other health care professionals.

Schedule a checkup

Preventive care, like regular checkups and screenings, can help you avoid health problems down the road. Your plan covers these services at little or no extra cost when you see a doctor in your plan:

- Yearly physicals
- Well-child visits
- Flu shot
- Routine shots
- Screenings and tests

Check your plan details on the **Sydney** mobile app or **empireblue.com** to confirm what preventive care is covered.



How to use your plan

Travel with peace of mind

Your health plan goes with you when you're away from home and need care immediately. The BlueCard® program gives you access to care services across the country. This includes 93% of doctors and 96% of hospitals in the U.S.¹ If you're traveling out of the country, you can get care through the Blue Cross Blue Shield Global® Core program. It gives you access to doctors and hospitals in more than 190 countries and territories around the world.

If you're in the U.S., go to **empireblue.com**. When you're outside the U.S., visit **bcbsglobalcore.com** or download the BCBS Global Core mobile app. You also can call Blue Cross Blue Shield Global Core 24/7 at 011-800-810-BLUE (2583) or call collect. To call collect, dial 0170, then tell the operator you'd like to call 011-804-673-1177.

Questions about travel benefits? Call the Member Services number on your ID card before you leave home.

See a doctor from home

You can have a video visit with a doctor using your mobile phone, tablet or computer with a webcam, whether you're at home, at work or on the go. Doctors are available around the clock for advice, treatment and prescriptions.² Just go to **livehealthonline.com** or download the LiveHealth Online mobile app to get started.

Where to go for care when you need it now

When it's an emergency, call 911 or head to the nearest emergency room.

But when you need nonemergency care right away:

- Check to see if your primary care doctor can see you.
- Search for nearby urgent care – and avoid costly emergency room visits and long wait times.
- See a doctor anytime using LiveHealth Online. It works on your mobile phone, tablet or computer with a webcam.
- Call the 24/7 NurseLine and get helpful advice from a registered nurse.



¹ Internal data, 2019.

² Online prescribing only when appropriate based on physician judgment. LiveHealth Online is the trade name of Health Management Corporation.



Plan extras that support your health

Learn more by registering on the **Sydney** mobile app or at empireblue.com.

Your plan comes with great tools and programs to help you reach your health goals and save money on health products and services. Plus, most of them come at no extra cost. Learn more by registering on the **Sydney** app or at empireblue.com.

Apps

Introducing the **Sydney** mobile app. With **Sydney** you can find everything you need to know about your benefits – all in one place. You'll have a custom experience that's based on your plan, your specific health care needs and lots more. And you can quickly access your digital ID card to show it to your doctor. You can even use **Sydney** to track your health goals, find care, compare costs, and manage your claims.

Have a question? **Sydney** acts like a personal health guide, answering your questions and connecting you to the right resources at the right time. And you can use the chatbot to get answers quickly. **Sydney** makes it easier to get things done, so you can spend more time focusing on your health. Get started by downloading the **Sydney** mobile app.

Where to get care

24/7 NurseLine — You can connect with a registered nurse who'll answer your health questions wherever you are — anytime, day or night. They can help you decide where to go for care and find providers in your area. All you have to do is call **1-800-337-4770**.

Case Management — If you're coming home after surgery or have a serious health condition, a nurse care manager can help answer your questions about your follow-up care, medicines and treatment options, coordinate benefits for home therapy or medical supplies, and find community resources to help you. Your nurse care manager will probably call you, but you also can call the Member Services number on your ID card.

ConditionCare — Get support from a dedicated nurse team to manage ongoing conditions like asthma, chronic obstructive pulmonary disorder (COPD), diabetes, heart disease or heart failure. Work with dietitians, health educators and pharmacists who can help you learn about your condition and manage your health.

Future Moms — This program can help you take care of yourself and your baby before, during and after pregnancy. You can talk to registered nurses 24/7 about your pregnancy, newborn care and more. Plus, you'll have access to dietitians and social workers, as needed.

Want healthy advice?

Follow our **Better Care Blog** for helpful information about health benefits, living healthy and the latest member news.





Plan extras that support your health

Learn more by registering on the **Sydney** mobile app or at empireblue.com.

LiveHealth Online — At home, at work or on the go, you can have a video visit with a doctor using your smartphone, tablet or computer with a webcam. Doctors are available 24/7 for advice, treatment and prescriptions if needed.* The cost is usually \$59 or less, depending on your health plan. Register at livehealthonline.com.

* Online prescribing only when appropriate based on physician judgment. LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Empire BlueCross.

Empire Shopper Programs — This is a great way to help you make decisions about expensive procedures. Here's how it works: if you qualify and are scheduled for one of the included procedures, like an MRI or CT scan, you'll hear from us about lower-cost alternative facilities in your area. We'll even help you make an appointment if you need it. The program is voluntary. You can go to any facility you want still, but this way you can make an informed choice.

*Source: AIM Specialty Health®, internal claims cost analysis.

your progress toward reaching your goals and fun activities that promote healthier decisions.

SpecialOffers — Saving money is good. Saving money on things that are good for you — even better. With SpecialOffers, you can get discounts on products and services that help promote better health and well-being.

Healthy living

MyHealth Advantage — This free service helps you stay healthy and save money. You'll get reminders when you need to refill a prescription or get a checkup, test or exam. You'll also get a personalized and confidential MyHealth Note in the mail or on the **Sydney** mobile app if we see something that can help you.

