

**Retiree Medical Plan Comparison Chart - District 65 (Local 2110 and Non-Union Support Staff)**

	<b>PRE 65 *</b>	<b>POST 65</b>
<b>Network</b>	Participating Providers in Empire's operating area (28 counties of eastern New York including New York City) plus National BlueCard Program for providers outside Empire's area . Go to Provider section at www.Empireblue.com to find network providers	<b>Medicare Primary Coverage.</b> Empire pays Maximum Allowable Amount for Participating Providers after Medicare. Total reimbursement ( Medicare + Empire) will not exceed 100% of the Medicare Allowable Amount
<b>Out-Of-Network</b>	Benefits based on Maximum Allowable Amount for Non-Participating Providers	<b>Medicare Primary Coverage.</b> Empire pays based on Maximum Allowable Amount for Non-Participating Provider after Medicare. Total reimbursement ( Medicare + Empire) will not exceed 100% of the Medicare Allowable Amount
<b>PCP</b>	N/A	N/A
<b>Preventive Care including annual physical</b>	80% after deductible	80% of Non-Participating Provider Maximum Allowable Amount after deductible
<b>Physician Office Visits</b>	80% after deductible	80% of Non-Participating Provider Maximum Allowable Amount after deductible
<b>Annual Deductible*</b>		
Individual		\$100
Family	\$2,000 per individual	\$300
Coinsurance (% paid by Columbia University)	80% after deductible	80% after deductible
<b>Annual Out-of-Pocket Maximum</b>		
Out-of-Pocket Maximum per Individual	One Out of Pocket Maximum for In and Out of Network Claims. Out of Pocket Maximum is \$750 per individual plus \$2,000 deductible (\$2,750) calculated based on member co-insurance of Participating and non-Participating Provider Maximum Allowable Amounts.	no maximum
<b>Lifetime Maximum</b>		
Lifetime Maximum per Individual	\$1,000,000 Lifetime Maximum accumulated independently of Post 65 Lifetime maximum	\$150,000 Lifetime Maximum accumulated independently of Pre 65 Lifetime Maximum
<b>Hospital Services*</b>		
Inpatient Care	80% after deductible	80% of Non-Participating Provider Maximum Allowable Amount after deductible
Outpatient Care	80% after deductible	80% of Non-Participating Provider Maximum Allowable Amount after deductible
Emergency Room for accidental injury or sudden and serious medical condition only	80% after deductible	80% of Non-Participating Provider Maximum Allowable Amount after deductible
<b>Mental Health &amp; Substance Abuse Disorder</b>		
Inpatient Care* - Mental Health Only	80% after deductible (30 days/calendar year)	80% of Non-Participating Provider Maximum Allowable Amount after deductible (30 days/calendar year)
Outpatient Care - Mental Health	80% after deductible (30 visits/calendar year)	80% of Non-Participating Maximum Allowable Amount after deductible (30 visits/calendar year)
Outpatient Care - Substance Abuse Disorder	80% after deductible (60 visits/calendar year which includes up to 20 family counseling visits)	80% of Non-Participating Provider Maximum Allowable Amount after deductible (60 visits/calendar year which includes up to 20 family counseling visits)
<b>Other Medical Benefits</b>		
Diagnostic Screening and Mammography	80% after deductible	80% of Non-Participating Provider Maximum Allowable Amount after deductible
Lab and X-Ray	80% after deductible	80% of Non-Participating Provider Maximum Allowable Amount after deductible
Physician Office visit	80% after deductible	80% of Non-Participating Provider Maximum Allowable Amount after deductible
Physical Therapy	80% after deductible	80% of Non-Participating Provider Maximum Allowable Amount after deductible
Medical Supplies Durable Medical Equipment, Prosthetics & Orthotics	80% after deductible	80% of Non-Participating Provider Maximum Allowable Amount after deductible
Well Child Care - American Academy of Pediatrics Standard	100%	100% of Non-Participating Provider Maximum Allowable Amount
Home Health Care	<b>80% with no deductible</b>	<b>80% of Non-Participating Provider Maximum Allowable Amount with no deductible</b>
Dental Care - only surgical extraction of Impacted teeth is covered	80% after deductible	80% of Participating Provider Maximum Allowable Amount after deductible
Chiropractic Care	80% after deductible	80% of Participating Provider Maximum Allowable Amount after deductible
Hearing Aids & Routine Vision exams including refractive examinations	Not Covered	Not Covered
<b>Prescription Drugs</b>		
Retail -no network or Formulary	80% of prescription cost after deductible	80% of prescription cost after deductible no coordination with
FDA approved prescriptions	No Rx card -Submit claims to Empire for reimbursement	Medicare - No Rx card- submit claims to Empire for reimbursement
No specialty pharmacy		
<b>Contact Information</b>		
Empire Customer Service	1-800-435-1385	1-800-435-1385
Second Opinion Referral Service	1-800-249-8060	1-800-249-8060
Columbia Benefits Service Center - Eligibility questions	1-212-851-7000	1-212-851-7000

\* if retiree has full hospital coverage under another plan, retiree can elect pre 65 plan with no hospital coverage and Annual Deductible of \$150 Individual and \$450 family  
Pre-65 annual out-of-pocket maximum would be \$750 + \$150 = \$900