

Effective January 1, 2015

2015 Small Group Guide

Off the Marketplace* for
groups with 1-50** eligible employees

Plans that offer choices — and meet
Affordable Care Act requirements

* "Off the Marketplace" means products/plans that are sold off the New York State of Health website, the Official Health Plan Marketplace (the "Marketplace").

** A minimum group size of business owner and one eligible non-spouse employee; a group of 50 consists of the business owner plus 49 eligible employees.

Empire  
BLUECROSS BLUESHIELD

Access to the latest range of plans

Built from the ground up – with the strengths you’ve come to expect from our product portfolio

The plans offered by Empire BlueCross BlueShield (Empire) are well-positioned for the changing market. You’ll find they offer all the essential health benefits (EHB) such as emergency care, hospital stays, maternity and newborn care, prescription drugs and preventive care, as well as other features needed to comply with the Affordable Care Act (ACA). Yet they still deliver on our long-standing portfolio strengths, including network value, plan variety, pharmacy coverage and comprehensive care.

This provides an overview of plans available. This is intended to be a brief overview of benefits and is not intended to be a legal contract. For a complete explanation of benefits, limitations and exclusions please see the Evidence of Coverage/Certificate. In the event of a conflict between the Evidence of Coverage/Certificate and this overview, the terms of the Evidence of Coverage/Certificate will prevail.

The Empire product portfolio

Our medical plans are ACA-compliant, covering everything from emergencies to mental health services to preventive care, and more, including:

- Preventive, wellness and chronic disease management services
- Outpatient (ambulatory) care
- Emergency services
- Inpatient care (hospital stays)
- Laboratory services
- Prescription drugs
- Mental health and substance abuse services
- Maternity (pregnancy) and newborn care
- Pediatric dental and vision care
- Rehabilitative and habilitative services and devices

Our small group plans all provide for in-network benefits. In-network means doctors, hospitals and pharmacies have agreed to participate in our network and to accept agreed-upon rates when they provide covered services to members. These agreed-upon rates can help lower the cost of covered health care services, including employers' and employees' share of the costs. Out-of-network (or nonparticipating) doctors, hospitals and pharmacies have not agreed to provide services at agreed upon rates or per our provider contract terms. Services of out-of-network providers may not be covered.

To find a network doctor, hospital or pharmacy, use our online Find a Doctor tool at empireblue.com.

Dental, vision, life and disability products to fit the Affordable Care Act—and your business

Specialty benefit plans like dental, vision, life and disability can help support overall health and provide financial security. These lines of coverage offer employees the peace of mind they want – a key to employee productivity and business success. So be sure to offer your employees a well-rounded benefits package that includes specialty plans.

Changes to look for in 2015

Updated naming structure is clearer and more complete

The names include the following elements:

Empire + metal tier + network name + product type + deductible/coinsurance/out-of-pocket maximum

Example: Empire Gold Pathway HMO 1300/10%/6000 Plus with HSA

2014 Empire Plan Name	2015 Empire Plan Name
Empire Preferred Guided Access Plus HMO with HSA (ghab)	Empire Gold Pathway HMO 1300/10%/6000 Plus with HSA
Empire Essential Guided Access Plus EPO with HSA (gbcb)	Empire Silver Pathway EPO 2500/20%/4500 Plus with HSA
Empire Essential Guided Access Plus EPO (gwoa)	Empire Silver Pathway EPO 1500/30%/5500 Plus
Empire Essential Guided Access Plus EPO (with adult dental) (gwoa)	Empire Silver Pathway EPO 1500/30%/5500 Plus (with adult dental)
Empire Core Guided Access Plus EPO with HSA (gwgb)	Empire Bronze Pathway EPO 4500/30%/6350 Plus with HSA
Empire Core Guided Access Plus EPO with HSA (gugb)	Empire Bronze Pathway EPO 3500/20%/6350 Plus with HSA
Healthy New York (HNY) HMO (gpbf)	Empire Gold Healthy New York Pathway HMO 600/0%/4000



Products and features for 2015

On the pages that follow, you will find product grids that provide a top line description of the complete range of Empire small group plans for 2015. **The explanations below correspond to column headers found on those grids.** Deductibles, copays and coinsurance amounts are also listed to simplify plan comparison.

Plan Name	<p>Gold Level Plans – These provide richer benefits than the Silver and Bronze plans, and employees pay less when they get care. However, the monthly premium is higher.</p> <p>Silver Level Plans – These offer more affordable monthly premiums. Compared to the Bronze plans, employees pay less when they get care.</p> <p>Bronze Level Plans – These feature broad benefits and the lowest monthly premiums, but employees pay more when they get care: deductibles, copays and cost shares may be higher than the other plans.</p> <p>Metal equivalent naming structure – Actuarial values (AV) can be used to compare different plan designs to determine how overall cost sharing differs across plans with different cost-sharing provisions.</p>
------------------	--

	Minimum AV	Maximum AV
Gold	78%	82%
Silver	68%	72%
Bronze	58%	62%

Plus plans – These plans include one of our Healthy Support packages that offer incentives for healthy behavior and includes the Select Drug List.