Online Wellness Toolkit — Get tools that help you set and achieve your unique health goals. It includes a Health Assessment, personalized trackers to monitor

Your summary of benefits

CEWW Health Insurance Consortium

Your Plan: Platinum I

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 <i>Combined in-network and out-of-network, for both medical and retail pharmacy.</i>	\$50 person / \$125 family	\$50 person / \$125 family
Out-of-Pocket Limit <i>Combined in-network and out-of-network, for both medical and retail pharmacy.</i>	\$450 person / \$525 family	\$450 person / \$525 family
Preventive care/screening/immunization <i>In-network preventive care is not subject to deductible, if your plan has a deductible.</i>	No charge	100% of Allowed Amount
Doctor Home and Office Services		
Primary Care Visit to treat an injury or illness	20% coinsurance after deductible is met	20% coinsurance after deductible is met
Specialist Care Visit	20% coinsurance after deductible is met	20% 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 <i>In-Network preventive prenatal and postnatal services are covered at 100%.</i>	Covered in Full	100% of Allowed Amount
Other Practitioner Visits: <div>Retail Health Clinic</div> <div>Telemedicine (Live Health Online)</div> <div>Chiropractic</div> <div>Acupuncture</div>	<div>20% coinsurance after deductible is met</div> <div>20% coinsurance</div> <div>20% coinsurance after deductible is met</div> <div>Covered in Full</div>	<div>20% coinsurance after deductible is met</div> <div>20% coinsurance</div> <div>20% coinsurance after deductible is met</div> <div>100% of Allowed Amount</div>
Other Services in an Office: <div>Allergy Testing Performed by a Primary Care Physician</div> <div>Allergy Testing Performed by a Specialist</div> <div>Chemo/Radiation Therapy Performed by a Primary Care Physician</div> <div>Chemo/Radiation Therapy Performed by a Specialist</div> <div>Hemodialysis Performed by a Primary Care Physician</div> <div>Hemodialysis Performed by a Specialist</div>	<div>20% coinsurance after deductible is met</div> <div>20% coinsurance after deductible is met</div> <div>Covered in Full</div> <div>Covered in Full</div> <div>Covered in Full</div> <div>Covered in Full</div>	<div>20% coinsurance after deductible is met</div> <div>20% coinsurance after deductible is met</div> <div>100% of Allowed Amount</div> <div>100% of Allowed Amount</div> <div>100% of Allowed Amount</div> <div>100% of Allowed Amount</div>

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Prescription Drugs Administered in an Office by a Primary Care Physician <i>For the drugs itself dispensed in the office through infusion/injection.</i></p> <p>Prescription Drugs Administered in an Office by a Specialist <i>For the drugs itself dispensed in the office through infusion/injection.</i></p>	<p>Covered in Full</p> <p>Covered in Full</p>	<p>100% of Allowed Amount</p> <p>100% of Allowed Amount</p>
<p>Diagnostic Services</p> <p>Lab:</p> <p>Office Performed by a Primary Care Physician</p> <p>Office Performed by a Specialist</p> <p>Freestanding Lab/Reference Lab <i>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.</i></p> <p>Outpatient Hospital</p>	<p>Covered in Full</p> <p>Covered in Full</p> <p>Covered in Full</p> <p>Covered in Full</p>	<p>100% of Allowed Amount</p> <p>100% of Allowed Amount</p> <p>Not Applicable</p> <p>100% of Allowed Amount</p>
<p>X-Ray:</p> <p>Office Performed by a Primary Care Physician</p> <p>Office Performed by a Specialist</p> <p>Freestanding Radiology Center</p>	<p>Covered in Full</p> <p>Covered in Full</p> <p>Covered in Full</p>	<p>100% of Allowed Amount</p> <p>100% of Allowed Amount</p> <p>100% of Allowed Amount</p>

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	Covered in Full	100% of Allowed Amount
Advanced Diagnostic Imaging (for example, MRI/PET/CAT scans): Office Freestanding Radiology Center Outpatient Hospital	Covered in Full Covered in Full Covered in Full	100% of Allowed Amount 100% of Allowed Amount 100% of Allowed Amount
Emergency and Urgent Care Urgent Care (Office Setting)	Covered in Full	100% of Allowed Amount
Emergency Room Facility Services <i>Copay waived if admitted.</i> Emergency Room Doctor and Other Services	Covered in Full Covered in Full	100% of Allowed Amount 100% of Allowed Amount
Ambulance	Covered in Full	100% of Allowed Amount
Outpatient Mental/Behavioral Health and Substance Abuse Doctor Office Visit <i>Family counseling related to Substance Abuse is limited to 20 visits per year.</i> Facility visit:	Covered in Full	100% of Allowed Amount

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	Covered in Full	100% of Allowed Amount
Doctor Services	Covered in Full	100% of Allowed Amount
Outpatient Surgery Facility Fees: Hospital Freestanding Surgical Center Doctor and Other Services: Surgery Performed by a Primary Care Physician Surgery Performed by a Specialist Freestanding Surgical Center	Covered in Full Covered in Full Covered in Full Covered in Full Covered in Full	100% of Allowed Amount 100% of Allowed Amount 100% of Allowed Amount 100% of Allowed Amount 100% of Allowed Amount
Hospital Stay (all inpatient stays including Maternity, Mental / Behavioral Health, and Substance Abuse) Facility fees (for example, room & board) <i>Coverage for Inpatient Rehabilitation has unlimited days per year.</i> <i>Limit is combined In-Network and Non-Network.</i> Doctor and other services	Covered in Full Covered in Full	100% of Allowed Amount 100% of Allowed Amount

