

## MonteCare EPO/Medical Overview

Your Medical benefits pay for a variety of medical services and supplies in and out of the hospital. MonteCare EPO requires you to use in-network providers to receive benefits. Your share of the cost will be higher when you use Empire BlueCard PPO facilities and providers outside of Montefiore and the MIPA.

Network Providers	MonteCare EPO
<b>Hospitals and Other Facilities</b>	Empire BlueCard PPO and Montefiore Network (including Moses, Weiler, Wakefield, Westchester Square, The Children's Hospital at Montefiore, Montefiore Mount Vernon Hospital, Montefiore New Rochelle Hospital, White Plains Hospital, Montefiore Ambulatory Surgical Facilities, Montefiore Imaging Center, Montefiore Department of Radiology, Advanced Endoscopy Center and NY GI Center)
<b>Skilled Nursing Facility, Hospice</b>	Empire BlueCard PPO Network and Schaffer Extended Care Facility
<b>Laboratories</b>	Quest Laboratories, LabCorp and any hospital laboratory participating in the Empire BlueCard PPO and Montefiore Network (including Moses, Weiler, Wakefield, Westchester Square, The Children's Hospital at Montefiore, Montefiore Mount Vernon Hospital, Montefiore New Rochelle Hospital)
<b>Pharmacies</b>	Express Scripts participating retail pharmacies, Home Delivery Pharmacy Service and Montefiore outpatient pharmacies
<b>Physicians, Therapists and Counseling for Mental Health and Substance Abuse</b>	<ul style="list-style-type: none"> <li>• Montefiore Integrated Provider Association (MIPA)</li> <li>• Empire BlueCard PPO Network</li> <li>• Montefiore Behavioral Care Integrated Provider Association (MBCIPA)</li> <li>• Empire Behavioral Health Network</li> </ul>

### Vision

- Participants in MonteCare EPO have access, through Empire BlueCross BlueShield, to discounts on vision care services (including eye exams, eyewear and contact lenses) as well as laser vision correction.
- Spectera Vision Plan – provides benefits for routine eye exams, as well as eyeglasses or contact lenses. The Plan offers a High and a Low option. The key differences between the two options are the frequency with which you can replace frames, the copayment that applies to lenses and frames, and the allowance amount for contact lens coverage. You pay 100% of the premium for Spectera vision coverage with before-tax dollars.
- LASIK Surgery – Montefiore Laser and Eye Care Center at Montefiore Medical Specialists of Westchester offers LASIK Surgery discounts of 20% off of the regular charge for you and your family members.

	MonteCare EPO – Your cost if you use: <sup>3</sup>		
	Montefiore Network	Empire BlueCard PPO Network	Out-of-network
<b>Financial</b>			
• Individual/Family Deductible	None	\$500/\$1,000	Not covered
• Individual/Family Out-of-pocket Maximum (Deductible + Copayment + Coinsurance)	\$5,350/\$10,700		Not covered
<b>Inpatient Care</b>			
• Hospitalization – Illness or Injury	\$0	20% <sup>1</sup> coinsurance after deductible if precertified by Conifer Value Based Care; otherwise 30% <sup>1</sup> coinsurance after deductible	Not covered except in the case of an emergency admission
• Mental Health/Substance Abuse Care			
• Physical/Occupational Therapy or Rehab			
• Hospice – 210 days	\$0	\$0	Not covered
• Skilled Nursing Facility – 120 days	\$0	\$0	Not covered
<b>Emergency Room Care</b>			
• Bona Fide Emergency	\$100 copay; waived if admitted	\$100 copay; waived if admitted	\$100 copay; waived if admitted
• Other than Bona Fide Emergency	20% <sup>1</sup> coinsurance	20% <sup>1</sup> coinsurance after deductible	Not covered
• Urgent Care Facility	\$0	\$30 copay/visit	Not covered
• Urgent Care Professional	\$15 copay per visit	\$30 copay/visit	Not covered
<b>Preventive Care</b>			
• Routine Physical Exam with PCP including OB/GYN	\$0	\$0	Not covered
• Routine Child Exam/Immunizations	\$0	\$0	Not covered
• Routine Mammography	\$0	\$0	Not covered
<b>Outpatient Diagnostic and Laboratory Tests</b>			
• X-rays, bone density, blood, urine, etc.	\$0	20% <sup>1</sup> coinsurance after deductible	Not covered
• MRI, MRA, CAT Scan, PET, Nuclear Cardiology	\$0	20% <sup>1</sup> coinsurance after deductible	Not covered
<b>Physicians' Services (office visits)</b>			
• Primary Care Physician including OB/GYN and Mental Health/Substance Abuse Care	\$15 copay/visit	20% <sup>1</sup> coinsurance after deductible	Not covered
• Specialists	\$15 copay/visit	20% <sup>1</sup> coinsurance after deductible	Not covered
• Chiropractic Care – 10 visits	\$50 copay/visit	20% <sup>1</sup> coinsurance after deductible	Not covered
• Surgery	\$0	20% <sup>1</sup> coinsurance after deductible	Not covered
<b>Outpatient Care</b>			
• Outpatient Surgery	\$0	20% <sup>1</sup> coinsurance after deductible	Not covered
• Home Health Care – 200 visits	\$0	\$0	Not covered
• Maternity	\$0	20% <sup>1</sup> coinsurance after deductible	Not covered
• Allergy Testing and Treatment	\$15 copay/visit \$0 for treatment	20% <sup>1</sup> coinsurance after deductible	Not covered
• Physical, Occupational and Speech Therapy	\$0	20% <sup>1</sup> coinsurance after deductible	Not covered
<b>Durable Medical Equipment</b>	Professional provider: 20% <sup>1</sup> coinsurance; Facility: \$0	Professional provider: 20% <sup>1</sup> coinsurance; Facility: 20% <sup>1</sup> coinsurance after deductible	Not covered