Product Type/Feature	<p>HMO – Requires members to choose a Primary Care Physician (PCP) from our Pathway network; a referral is required to see other doctors.</p> <p>EPO – Requires members who reside within Empire's 28-county service area¹ to choose a Primary Care Physician (PCP) from our Pathway network; specialist referral is not required. For members who reside outside of the 28-county service area, no PCP or referrals are required. All EPO members have access to our BlueCard PPO program when traveling and/or living outside of our service area.</p> <p>Health Savings Account (HSA) – A savings account that members can fund with pre-tax dollars and apply towards qualified health care expenses, including prescriptions.</p>
-----------------------------	--

Network(s)	<p>Pathway Network – Provides access to nearly 9,904 primary care doctors, 36,772 specialists, and more than 66 hospitals.² This network will support all of our small group products.</p> <p>BlueCard Program – BlueCard® PPO gives members access to their benefits when they use doctors and hospitals that contract with Blue Cross and/or Blue Shield in other states. We provide out-of-area access to 97% of hospitals and 92% of physicians across the country through the BlueCard® Program.³</p>
-------------------	--

Pharmacy	<p>Home Delivery Complete – Small group products include the Home Delivery Complete pharmacy benefit, a mandatory mail order pharmacy requirement for maintenance medications. Through the Home Delivery Complete benefit, members filling maintenance medications at a retail pharmacy are required to use the home delivery pharmacy to access their pharmacy benefits.</p> <p>The Empire drug list contains the names of FDA-approved generic and brand-name medications. The list is divided into three tiers. Tier 1 drugs have the lowest cost share; Tier 2 drugs have a higher cost share. Tier 3 may have a coinsurance up to a maximum dollar amount per prescription. In evaluating a plan, it's important to look at the drug list to understand which drugs are covered. Each of our small group products includes the Empire Select Drug List (S), a list of drugs that includes a select number of medications in therapeutic categories and classes, while meeting the requirements of the ACA.</p> <p>View our drug lists online: The Select Drug List Downstate: empireblue.com/EBSSelectdrugtier3 The Select Drug List Upstate: empireblue.com/EBCSelectdrugtier3</p> <p>Download our mobile app to access prescription information and pharmacy tools on-the-go.</p> <p>This app helps members find a pharmacy, price a drug, switch from retail to home delivery, order a refill, check order status and more. To download the Empire mobile app, visit Google Play (Android) or the Apple Store (iOS). After logging in the first time and choosing "Prescription Benefits," a prompt appears to download the Express Scripts app, which powers the Pharmacy tools. But you only need to visit the Empire mobile app to manage your pharmacy benefits, all in one place!</p>
-----------------	---

¹ Empire's 28-county service area: Albany, Bronx, Clinton, Columbia, Delaware, Dutchess, Essex, Fulton, Green, Kings, Montgomery, Nassau, New York, Orange, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Suffolk, Sullivan, Ulster, Warren, Washington and Westchester.
² August 2014 stats. Numbers are subject to change. Numbers do not include Ancillary or Behavioral health doctors/facilities.
³ Blue Cross and Blue Shield Association, 2013 statistics.

Pediatric vision EHB	<p>All of our small group medical plans include pediatric vision essential health benefits, which includes coverage for vision exams and glasses or contact lenses. Members can see any provider in the Blue View Vision network, which includes retailers such as LensCrafters and Target Optical, as well as 1-800 CONTACTS.</p> <ul style="list-style-type: none"> • HMO plans only offer in-network benefits. <p>Covered children can receive a vision exam yearly along with glasses or contacts. Specific frames and contact lenses are covered under the plan. Transitions® lenses, to protect eyes from UV rays, and polycarbonate lenses with scratch coating to protect lenses from damage are available at no extra charge. Blue View VisionSM providers can assist with material selections.</p> <p>Maximum age for pediatric vision as an essential health benefit is age 19. The cut-off will be the end of the month in which the member turns 19.</p>
-----------------------------	---

Pediatric dental EHB	<p>All of our small group health plans include pediatric dental EHBs, which provide important coverage for kids up to age 19, including preventive care, fillings and more extensive services like medically necessary orthodontia. Members must see a participating provider in the Dental Prime network.⁴</p> <p>Because these benefits are part of a medical plan, they share a combined deductible and out-of-pocket maximum. These benefits have no annual maximum.</p>
-----------------------------	---