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 <i>Coverage is limited to 40 visits per year. Limit is combined In-Network and Non-Network.</i>	Covered in Full	100% of Allowed Amount
Rehabilitation services (for example, physical/speech/occupational therapy): Office <i>Coverage for rehabilitative and habilitative physical therapy, occupational therapy and speech therapy has unlimited visits per year. Applies to In-Network. Visit limits are combined both across outpatient and other professional visits.</i> Outpatient Hospital <i>Coverage for rehabilitative and habilitative physical therapy, occupational therapy and speech therapy has unlimited visits per year. Applies to In-Network. Visit limits are combined both across outpatient and other professional visits.</i>	Covered in Full	100% of Allowed Amount
Habilitation services (for example, physical/speech/occupational therapy): Office <i>Coverage for rehabilitative and habilitative physical therapy, occupational therapy and speech therapy has unlimited visits per year. Applies to In-Network. Visit limits are combined both across outpatient and other professional visits.</i> Outpatient Hospital <i>Coverage for rehabilitative and habilitative physical therapy, occupational therapy and speech therapy has unlimited visits per year. Applies to In-Network. Visit limits are combined both across outpatient and other professional visits.</i>	Covered in Full	100% of Allowed Amount

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	Covered in Full	100% of Allowed Amount
Outpatient Hospital	Covered in Full	100% of Allowed Amount
Skilled Nursing Care (in a facility) <i>Coverage has 200 limited days per year. Limit is combined In-Network and Non-Network.</i>	Covered in Full	100% of Allowed Amount
Hospice	Covered in Full	100% of Allowed Amount
Durable Medical Equipment	Covered in Full	20% coinsurance after deductible is met
Prosthetic Devices	Covered in Full	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 <i>Retail pharmacy is combined with medical deductible. Mail order is not subject to deductible.</i>	\$50 person/ \$125 family	Not covered
Pharmacy Out of Pocket <i>Retail pharmacy is combined with medical out of pocket.</i>	\$500 person/ \$1,500 family	Not covered
Prescription Drug Coverage <i>National Drug List</i> <i>This product has a 90-day Retail Pharmacy Network available. A 90 day supply is available at most retail pharmacies.</i>		
Tier 1 - Typically Generic <i>Covers up to a 90 day supply.</i>	20% coinsurance per prescription (retail) \$8 copay per prescription (home delivery)	Not covered
Tier 2 – Typically Preferred Brand <i>Covers up to a 90 day supply.</i>	20% coinsurance per prescription (retail) \$8 copay per prescription (home delivery)	Not covered
Tier 3 - Typically Non-Preferred Brand/Specialty Drugs <i>Covers up to a 90 day supply.</i>	20% coinsurance per prescription (retail) \$8 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.

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

Questions: (844) 241-7085 or visit us at www.empireblue.com

NY/LG/Empire PPO/3N78/01-01-2019

Your summary of benefits



CEWW Health Insurance Consortium

Your Plan: Platinum II

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 <i>Combined in-network and out-of-network for medical only.</i>	\$250 person / \$750 family	\$250 person / \$750 family
Out-of-Pocket Limit <i>Combined in-network and out-of-network for medical only.</i>	\$750 person / \$2,250 family	\$750 person / \$2,250 family
Preventive care/screening/immunization <i>In-network preventive care is not subject to deductible, if your plan has a deductible.</i>	No charge	100% of Allowed Amount
Doctor Home and Office Services Primary Care Visit to treat an injury or illness	20% coinsurance after deductible is met	20% coinsurance after deductible is met
Specialist Care Visit	20% coinsurance after deductible is met	20% 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 <i>In-Network preventive prenatal and postnatal services are covered at 100%.</i>	Covered in Full	100% of Allowed Amount
Other Practitioner Visits: <div>Retail Health Clinic</div> <div>Telemedicine (Live Health Online)</div> <div>Chiropractic</div> <div>Acupuncture</div>	<div>20% coinsurance after deductible is met</div> <div>Covered in Full</div> <div>20% coinsurance after deductible is met</div> <div>Covered in Full</div>	<div>20% coinsurance after deductible is met</div> <div>20% coinsurance after deductible is met</div> <div>20% coinsurance after deductible is met</div> <div>100% of Allowed Amount</div>
Other Services in an Office: <div>Allergy Testing Performed by a Primary Care Physician</div> <div>Allergy Testing Performed by a Specialist</div> <div>Chemo/Radiation Therapy Performed by a Primary Care Physician</div> <div>Chemo/Radiation Therapy Performed by a Specialist</div> <div>Hemodialysis Performed by a Primary Care Physician</div> <div>Hemodialysis Performed by a Specialist</div>	<div>20% coinsurance after deductible is met</div> <div>20% coinsurance after deductible is met</div> <div>Covered in Full</div> <div>Covered in Full</div> <div>Covered in Full</div> <div>Covered in Full</div>	<div>20% coinsurance after deductible is met</div> <div>20% coinsurance after deductible is met</div> <div>100% of Allowed Amount</div> <div>100% of Allowed Amount</div> <div>100% of Allowed Amount</div> <div>100% of Allowed Amount</div>

