

TraditionPLUS gives you traditional hospital-related coverage plus other important benefits.

It covers your inpatient hospital-related costs all year round, 365 days a year, starting with the very first day. It also provides coverage for certain other outpatient hospital-related services. No qualifying medical questionnaire is required. And coverage extends to your spouse and covered dependents. Children must be under age 30.

Being prepared is one of the most important things about health benefits coverage. And it's never been more true than when you're talking about accidents and emergencies.

We can help take some of the pain out of your hospital stay.

A trip to the hospital is expensive. Period. Whether you're there for a few minutes, a few hours or a few days. That's why you should make sure you're covered for those unplanned trips to the hospital even if you can't pay for health coverage that includes planned medical services.

Interested? If you're eager to know more or ready to enroll, we're ready to help.

Our dedicated customer representatives can answer your questions and help you enroll. Simply contact us.
By phone: **800-261-5962**, Monday – Friday, 8:30 am – 5:00 pm
On the web: empireblue.com

This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's Contract which shall control in the event of a conflict with this overview. This summary of benefits complies with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

Understanding the difference between hospital services and medical services.

It's important that you know the difference because TraditionPLUS only provides benefits for services rendered and billed by a hospital.

Hospital Services

Any covered services rendered and billed by hospitals or ambulatory surgical centers.

- The services can either be on an inpatient or outpatient basis and must be for the treatment of an illness or an injury.
- Hospital services include, but are not limited to, inpatient room and board charges, operating room, delivery room and emergency room charges.
- They also include radiology and pathology charges for the use of the hospital's X-ray and laboratory equipment.
- Hospital or facility services do not include any charges billed by or on behalf of independent physicians, even if the physician's services are rendered during a hospital visit.

Medical Services

Any covered services rendered and billed by independent physicians, pharmacies and laboratories, regardless of the place of treatment.

- Medical services include, but are not limited to, physician's charges for surgery, anesthesiology and the charges for performing, reading, and interpreting x-rays and laboratory tests.
- They do not include any charges billed by or on behalf of hospitals, ambulatory surgical centers or any type of institutional facilities unless the medical provider is an employee of the hospital and the hospital bills for their services.
- Medical Services rendered by independent physicians are not included in hospital charges and are not covered under your TraditionPLUS Hospital program. This does not apply to preventive care services which are covered 100% under TraditionPLUS.



You never know what can happen.

But you can have peace of mind knowing you're prepared.

Empire BlueCross BlueShield TraditionPLUSSM Hospital Program

An affordable hospital plan with full coverage for preventive benefits.

Because accidents happen and you can't afford not to be covered.

Visit: empireblue.com

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Empire BlueCross BlueShield TraditionPLUSSM Hospital Program

An affordable way to make sure you have the health benefits coverage you need.



Real Value in a hospital program

You'll receive 365 days of paid-in-full inpatient hospital protection:

- Semiprivate rooms and board (paid in full in participating hospitals)
- Full range of hospital services, facilities, equipment and supplies
- Maternity care in birthing centers or hospitals
- Hospital care for newborns, up to 30 days
- Inpatient physical therapy and rehabilitation, up to 30 days
- In-hospital mental and nervous care, up to 30 days

Valuable outpatient benefits let you get the specialized services you need:

- Emergency care for sudden, serious illness or accidental injury
- Ambulatory surgery (in approved ambulatory surgery centers or hospitals)
- Chemotherapy
- Radiation therapy
- Physical therapy – up to 90 visits per year following surgery or hospitalization
- Kidney dialysis – in a hospital, a free-standing facility or at home

These additional benefits give you peace of mind knowing you can get the care you need:

- Pre-surgical testing and second surgical opinions
- 365 days at a Skilled Nursing Facility, when pre-approved, for admissions occurring within 10 days of hospital discharge
- 210 days of hospice care
- 200 visits by a certified home health care agency professional – no prior hospitalization may be required, even for away-from-home care

Important things you should know

Our TraditionPLUS hospital program considers services performed in, and billed by, hospitals or ambulatory surgical centers. With the exception of preventive care, TraditionPLUS does not provide benefits for medical services of physicians. Prior to your hospital visit, you may wish to inquire if the treating physicians are employed by the hospital or if you will receive separate bills for their services. In order for your hospital-related care to be covered, the physicians treating you must be employed by the hospital and cannot send you a separate bill for their services.

Preventive Care

The TraditionPLUS hospital program provides coverage for preventive care at 100%. These services are covered in full when provided by a network physician or provider and cover all nationally recommended preventive services

including well-child care, immunizations, PSA screenings, Pap tests, mammograms and more.

Frequently asked questions

What if I have to go to an emergency room?

When emergency room services are rendered at your local participating hospital for the treatment of an accidental injury, your contract will cover the charges billed by the hospital in full. This would include the hospital's charge for the use of X-ray or laboratory equipment, the emergency room fee and any medical services rendered by hospital employees. If you go to a non-participating hospital you may be responsible for a portion of the total bill.