Healthy Support	<p>Healthy Support Package B – A robust health and wellness offering and health incentives of up to \$400/year. Healthy Support Package B includes the following:</p> <ul style="list-style-type: none"> • Vision coverage (pediatric annual exam plus \$100 lens/frame allowance). • Utilization Management. • Imaging Cost & Quality. • Case Management. • Quick Care Options (ER reduction program). • ConditionCare disease management. • Future Moms. • MyHealth Advantage. • 24/7 NurseLine. • Behavioral Health Management. • Member webinars (DocTalk). • Healthy Lifestyles with Well Being Assessment plus incentives (\$150 in gift cards/yr). • Tobacco Free Certification with incentives (\$50 gift card/year). • Gym Reimbursement (\$400/yr). • FitOrbit online trainers and nutrition plans (with \$99/year member cost share). • Outbound Call Care Coordination Program. • Transplant management. • Autism Spectrum Disorder management.
------------------------	--

Healthy Support Package C – Provides all the features of Package B and includes enhanced dental coverage for kids, as well as adult coverage. These benefits have a separate deductible from the medical benefits. Members must see a participating provider in the Dental Prime network. Adult benefits have a separate deductible, as well as an annual maximum of \$1,000.

Participation Requirements.

- Contact the GBA Contact Center at 1-866-422-2583 for a copy of our small group eligibility guidelines.

Waiting periods.

- ACA limits waiting periods for new hires to a maximum of 90 days.
- Empire offers a variety of waiting period options that do not exceed 90 days.

⁴ If the member's medical plan includes out-of-network benefits, the dental benefits will also be available through out-of-network providers. If the member's medical plan only includes in-network benefits, the dental benefits will only be available through in-network providers.

The updated naming structure includes these elements:

Empire + metal tier + network name + product type + deductible / coinsurance / out-of-pocket maximum

A summary of in-network benefits are represented below. Please refer to the evidence of coverage/certificate for complete coverage details and limitations.

Product Type	Plan Name	Network	Deductible (single/family)	Office Visit			In-Network Coinsurance	Emergency Room	Urgent Care	Hospital Inpatient	Annual out-of-pocket maximum (single/family)	Pharmacy	Formulary	Healthy Support
				Primary Care Physician (PCP)	Specialist (SPC)	Online Care								

Empire Gold Level Plans

HMO	Empire Gold Pathway HMO 1300/10%/6000 Plus with HSA	Pathway	\$1,300/\$2,600	Deductible/Coinsurance			10%	Deductible/Coinsurance			\$6,000/\$12,000	Deductible/10%	Select	B
	Empire Gold Healthy New York Pathway HMO 600/0%/4000	Pathway	\$600/\$1,200	Deductible then \$25 PCP, \$40 SPC, \$25 Online			0%	Deductible then \$150	Deductible then \$60	Deductible then \$1000 per admission	\$4,000/\$8,000	\$10/\$35/\$70	Select	N/A ⁵