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Prescription Drugs Administered in an Office by a Primary Care Physician <i>For the drugs itself dispensed in the office through infusion/injection.</i></p> <p>Prescription Drugs Administered in an Office by a Specialist <i>For the drugs itself dispensed in the office through infusion/injection.</i></p>	<p>Covered in Full</p> <p>Covered in Full</p>	<p>100% of Allowed Amount</p> <p>100% of Allowed Amount</p>
<p>Diagnostic Services</p> <p>Lab:</p> <p>Office Performed by a Primary Care Physician</p> <p>Office Performed by a Specialist</p> <p>Freestanding Lab/Reference Lab <i>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.</i></p> <p>Outpatient Hospital</p>	<p>Covered in Full</p> <p>Covered in Full</p> <p>Covered in Full</p> <p>Covered in Full</p>	<p>100% of Allowed Amount</p> <p>100% of Allowed Amount</p> <p>Not Applicable</p> <p>100% of Allowed Amount</p>
<p>X-Ray:</p> <p>Office Performed by a Primary Care Physician</p> <p>Office Performed by a Specialist</p> <p>Freestanding Radiology Center</p>	<p>Covered in Full</p> <p>Covered in Full</p> <p>Covered in Full</p>	<p>100% of Allowed Amount</p> <p>100% of Allowed Amount</p> <p>100% of Allowed Amount</p>

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	Covered in Full	100% of Allowed Amount
Advanced Diagnostic Imaging (for example, MRI/PET/CAT scans): Office Freestanding Radiology Center Outpatient Hospital	Covered in Full Covered in Full Covered in Full	100% of Allowed Amount 100% of Allowed Amount 100% of Allowed Amount
Emergency and Urgent Care Urgent Care (Office Setting)	Covered in Full	100% of Allowed Amount
Emergency Room Facility Services <i>Copay waived if admitted.</i> Emergency Room Doctor and Other Services	\$100 Copay Covered in Full	Covered As In-Network 100% of Allowed Amount
Ambulance	Covered in Full	100% of Allowed Amount
Outpatient Mental/Behavioral Health and Substance Abuse Doctor Office Visit <i>Family counseling related to Substance Abuse is limited to 20 visits per year.</i> Facility visit:	Covered in Full	100% of Allowed Amount

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	Covered in Full	100% of Allowed Amount
Doctor Services	Covered in Full	100% of Allowed Amount
Outpatient Surgery Facility Fees: Hospital Freestanding Surgical Center Doctor and Other Services: Surgery Performed by a Primary Care Physician Surgery Performed by a Specialist Freestanding Surgical Center	Covered in Full Covered in Full Covered in Full Covered in Full Covered in Full	100% of Allowed Amount 100% of Allowed Amount 100% of Allowed Amount 100% of Allowed Amount 100% of Allowed Amount
Hospital Stay (all inpatient stays including Maternity, Mental / Behavioral Health, and Substance Abuse) Facility fees (for example, room & board) <i>Coverage for Inpatient Rehabilitation has unlimited days per year.</i> <i>Limit is combined In-Network and Non-Network.</i> Doctor and other services	Covered in Full Covered in Full	100% of Allowed Amount 100% of Allowed Amount

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 <i>Coverage is limited to 40 visits per year. Limit is combined In-Network and Non-Network.</i>	Covered in Full	100% of Allowed Amount
Rehabilitation services (for example, physical/speech/occupational therapy): Office <i>Coverage for rehabilitative and habilitative physical therapy, occupational therapy and speech therapy has unlimited visits per year. Applies to In-Network. Visit limits are combined both across outpatient and other professional visits.</i> Outpatient Hospital <i>Coverage for rehabilitative and habilitative physical therapy, occupational therapy and speech therapy has unlimited visits per year. Applies to In-Network. Visit limits are combined both across outpatient and other professional visits.</i>	Covered in Full	100% of Allowed Amount
Habilitation services (for example, physical/speech/occupational therapy): Office <i>Coverage for rehabilitative and habilitative physical therapy, occupational therapy and speech therapy has unlimited visits per year. Applies to In-Network. Visit limits are combined both across outpatient and other professional visits.</i> Outpatient Hospital <i>Coverage for rehabilitative and habilitative physical therapy, occupational therapy and speech therapy has unlimited visits per year. Applies to In-Network. Visit limits are combined both across outpatient and other professional visits.</i>	Covered in Full	100% of Allowed Amount

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	Covered in Full	100% of Allowed Amount
Outpatient Hospital	Covered in Full	100% of Allowed Amount
Skilled Nursing Care (in a facility) <i>Coverage has 200 limited days per year. Limit is combined In-Network and Non-Network.</i>	Covered in Full	100% of Allowed Amount
Hospice	Covered in Full	100% of Allowed Amount
Durable Medical Equipment	Covered in Full	20% coinsurance after deductible is met
Prosthetic Devices	Covered in Full	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 <i>The pharmacy out of pocket maximum is separate from medical.</i>	\$500 person/ \$1,500 family	Not covered
Prescription Drug Coverage <i>National Drug List</i> <i>This product has a 90-day Retail Pharmacy Network available. A 90 day supply is available at most retail pharmacies.</i>		
Tier 1 - Typically Generic <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program).</i>	\$5 copay per prescription (retail) \$10 copay prescription (home delivery)	Not covered
Tier 2 – Typically Preferred Brand <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program).</i>	\$15 copay per prescription (retail) \$30 copay prescription (home delivery)	Not covered
Tier 3 - Typically Non-Preferred Brand/Specialty Drugs <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program).</i>	\$30 copay per prescription (retail) \$60 copay prescription (home delivery)	Not covered

Your summary of benefits

Notes:

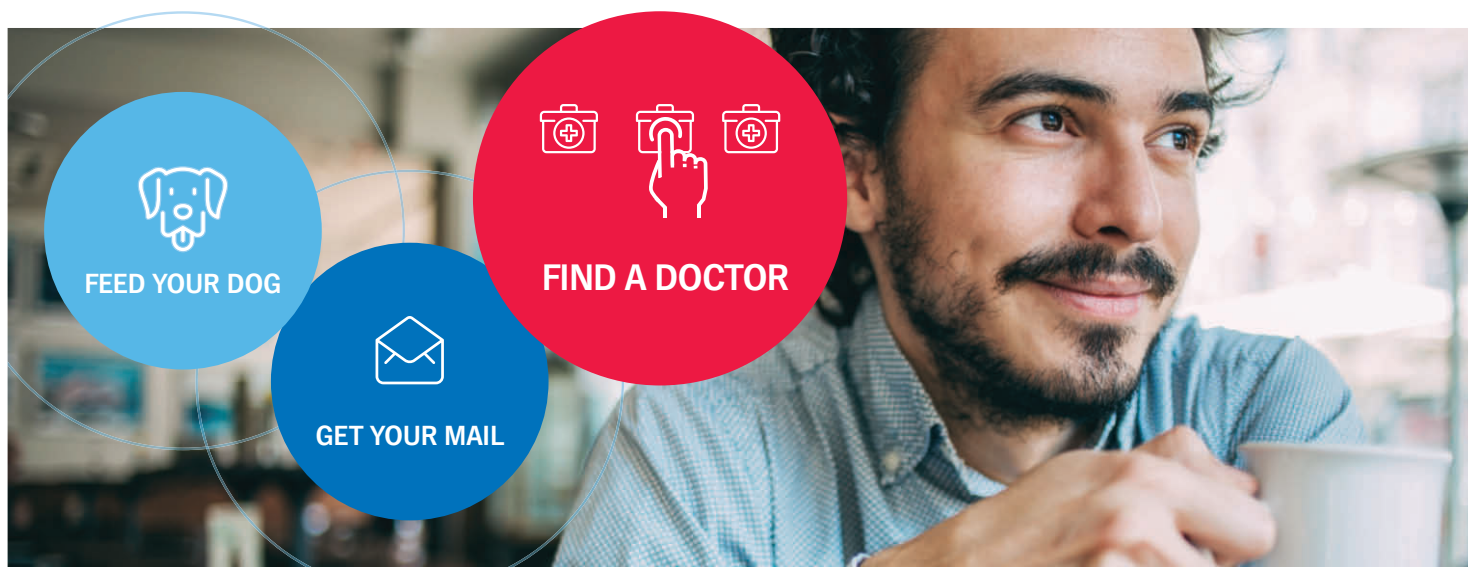
- The prescription drug plan listed on this Summary meets the Centers for Medicare and Medicaid Services (CMS) standard for Creditable Coverage under the Medicare Modernization Act of 2003.
- Preauthorization - You may have to pay for all or a portion of any test, equipment, service or procedure that 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.

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

Questions: (844) 241-7085 or visit us at www.empireblue.com

NY/LG/Empire PPO/3N78/01-01-2019

WHAT CAN YOU DO IN A MINUTE?



HERE'S HOW

1 If you're already a member:

- Go to **empireblue.com/find-doctor**.
- Log in or use your Member ID card under Search as a Member.
- Once you're logged in, the search will automatically include doctors and other providers in your plan.
- Enter the search categories based on what you need and hit **Search**.
- Your search results will appear.

If you're not yet a member:

- Go to **empireblue.com/find-doctor**.
- Scroll down to Search using your Alpha Prefix (S4R) and choose **Continue**.
- Select the best answers from each drop-down and hit **Continue**.
- Your search results will appear.

2 When you select a doctor (or other provider) in your results list, you'll find out more about:

- Training
- Languages spoken
- Phone number
- Satisfaction and quality information
- Specialties
- Address and map



NOT AT HOME? GO MOBILE!

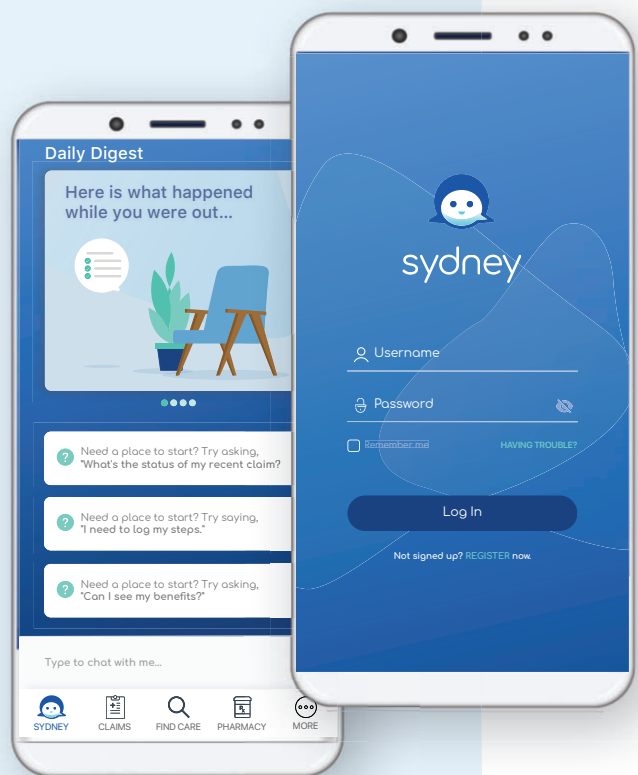
Empire makes it easy for you to find a doctor, hospital and more on your mobile device. Just download our free Sydney app from the App Store® or Google Play™.