<sup>1</sup> Percentage is applied to covered charges, which are based on the rate paid to like-kind Empire in-network facilities if the facility is within the Empire area (i.e., the New York metropolitan area including NJ and CT) or the facility's actual charge if it is outside of the Empire area.

<sup>2</sup> Reasonable and Customary charges are based on 150% of Medicare's National Provider Rate. The Plan benefit is then determined by applying the cost-sharing percentage (70%/80%) to this amount; you are responsible for paying the balance of the bill to the provider.

<sup>3</sup> Coinsurance – when you pay 20%, the plan pays 80%; when you pay 30%; the plan pays 70%.

## Prescription Drug Benefits Overview

If you use:	Your cost if you purchase:			
	Generic	Preferred (Formulary)	Non-Preferred (Non-Formulary)	Specialty
<b>Montefiore Outpatient Pharmacies</b>				
• 30-day supply for new prescriptions for chronic medications and seasonal allergy medications	\$0	\$20 copay	You pay 100% of discounted cost	\$20 copay
• 90-day supply for refills and all other medications	\$0	\$40 copay	You pay 100% of discounted cost	\$40 copay
<b>Express Scripts</b>				
• Participating Retail Pharmacy <sup>1</sup> (up to a 30-day supply of each prescription)	\$15 copay	\$45 copay	You pay 100% of discounted cost	\$100 copay
• Home Delivery Pharmacy Service				
▪ 30-day supply for new prescriptions for chronic medications and seasonal allergy medications	\$15 copay	\$45 copay	You pay 100% of discounted cost	\$100 copay
▪ 90-day supply for refills and all other medications	\$30 copay	\$90 copay	You pay 100% of discounted cost	\$150 copay
<sup>1</sup> If you use a non-participating pharmacy in an area where there is a participating pharmacy available, your reimbursement will be 75% of the R&C cost of the prescription.				

## Prescription Drug Out-of-pocket Maximum

Your share of expenses for prescriptions obtained from Montefiore outpatient pharmacies, Express Scripts participating retail pharmacies, home delivery pharmacy service or out-of-network pharmacies is limited to \$1,500 for any one covered person (\$3,000 for a family) in a calendar year. Once that maximum is reached, the Plan pays 100% of any remaining prescription drug expenses for that individual for the rest of the calendar year.

If you purchase a brand name medication (preferred and non-preferred) when a generic equivalent is available, you are responsible for the retail or mail order generic copayment plus the difference in cost between the generic and the brand name medication. The difference in cost between generic and the brand name medications is not included in the out-of-pocket maximum and is not eligible for 100% reimbursement after the out-of-pocket maximum has been met.

## Contact Information

Medical	
• MonteCare EPO	Empire BlueCross BlueShield 866.236.6748 <a href="http://www.empireblue.com/montefiore">www.empireblue.com/montefiore</a> <ul style="list-style-type: none"> <li>• Empire's BlueCard PPO Network (Select PPO Plan)</li> <li>• 914.377.4400 CMO Customer Service Department <ul style="list-style-type: none"> <li>▪ Montefiore Integrated Provider Association (MIPA)</li> <li>▪ Montefiore Behavioral Care Integrated Provider Association (MBCIPA)</li> </ul> </li> </ul>
<b>Employee Assistance Program (EAP)</b>	HealthCare EAP (ESI/Longview Associates) 800.225.2527/800.252.4555 <a href="http://www.MyHealthCareEAP.com">www.MyHealthCareEAP.com</a>
<b>Care Guidance Program</b>	855.MMC.WELL (855.662.9355)
<b>Conifer Value Based Care (for hospital pre-certification)</b>	855.381.3441
<b>Prescription Drug Program</b>	Express Scripts 800.631.7780 <a href="http://www.express-scripts.com">www.express-scripts.com</a>
Vision	
• Spectera Vision Plan	<ul style="list-style-type: none"> <li>• 800.638.3120 <a href="http://www.myspectera.com">www.myspectera.com</a></li> <li>• 800.847.4663 <a href="http://www.visiondirect.com">www.visiondirect.com</a></li> </ul>
• LASIK Surgery	• 718.920.2020 Montefiore Laser and Eye Care Center at Montefiore Medical Specialists of Westchester

# Montefiore

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