Empire Silver Level Plans

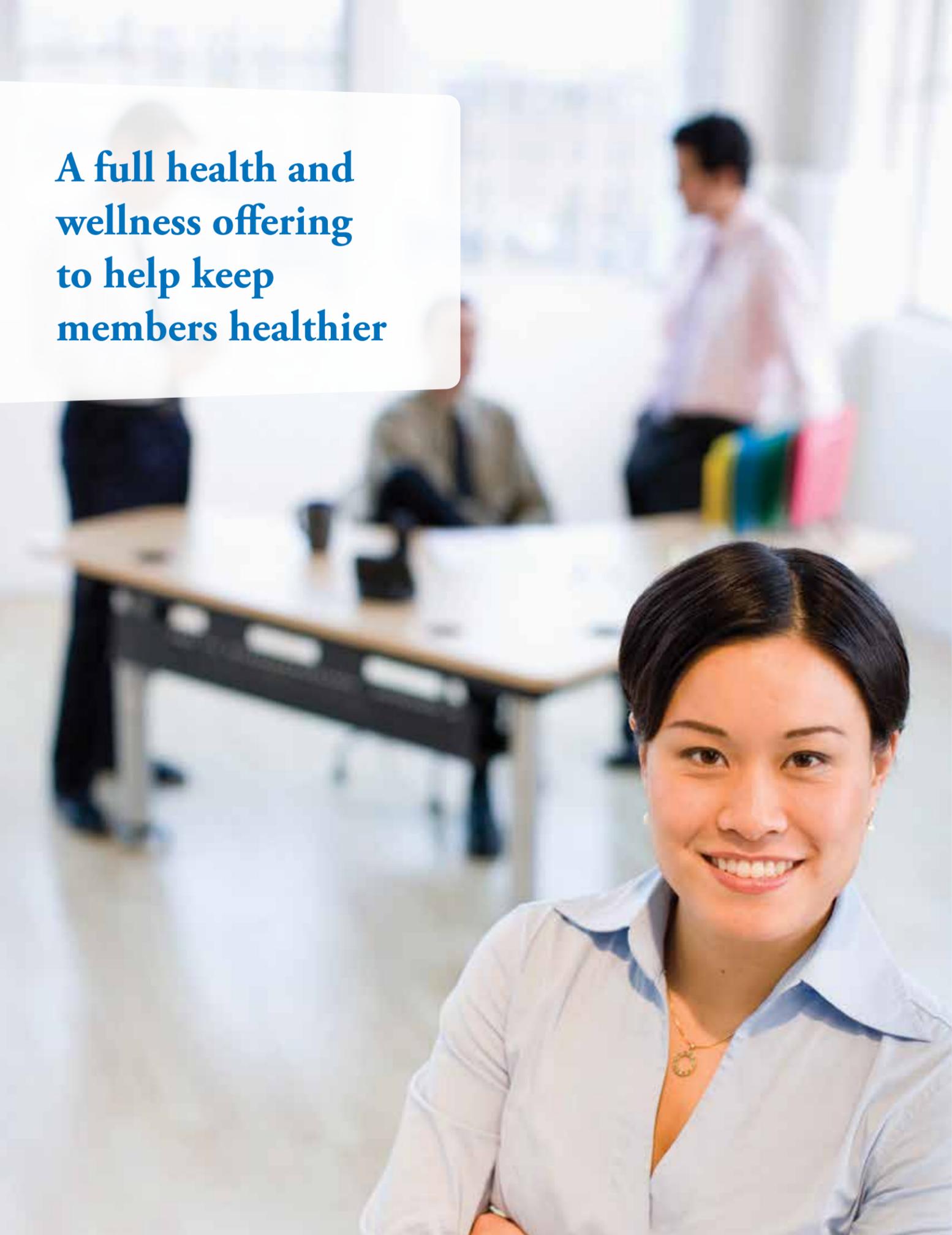
EPO	Empire Silver Pathway EPO 2500/20%/4500 Plus with HSA	Pathway	\$2,500/\$5,000	Deductible/Coinsurance			20%	Deductible/Coinsurance			\$4,500/ \$9,000	Deductible/20%	Select	B
	Empire Silver Pathway EPO 1500/30%/5500 Plus	Pathway	\$1,500/\$3,000	\$35 PCP/SPC/Online (first 3 combined office visits, then Deductible and coinsurance of 30%)			30%	Deductible/Coinsurance			\$5,500/\$11,000	\$500 deductible / Tier 1 \$15 / Tier 2 \$35 / Tier 3 Greater of \$70 copay OR 30% (Deductible does not apply to Tier 1)	Select	B
	Empire Silver Pathway EPO 1500/30%/5500 Plus (with adult dental)	Pathway	\$1,500/\$3,000	\$35 PCP/SPC/Online (first 3 combined office visits, then Deductible and coinsurance of 30%)			30%	Deductible/Coinsurance			\$5,500/\$11,000	\$500 deductible / Tier 1 \$15 / Tier 2 \$35 / Tier 3 Greater of \$70 copay OR 30% (Deductible does not apply to Tier 1)	Select	C

Empire Bronze Level Plans

EPO	Empire Bronze Pathway EPO 4500/30%/6350 Plus with HSA	Pathway	\$4,500/\$9,000	Ded then \$50	Ded then \$75	Ded then \$50	30%	Deductible/Coinsurance	Deductible then copay \$75	Deductible/Coinsurance	\$6,350/\$12,700	Deductible / Tier 1 \$15 / Tier 2 \$50 / Tier 3 Greater of \$90 copay OR 30%	Select	B
	Empire Bronze Pathway EPO 3500/20%/6350 Plus with HSA	Pathway	\$3,500/\$7,000	Ded then \$30	Ded then \$60	Ded then \$30	20%	Deductible/Coinsurance	Deductible then copay \$60	Deductible/Coinsurance	\$6,350/\$12,700	Deductible / Tier 1 \$15 / Tier 2 \$50 / Tier 3 Greater of \$90 copay OR 20%	Select	B

⁵ Please refer to the evidence of coverage for more information on Vision, Dental and wellness benefits for the Healthy New York (HNY) plan.

The above is a summary. See the Evidence of Coverage with the Schedule of Benefits and any riders associated with the plan for complete coverage details and related terms and conditions.



A full health and wellness offering to help keep members healthier

Health and wellness

At Empire, we understand that the health of your employees can have a great impact on the health of your business. That's why we provide a blend of health and wellness programs to help keep all of your employees living well.