**SIMPLE SOLUTIONS
THAT MAKE HEALTH
CARE EASIER ...
SO YOU CAN SAVE
TIME AND MONEY.**

Driving next-level engagement

Meet **Sydney**, a partner in health in the palm of your hand.

- Our new digital platform uses AI to deliver a healthcare experience with a personal touch
- A single, convenient location for a digital ID card, plan details, spending accounts, claims and more
- Robust tools to help find care, view costs, online appointment scheduling and one-click access to LiveHealth Online and empireblue.com
- Personalized dashboard based on identified health topics and wellness goals
- Timely, insight-driven push messages based on the employee's health profile using clinical and claims data.
- Integrated help and support with click-to-chat features and ability to schedule a call back



Available
in the app store **1/1/20**



An Anthem Company

**Creating a smarter, simpler, more personal
healthcare experience for our members.**

IT'S THE NEW ERA OF EMPIRE.

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National Drug List

Medication alternatives



An Anthem Company

The National Drug List is a list of prescription medications approved by the U.S. Food and Drug Administration (FDA). We've reviewed these drugs through our Pharmacy and Therapeutics (P&T) Process, which considers a drug's:

- Effectiveness
- Safety
- Similarity to other drugs within a therapeutic class
- Affordability

The National Drug List is an open drug list or formulary, with some closed drug classes. The list includes a broad range of drug choices — including 97.5% of all prescription medications.* If a medication is not on the list, there are other high-quality, cost-effective choices, called preferred alternatives, that are.

Medications not included on the National Drug List are shown on the chart included here, along with their preferred alternatives that are on the list. Please note, exclusions and limitations may apply. For details about what's covered and what's not, it's best to check the *Certificate/Evidence of Coverage or Summary Plan Description*.

To view and search the complete National Drug List, members should log in at empireblue.com and choose **Prescription Benefits**. Information on dosage/strength options and any restrictions such as quantity limits, prior authorization or step therapy requirements is available. Members can also call Member Services at the number on their member ID card or visit empireblue.com/pharmacyinformation.

What if a medication isn't on the National Drug List?

There may be times when a member's drug isn't on the National Drug List. If the covered alternative options are not right for the member, doctors can submit a request for an exception. This process, called prior authorization, requires doctors to call the Member Services number on the member's ID card or go to empireblue.com/pharmacyinformation to download and submit the prior authorization form. Doctors can also submit prior authorizations electronically, which requires less processing time and possible real-time approval so members can fill their prescriptions without delay.

For the most up-to-date information, members should log in at empireblue.com and choose **Prescription Benefits**.

Drug class	Medications not on the National Drug List	Preferred alternatives ¹
Allergic Reaction Treatment	Adrenaclick, Auvi-Q, EpiPen, EpiPen JR	Epinephrine auto-injector (Authorized generic EpiPen from Mylan)
Antiviral - oral	Sitavig	acyclovir (oral solution, capsule, tablet), famciclovir tablet, valacyclovir tablet
Antiviral - topical	Zovirax cream	acyclovir (ointment, oral solution, capsule, tablet), famciclovir tablet, valacyclovir tablet
Constipation	Motegrity, Trulance	Amitiza, Linzess, Movantik
Dermatologic - acne topical	Clindagel, Clindamycin phosphate 1% gel (brand version ⁴)	clindamycin phosphate [foam, gel (generic versions ⁵), lotion, pledget, solution]
Dermatologic - oral anti-infectives	Acticlate, Adoxa, Doryx, Doryx MPC, Doxycycline Hyc DR 80mg Tablet, Doxycycline IR-DR 40mg Capsule, Minolira ER, Minocin, Monodox, Seysara, Solodyn, Vibramycin 50mg/5ml Syrup, Ximino ER	doxycycline hyclate (immediate release), doxycycline monohydrate (immediate release), doxycycline 25mg/5ml suspension, minocycline, Oracea
Diabetes - Biguanides	Glumetza (brand and generic)	metformin ER (generic Glucophage XR)
Diabetes - DPP4s	Alogliptin, Alogliptin/metformin, Kazano, Kombiglyze XR, Nesina, Onglyza	Januvia, Janumet/XR, Tradjenta, Jentadueto/XR
Diabetes - GLP1s	Adlyxin, Tanzeum	Byetta, Bydureon/Pen, Ozempic, Trulicity, Victoza
Diabetes - long-acting insulin	Basaglar, Tresiba	Lantus, Levemir, Toujeo
Diabetes - rapid-acting insulin	Admelog, Apidra, Fiasp, Novolin, Novolog	Humulin, Humalog, Insulin Lispro