You may receive separate bills from physicians who are not employed by the hospital. These separate provider bills may include charges from independent emergency room physicians as well as independent radiology and pathology associations or groups. These providers may bill for services such as emergency room treatments (professional services) or interpretations of X-rays and laboratory tests. Although these services are rendered in the hospital, they are considered medical services. Medical Services are not eligible for benefits under your TraditionPLUS Hospital program.

When you are in the hospital, you should be sure to inform the staff that in order for all services to be covered, the services must be rendered by hospital employees.

To find a local participating hospital, go to empireblue.com and click on "Find a doctor." Then select "Empire's Local area medical network." Under "Select a plan" choose, "Indemnity." Under "Select Provider Type" select "hospitals."

If you are admitted to the hospital directly after treatment in the emergency room, you must notify us within two business days after you have been admitted in order to receive inpatient coverage.

What if I need surgery?

When surgical services are rendered either on an inpatient or outpatient basis of your local participating hospital, your contract will cover the facility charges in full when all of the managed care requirements have been met. You should review your contract booklet for the specific managed care requirements under this hospital program. The surgical charges would include the hospital's fee for the operating room, surgical equipment, the fees for the use of any other hospital equipment and any medical services rendered by hospital employees.

The separate charges for services rendered by independent physicians, such as the surgeon or the anesthesiologist, would not be covered because they are considered medical services. Medical services are not eligible for benefits under your TraditionPLUS Hospital program.

When you are in the hospital for surgery it is important to understand that you will likely be responsible for the surgeon and anesthesiologist fees because they are usually employed independently from the hospital. TraditionPLUS covers only services rendered by hospital employees.

Coverage across the country

TraditionPLUS also gives you access to emergency hospital services when you're away from home. We're there for you so you don't have to worry about being covered if you're traveling or spending time out of state. Just show your member identification card and you're covered. It's protection you can rely on 24/7.

Our experience = peace of mind for you

Empire has provided millions of New Yorkers with access to top quality, affordable health coverage for more than 75 years. In fact, nearly 1 in 3 Americans carry a Blue Cross and/or a Blue Cross Blue Shield card.¹ We have the knowledge and experience to give you the coverage you want, along with the security you need. Experience, quality, commitment. That's us in a nutshell.

Important contract information

The benefits described are subject to Empire managed care benefits provisions and to the terms and limitations of your Empire BlueCross contract. For certain services, benefits must be pre-authorized. This contract may limit the number of days, visits or dollar amounts to be reimbursed.

For applicants age nineteen and older all Empire BlueCross contracts require an 11-month waiting period for coverage of pre-existing conditions, unless that period has been met under similar coverage provided by Empire or another insurer.

The TraditionPLUS Hospital program meets the minimum standards for basic hospital insurance as defined by the New York State Insurance Department. This contract does NOT provide basic medical or major medical insurance.

Utilization Management and Case Management

Our Utilization Management (UM) services offer a structured program that monitors and evaluates member care and services. The UM clinical team, which is made up of health care professionals who hold active professional licenses and certificates, perform the prior authorization, concurrent and retrospective review processes explained below. The UM team follows criteria to assist in decisions regarding requests for health care and other covered benefits, and complies with specific timeframes to ensure requests are handled in a timely manner. Our case management services help you to better understand and manage your health conditions.

Prospective Review / Pre-Admission Review

Prospective review (also known as pre-service or pre-admission review) is the process of reviewing a request for a medical procedure or service before it takes place. The review occurs to ensure that: 1) the procedure is medically necessary and 2) the procedure meets your health care plan's specific guidelines prior to being performed. Requests for prospective review may include but are not limited to:

- inpatient hospitalizations
- outpatient procedures
- diagnostic procedures
- therapy services
- durable medical equipment

Prospective review is required for all elective inpatient admissions and certain outpatient services. The review process evaluates medical necessity and the best level of care and assigns expected length of stay if needed.

Concurrent Review

Concurrent review is an ongoing evaluation of a member's hospital stay, as well as ongoing extensions of services that may be needed (such as acute care facilities, skilled nursing facilities, acute rehabilitation facilities, and home health care services). The review includes physicians, member-assigned health care professionals (or member authorized representative) and takes place by telephone, electronically and/or onsite.

Concurrent review uses pre-set decision criteria in order to approve medical care (deemed to be medically necessary) and assign the right level of care for continued medical treatment. Review decisions are based on the medical information obtained at the time of the review. Concurrent review also helps to coordinate care with behavioral health programs.

Retrospective Review

The retrospective review process consists of obtaining information to determine medical necessity as it relates to services provided without approval or notice ahead of time (e.g. without pre-service notification). Relevant clinical information is required for the retrospective review process. Review decisions are based only on the medical information the doctor or other provider had at the time the member received medical care.

Case Management

Case managers are licensed healthcare professionals who work with you to help you understand your benefits and support your health care needs. The case manager works with you and your doctor to help you better understand and manage your health conditions.