- **24/7 NurseLine** — Members can call anytime to speak to a registered nurse who is trained to answer general health questions, help them understand symptoms and help them determine the right care at the right time.
- **Utilization Management** — Includes pre-certification of medical procedures, imaging services and hospitalization to authorize care and align medical services with the member's benefits.
- **Imaging Cost and Quality** — A member outreach program designed to lower the costs of expensive imaging procedures. If the member qualifies, they are contacted about similar quality, lower cost imaging alternatives in their area. The program is voluntary and available in larger metropolitan markets.
- **Case Management/ComplexCare** — Nurse case managers help members who are getting over a serious illness or major surgery and are out of the hospital and back at home. Our nurse case managers will contact members who have serious health issues and help them resolve their concerns. Our ComplexCare program helps members with multiple health care issues by pairing them with an experienced and supportive case manager who provides the intensive, one-on-one support required to improve the member's health.
- **LiveHealth Online** — A Web-based communications tool allows Empire members to talk to a doctor online via two-way video on a computer or by phone. Doctors can answer questions, make a diagnosis and prescribe basic medications. It's an innovation designed to make health care more convenient and accessible. LiveHealth Online makes life easier for your employees and helps you achieve real savings by reducing health care costs.
- **ConditionCare** — For members with chronic conditions like diabetes, asthma, COPD, coronary artery disease, heart failure, and end-stage renal disease the ConditionCare disease management program provides targeted information, guidance and support. With 24/7 access to health professionals, members are equipped to better understand and manage their condition, and make healthier choices.
- **Future Moms** — The Future Moms program provides mothers-to-be with personalized support and guidance, helping them achieve healthier pregnancies and deliveries. With their own team of obstetric specialists, expectant members get access to expert information and direction throughout their pregnancy and postpartum period.
- **Fertility Support program** — Helps reduce medical and pharmacy costs related to infertility treatment by helping members navigate a more direct route to the most effective fertility treatment. The program provides care management and member support to improve clinical outcomes and reduce multiple gestations.
- **MyHealth Advantage** — Communicates gaps in care and health savings opportunities to targeted members (via mailed MyHealth Notes) and gaps in care to their treating providers (via mailed notices). MyHealth Advantage analyzes health information and suggests ways members can be healthier and reduce out-of-pocket expenses. The program aims to reduce health care costs by increasing member compliance with medical best practices and improving health care quality.
- **Behavioral Health** — Offers immediate and longer-term mental health management and information to eligible members.

Healthy Support Packages

- **Webinars** — Educational online courses to help people make healthier choices.
- **Healthy Lifestyles with Well Being Assessment plus incentives** (up to \$150 per year)⁶ — Designed to help people make healthy behavior changes in the following key areas: Tobacco use, stress management, depression, weight management, healthy eating, medication adherence, exercise/fitness, self-care tips, appointment adherence.
- **Tobacco Free Certification** (up to \$50 per year)⁶ — A rewards program for members that don't use tobacco or if they've quit, can get a reward just for being tobacco free. They could earn a \$50 gift card from a retailer.
- **Fitness Reimbursement** (up to \$400 per year) — Exercising regularly can help beat stress, health problems and maintain a healthy weight. And with the Gym Reimbursement program, it can help members get money back, too.⁷
- **FitOrbit** (online trainer) — is an online personal training program that offers personalized nutrition plans and fitness coaching from a nationally certified trainer.

⁶ The amount of the gift cards may be considered income to you and subject to state and federal taxes in the tax year it is paid. We recommend that you consult a tax expert with any questions regarding your tax obligations.

⁷ Members older than 18 are eligible. The total payout is limited to \$400 annually (with reimbursement every 6 months), regardless of the number of members covered under your contract. The amount of the reimbursement may be considered income to you and subject to state and federal taxes in the tax year it is paid. We recommend that you consult a tax expert with any questions regarding your tax obligations. This program is designed to help you make healthy, safe and small changes to your health behaviors. If you choose to take part in this program, first talk to your doctor.

The above is a summary. See the Evidence of Coverage with the Schedule of Benefits and any riders associated with the plan to confirm availability for complete coverage details and related terms and conditions.