Chart continued on back

Continued from front

Drug class	Medications not on the National Drug List	Preferred alternatives ¹
Diabetes – SGLT2/combos	Farxiga, Glyxambi, Invokana, Invokamet/XR, Qtern, Segluromet, Steglatro, Steglujan, Xigduo XR	Jardiance, Synjardy/XR
Diabetic Test Strips and Glucometers	All except Accu-Chek and One Touch Products	Accu-Chek and One Touch Products
Dry Eye	Cequa, Lacrisert	Xiidra
Erectile dysfunction	Levitra, Staxyn, Stendra	sildenafil citrate (generic Viagra), tadalafil (generic Cialis)
Growth hormone	Genotropin, Norditropin, Omnitrope, Saizen, Zomacton	Humatrope, Nutropin/AQ
Immunologicals	Actemra, Cimzia, Ilumya, Inflectra, Kevzara, Orencia, Renflexis, Skyrizi, Tremfya	Enbrel, Humira, Remicade, Simponi/Aria, Stelara
Lipid/Cholesterol lowering – fibric acid	Antara, Fenofibrate capsule (50mg, 150mg), Fenofibrate nanocrystallized tablet 160mg, Triglide	fenofibrate nanocrystallized tablet (48mg, 145mg), fenofibrate tablet (40mg, 54mg, 120mg, 160mg) fenofibrate micronized capsule, fenofibric acid, gemfibrozil
Lipid/Cholesterol lowering – Fish Oils (Omega-3 Fatty Acids)	Lovaza (brand and generic), triklo, Vascepa	fenofibrate nanocrystallized tablet (48mg, 145mg), fenofibrate tablet (40mg, 54mg, 120mg, 160mg) fenofibrate micronized capsule, fenofibric acid, gemfibrozil
Lipid/Cholesterol lowering – statin	Lipitor	atorvastatin, rosuvastatin, simvastatin
Narcotic antagonists	Evzio auto-injector	naloxone injection, Narcan
Non-Steroidal Anti-Inflammatories	diclofenac sodium 1.5% topical solution, Duexis, Fenoprofen capsules, Fenortho, Flector, Indocin Suppository & Suspension, klofensaid, Nalfon, Naprelan CR 750mg, Pennsaid 2% Pump, Qmiiz ODT, Sprix, Tivorbex, Vimovo, Vivlodex, Zipsor, Zorvolex	diclofenac 1% gel, diclofenac tablet, fenoprofen tablet, ibuprofen tablet & suspension, indomethacin capsule, meloxicam tablet & suspension, misoprostol, naproxen tablet & suspension
Ophthalmologic - Antihistamine	Bepreve, Pataday, Patanol, Pazeo	azelastine, epinastine
Ovulatory Stimulants	Follistim AQ	Gonal-F
Pain management – transmucosal fentanyl	Abstral, Lazanda, Subsys	fentanyl citrate, Fentora
Pain management – narcotic analgesics	Arymo ER, Embeda, Hysingla ER, Kadian, Morphabond ER, Nucynta ER, Opana ER, Oxycodone ER, Xartemis XR, Xtampza ER, Zohydro ER	hydromorphone er, morphine sulfate er, oxymorphone er
Proton Pump Inhibitors	Aciphex/sprinkle (brand and generic), Dexilant, Esomeprazole Strontium, Nexium/packet (brand and generic), omeppi, Prevacid/ODT (brand and generic), Prilosec/susp, Protonix/susp, Zegerid (brand and generic)	omeprazole, pantoprazole
Respiratory – anti-inflammatory	Aerospan, Alvesco, Armonair Respiclick, Asmanex HFA/ Twisthaler, Pulmicort Flexhaler	Arnuity Ellipta, Flovent HFA/Diskus, Qvar Redihaler
Skeletal muscle relaxants	Amrix ER, chlorzoxazone 250mg, cyclobenzaprine ER	chlorzoxazone 500mg, cyclobenzaprine, orphenadrine
Steroids - intranasal	Nasonex, Qnasl/children	mometasone, OTC nasal corticosteroids
Steroids - oral	Rayos	hydrocortisone, methylprednisolone, prednisone, prednisolone
Steroids - topical low potency	Desonate gel, Tridesilon cream, Verdeso foam	hydrocortisone 2.5% (cream, lotion, ointment), alclometasone (cream, ointment)
Steroids - topical medium potency	Locoid lotion	mometasone (cream, ointment, solution), triamcinolone (cream, ointment, solution)
Steroids - topical high potency	Sernivo	betamethasone dp aug cream, fluocinonide (cream, ointment, solution), triamcinolone (cream, ointment)
Testosterone – topical	Axiron, Fortesta, Natesto, Testim, Testosterone Gel 1% (brand versions ²), Vogelxo	testosterone gel 1% (generic versions ³), testosterone gel 30mg/1.5ml, testosterone gel 1.62%

*Internal data, 2019

¹Please note: Preferred alternatives are on multiple tiers, depending on benefit plan. Tiers represent levels of coverage. Member cost share amounts generally increase at higher tier levels.

²Upsher Smith; ³Actavis/Teva; ⁴Oceanside; ⁵Greenstone, Sandoz



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, and get your medicine sent to you automatically before your next refill date.

Missing even one dose of your medicine that treats long-term conditions like high blood pressure or diabetes may lead to serious health problems and higher costs. That's why home delivery is a great way to make sure you get your prescription refills when you need them.

Plus, when you have home delivery, you can instead visit any CVS pharmacy for a 90-day supply and pay the same out-of-pocket cost you'd pay at the home delivery pharmacy!

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 **View Pharmacy Payment Methods** to choose how you'd like to pay, sign up to pay online or add/update your credit card on file.

Need help?

Call the home delivery pharmacy at 1-833-203-1739 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.

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Please fold here →



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

☐ **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.