Provide your employees with a well-rounded benefits package from Empire

Dental plan choices to fit your unique needs

With Empire Dental, there's options from essential health benefit plans to flexible plans with additional options to build more robust dental benefits. You can also choose from employer paid and voluntary choices with Empire dental. We'll help find the right mix of dental benefits that can have the best impact on your employees' health. And no matter which dental plans you choose, you can count on:

- **Preventive dental care.** Most of our plans cover 100% of regular cleanings, exams and X-rays when you see a dentist in our network. Sealants, fluoride treatments, and orthodontic care are also covered in some of our health plans.
- **Expert customer care.** We're committed to giving you and our members the best care. Calls are answered quickly by skilled dental reps. And we usually pay claims in three days or less.
- **Extra member benefits.** Our plans include coverage for many extra services.
 - Members who are pregnant or living with diabetes can get one extra cleaning or periodontal checkup each year.
 - Brush and surgical biopsies (tissue removal), which are helpful for spotting oral cancer.
 - International Emergency Dental program for dental care while traveling outside the U.S.⁸

- **Network.** Dental Prime and Dental Complete members can use one of the nation's largest dental networks through the national Dental GRID.⁹ The national Dental GRID joins dental networks and many of the nation's Blue dental network plans. It includes dentists in all 50 states.

- **Dental Prime.** A discount network offering a greater discount savings than our Dental Complete network with nearly 74,000 unique dentists nationwide.

- **Dental Complete.** A wide-ranging network (for the most access) with nearly 97,000 unique dentists nationwide.

⁸ The International Emergency Dental Program is managed by DeCare Dental. DeCare Dental is an independent company offering dental management services to Empire BlueCross BlueShield.

⁹ The national Dental GRID is managed by the GRID Dental Corporation (GDC), a separate company that provides access to dental networks and services on behalf of Empire BlueCross Life and Health Insurance Company.

Dental Prime and Dental Complete plans

For 2015 we will be offering the following dental plans. These dental plans allow for streamlined administration providing groups that have Empire medical and Empire dental with the convenience of one bill, one payment and one ID card with mobile app viewing technology.

Plan Name	Annual Benefit Maximum	Deductible	Diagnostic/Preventative Services (cleanings, x-rays, exams)		Basic Services (filings)		Endodontic, Periodontic & Oral Surgery Services (root canal, tooth extraction, etc.)		Major Services (crowns, bridges, dentures, etc.)		Orthodontic Coverage (lifetime maximum to match annual maximum)
			In	Out	In	Out	In	Out	In	Out	
Classic Complete	\$1,500	\$25 per person (\$75 per family)	100%	80%	80%	60%	80%	60%	50%	50%	Child and Adult
Classic Complete	\$1,500	\$50 per person (\$150 per family)	100%	100%	80%	80%	80%	80%	50%	50%	None
Classic Complete	\$1,500	\$50 per person (\$150 per family)	100%	100%	80%	80%	80%	80%	50%	50%	Child Only
Classic Complete	\$1,500	\$50 per person (\$150 per family)	100%	100%	80%	80%	50%	50%	50%	50%	Child Only
Classic Complete	\$1,500	\$50 per person (\$150 per family)	100%	80%	80%	60%	80%	60%	50%	50%	None
Classic Complete	\$1,000	\$25 per person (\$75 per family)	100%	100%	80%	80%	80%	80%	50%	50%	Child Only
Classic Complete	\$1,000	\$50 per person (\$150 per family)	100%	100%	80%	80%	80%	80%	50%	50%	None
Classic Complete	\$1,000	\$50 per person (\$150 per family)	100%	80%	80%	60%	80%	60%	50%	50%	None
Classic Prime	\$1,500	\$50 per person (\$150 per family)	100%	100%	80%	80%	80%	80%	50%	50%	None
Classic Prime	\$1,500	\$50 per person (\$150 per family)	100%	80%	80%	60%	80%	60%	50%	50%	None
Classic Prime	\$1,500	\$50 per person (\$150 per family)	100%	80%	80%	60%	80%	60%	50%	50%	Child Only
Enhanced Complete	\$2,000	\$50 per person (\$150 per family)	100%	100%	90%	90%	90%	90%	60%	60%	None
Enhanced Complete	\$2,000	\$50 per person (\$150 per family)	100%	80%	90%	70%	90%	70%	60%	50%	None
Enhanced Prime	\$2,000	\$50 per person (\$150 per family)	100%	100%	90%	90%	90%	90%	60%	60%	None
Enhanced Prime	\$2,000	\$50 per person (\$150 per family)	100%	80%	90%	70%	90%	70%	60%	50%	None
Enhanced Prime	\$2,000	\$50 per person (\$150 per family)	100%	100%	90%	90%	90%	90%	60%	60%	Child Only
Enhanced Prime	\$2,000	\$50 per person (\$150 per family)	100%	80%	90%	70%	90%	70%	60%	50%	Child Only
Value Prime	\$1,000	\$50 per person (\$150 per family)	100%	100%	80%	80%	80%	80%	Not covered	Not covered	None
Value Complete	\$1,000	\$50 per person (\$150 per family)	100%	100%	80%	80%	80%	80%	Not covered	Not covered	None
Voluntary Complete	\$1,500	\$50 per person (\$150 per family)	100%	100%	80%	80%	50%	50%	50%	50%	None
Voluntary Complete	\$1,500	\$50 per person (\$150 per family)	100%	80%	80%	60%	50%	50%	50%	50%	None
Voluntary Complete	\$1,000	\$50 per person (\$150 per family)	100%	100%	80%	80%	50%	50%	50%	50%	None
Voluntary Prime	\$1,000	\$50 per person (\$150 per family)	100%	80%	80%	60%	50%	50%	50%	50%	None

Some variations in plan designs apply. Contact your Empire representative for more details on specific plan differences.

The above is a summary. See the Evidence of Coverage with the Schedule of Benefits and any riders associated with the plan for complete coverage details and related terms and conditions.

Get vision coverage and see increased productivity

Vision plans can play a role in managing the overall health and well-being of employees. It's been shown that regular eye exams and wearing corrective eyewear when needed can decrease the risk of more serious, long-term eye diseases and can even result in early detection of other health conditions¹⁰ — and this can lead to healthier, more productive employees. We created our Blue View VisionSM plans to give you the opportunity to offer vision coverage with a choice of funding arrangements including voluntary (employee-paid).

Blue View Vision features:

- **Enjoy choice and convenience.** With an extensive nationwide network of participating eye care providers, your employees are sure to find an eye doctor near them. They can choose from more than 30,000 in-network eye doctors and more than 25,000 locations. Blue View Vision makes it easy for members to:
 - Call or click online at 1-800 CONTACTS.
 - Visit a private practice eye doctor.
 - Or go in-store to Empire Vision Centers, Davis Vision, LensCrafters®, Pearle Vision®, Sears Optical®, Target Optical® and JCPenney® Optical.
- **Rich benefits.** Along with benefits for a comprehensive eye exam and eyewear, members who use in-network providers can add factory scratch coating to standard lenses at no additional charge. And kids under age 19 can also choose UV-blocking Transitions® lenses and impact-resistant polycarbonate lenses for no extra cost.
- **Customer care.** Our award-winning customer care center has live reps available seven days a week. We offer longer evening hours and an afterhours IVR system so members can get answers to their questions any time.
- **Powerful communication between providers.** Empire leads the way in helping eye doctors and primary care doctors work together. They can share relevant information to help improve care — all through one company. This approach makes the routine eye exam far less routine. If an eye doctor finds a high-risk health problem such as diabetes or high blood pressure during a routine eye exam, they can share that information with the member's primary care doctor. The information is tracked in a digital health record so members can get the follow-up care and support they need.

- **Extra savings.** All of our network providers offer the same discounts on non-covered items including:
 - 40% off additional pairs of glasses
 - 20% off any balance over the frame allowance
 - 15% off conventional contact lenses
 - 20% off other upgrades and eyewear accessories to help keep more money in our members' pockets.
 - And members can access discount offers on LASIK laser vision corrective surgery through Empire's SpecialOffersSM program.

¹⁰ American Optometric Association, aoanet.org.

Blue View Vision plans

Option	Copay exam/lenses	Frame/contact allowance	Frequency			
			Routine eye exam	Eyeglass frames	Eyeglass lenses	Contacts ¹¹
A1	\$10/\$0	\$130/\$130	Once per calendar year	Once per calendar year	Once per calendar year	Once per calendar year
A2	\$15/\$0	\$120/\$115	Once per calendar year	Once per calendar year	Once per calendar year	Once per calendar year
A3	\$10/\$10	\$130/\$130	Once per calendar year	Once per calendar year	Once per calendar year	Once per calendar year
A4	\$10/\$20	\$130/\$130	Once per calendar year	Once per calendar year	Once per calendar year	Once per calendar year
A5	\$20/\$20	\$130/\$130	Once per calendar year	Once per calendar year	Once per calendar year	Once per calendar year
B1	\$10/\$0	\$130/\$130	Once per calendar year	Once every other calendar year	Once per calendar year	Once per calendar year
B2	\$10/\$20	\$100/\$100	Once per calendar year	Once every other calendar year	Once per calendar year	Once per calendar year
B3	\$10/\$20	\$130/\$130	Once per calendar year	Once every other calendar year	Once per calendar year	Once per calendar year
B4	\$20/\$20	\$130/\$130	Once per calendar year	Once every other calendar year	Once per calendar year	Once per calendar year
C1	\$10/\$0	\$130/\$130	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year
C2	\$10/\$20	\$130/\$130	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year
C3	\$20/\$20	\$130/\$130	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year
C4	\$25/\$0	\$120/\$115	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year

¹¹ Non-elective contacts may be covered in full.

The above is a summary. See the Evidence of Coverage with the Schedule of Benefits and any riders associated with the plan for complete coverage details and related terms and conditions.