49-MOF 0316 INGENIORX

Credit card holder signature/Date

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)



Instructions for completing the *Member Authorization Form*



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 An Anthem Company	
<p>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.</p> <p>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.</p>					
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.					
<input type="checkbox"/> My spouse (enter first and last name)		<input type="checkbox"/> My parents (if you are over 18 – enter first and last name(s))			
<input type="checkbox"/> My domestic partner (enter first and last name)		<input type="checkbox"/> My insurance broker or agent (enter the name of the company and first and last name, if you have it)			
<input type="checkbox"/> My adult children (enter first and last name(s))		<input type="checkbox"/> 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):					
<input type="checkbox"/> 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					
<input type="checkbox"/> Only limited information may be released (check all boxes below that apply to you).					
<input type="checkbox"/> Appeal		<input type="checkbox"/> Doctor and hospital		<input type="checkbox"/> Referral	
<input type="checkbox"/> Benefits and coverage		<input type="checkbox"/> Eligibility and enrollment		<input type="checkbox"/> Treatment	
<input type="checkbox"/> Billing		<input type="checkbox"/> Financial		<input type="checkbox"/> Dental	
<input type="checkbox"/> Claims and payment		<input type="checkbox"/> Medical records		<input type="checkbox"/> Vision	
<input type="checkbox"/> Diagnosis (name of illness or condition) and procedure (treatment)		<input type="checkbox"/> Pre-certification and pre-authorization (for treatment approvals)		<input type="checkbox"/> Pharmacy	
				<input type="checkbox"/> Other: _____	
I also approve the release of the following types of sensitive information by Empire (check all boxes that apply to you):					
<input type="checkbox"/> All sensitive information					
OR					
<input type="checkbox"/> Just information about topics checked below					
<input type="checkbox"/> Abortion		<input type="checkbox"/> Genetic testing		<input type="checkbox"/> Mental health	
<input type="checkbox"/> Abuse (sexual/physical/mental)		<input type="checkbox"/> HIV or AIDS		<input type="checkbox"/> Sexually transmitted illness	
<input type="checkbox"/> Alcohol/substance abuse		<input type="checkbox"/> Maternity		<input type="checkbox"/> Other: _____	
<small>*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.</small>					
<small>Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc., members of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. 22940NYMENEBC Rev. 8/16</small>					

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.

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.

Part D: Purpose of this approval			
1 <input type="checkbox"/> To give out the information as shown on this form.			
OR			
2 <input type="checkbox"/> 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 <input type="checkbox"/> One year from the signature date in Part F.			
OR			
4 <input type="checkbox"/> 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			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			Date
X			
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 CFR 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	

Member Authorization Form



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.

<input type="checkbox"/> My spouse (enter first and last name)	<input type="checkbox"/> My parents (if you are over 18 – enter first and last name[s])
<input type="checkbox"/> My domestic partner (enter first and last name)	<input type="checkbox"/> My insurance broker or agent (enter the name of the company and first and last name, if you have it)
<input type="checkbox"/> My adult children (enter first and last name[s])	<input type="checkbox"/> 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).

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Appeal | <input type="checkbox"/> Doctor and hospital | <input type="checkbox"/> Referral |
| <input type="checkbox"/> Benefits and coverage | <input type="checkbox"/> Eligibility and enrollment | <input type="checkbox"/> Treatment |
| <input type="checkbox"/> Billing | <input type="checkbox"/> Financial | <input type="checkbox"/> Dental |
| <input type="checkbox"/> Claims and payment | <input type="checkbox"/> Medical records | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Diagnosis (name of illness or condition) and procedure (treatment) | <input type="checkbox"/> Pre-certification and pre-authorization (for treatment approvals) | <input type="checkbox"/> Pharmacy |
| | | <input type="checkbox"/> 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**

- | | | |
|---|--|---|
| <input type="checkbox"/> Abortion | <input type="checkbox"/> Genetic testing | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Abuse (sexual/physical/mental) | <input type="checkbox"/> HIV or AIDS | <input type="checkbox"/> Sexually transmitted illness |
| <input type="checkbox"/> Alcohol/substance abuse* | <input type="checkbox"/> Maternity | <input type="checkbox"/> 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.

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

Date

X

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

Date

X

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 무료 지원을 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 مجاناً. 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 fòm 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 ਮੁਫਤ ਸੇਵਾਵਾਂ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਆਪਣਾ ਅਧਿਕਾਰ ਹੈ। ਬਸ ਆਪਣਾ 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/TDD: 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>



The legal stuff we're required to tell you

How we keep your information safe and secure

As a member, you have the right to expect us to protect your personal health information. We take this responsibility very seriously, following all state and federal laws, as well as our own 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/privacy. For a printed copy, please contact your Benefits Administrator or Human Resources representative.

How we help manage your care

To see if your health benefits will cover a treatment, procedure, hospital stay or medicine, we use a process called utilization management (UM). Our UM team is made up of doctors and pharmacists who want to be sure you get the best treatments for certain health conditions. They review the information your doctor sends us 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 manage your health conditions. They also help you better understand your health benefits.

To learn more about how we help manage your care, go to empireblue.com/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 choose a plan, enroll in it or make changes to it. If you choose not to enroll, there are special cases when you're allowed to enroll during other times of the year.

Get the full details

Read your **Certificate of Coverage**, which spells out all the details about your plan. You can find on empireblue.com.

- **If you had another health plan that was canceled.** If you, your dependents or your spouse are no longer eligible for benefits with another health plan (or if the employer stops contributing to that health plan), you may be able to enroll with us. You must enroll within 31 days after the other health plan ends (or after the employer stops paying for the plan). For example: You and your family are enrolled through your spouse's health plan 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 the State Children's Health Insurance Program (SCHIP) benefits 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 of a health plan with us.



Notes



Questions?

Any questions prior to receiving your ID card call,
1-844-375-4194 from 8:30am - 5pm (M-F)

Any questions after receiving your ID card
call, 1-844-480-2871 from 8:30am - 8pm
(M-F) Pharmacy is available 24-7

Ready to use your plan?

Get some extra help

If you have questions, it's easy to get answers.
Contact us through our online Message Center or
call the Member Services number on your ID card.



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