Get life and disability insurance — and help your employees feel secure

Life and disability insurance is an easy, inexpensive way to help members improve their families' financial security. Anthem Life Insurance Company (Anthem Life) offers a wide range of basic life, dependent life and supplemental life options for members.

Our insurance products include:

- Basic term life
- Dependent life
- Optional life
- Voluntary life
- Short-term disability
- Voluntary short-term disability
- Long-term disability
- Voluntary long-term disability

Anthem Life and Disability Insurance Company offers:

Integration: Short-term disability coverage integrates with our ConditionCare and/or Future Moms programs – providing additional guidance, resources and health management for employees who are pregnant or have chronic health conditions.

Strength: Anthem Life has over 50 years of skill and know-how in the industry, and an A.M. Best financial rating of A (Excellent).

Extra Features: Our plans offer more than just a benefit check – we offer support services to help members get back to their normal life.

- Resource Advisor gives employees counseling and consultations regarding emotional, financial and legal concerns as well as identity theft prevention and recovery services.
- Members and family members traveling 100 or more miles from home have access to travel assistance services. This program includes emergency medical assistance and transportation (up to \$1M), travel services and pre-departure information for business or personal travel.
- New mothers can get eight weeks of personalized parent coaching and support through Newborn and Parenting Resources to help them transition back to work while balancing motherhood, family duties and work life.

Why Anthem Life?

- Rated “A (Excellent)” for financial strength by A.M. Best Company.
- Life claim turnaround time is among the fastest in the industry – usually within two days.¹²

¹² Customer service results: 2012 year-to-date results through September 24, 2012.

Exclusions and limitations

It is important to consult the “Evidence of Coverage” for comprehensive details on covered services, limitations and exclusions.

All Exclusions & Limitations are subject to regulatory review and approval.

Exclusions and limitations common to all health plans

The following are typically not covered under our medical plans. However, in all cases, the terms of the Evidence of Coverage will apply to determine whether a service is covered under the issued plan.

- Any amounts in excess of maximums stated in the Evidence of Coverage.
- Services or supplies that are not medically necessary.
- Services received before your effective date.
- Services received after your coverage ends.
- Any conditions for which benefits can be recovered under any workers' compensation law or similar law.
- Services you receive for which you are not legally obligated to pay.
- Services not listed as covered in the Evidence of Coverage.
- Services from relatives.
- Vision care except as specifically stated in the Evidence of Coverage.
- Eye surgery performed solely for the purpose of correcting refractive defects.
- Routine hearing tests except as specifically stated in the Evidence of Coverage.
- Sex changes.
- Dental services except as specifically stated in the Evidence of Coverage.
- Orthodontic Services: Braces, other orthodontic services, except for orthodontic services related to Reconstructive Surgery for cleft palate as specifically stated for dental-related benefits under the benefit sections of the Evidence of Coverage. Exclusion does not apply to Pediatric Dental benefits.
- Cosmetic surgery.
- Custodial care.
- Experimental or investigational services.
- Services provided by a local, state or federal government agency or by a public school system or district, unless specifically provided or arranged by us.
- Personal comfort items.
- Any services to the extent you are entitled to receive Medicare benefits for those services without payment of additional premium for Medicare coverage.
- Commercial weight loss programs.
- Food or dietary supplements, except as provided in the Evidence of Coverage.
- Replacement of prosthetics and durable medical equipment when lost, stolen or as a result of misuse or abuse by you.
- Any services or supplies provided to any person not covered under the Agreement in connection with a surrogate pregnancy.
- Services primarily for weight reduction except medically necessary treatment of morbid obesity.
- Outpatient drugs, medications or other substances dispensed or administered in any outpatient setting except as specifically stated in the Evidence of Coverage.
- Medical supplies and equipment/durable medical equipment except as specifically stated in the Evidence of Coverage.
- Services of non-licensed Providers except as stated in the Evidence of Coverage and/or provided or arranged by us.
- Foot care except as stated in the Evidence of Coverage.

The above is a summary. See the Evidence of Coverage with the Schedule of Benefits and any riders associated with the plan for complete coverage details and related terms and conditions.



**See what's available so you can
make the choices that best fit
you and your employees.**

Contact Empire by calling the GBA
Contact Center at 866-422-2583 for more
information about our plans.

The information in this Guide provides a summary description of available products and services. It does not provide a complete overview of governing benefits, terms or conditions for our plans. In all cases, the Evidence of Coverage together with the Schedule of Benefits and any riders associated with the plan should be consulted for complete coverage details and related terms and conditions.

Health, Dental, Vision, and EAP products and services are offered 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. Life & Disability products are underwritten by Anthem Life & Disability Insurance Company, an affiliate of Empire HealthChoice Assurance, Inc. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.