

NYCDCC Welfare Coverage Medical Plan at a Glance

**Offered through Empire BlueCross BlueShield
PPO or POS Network**

The Co-Payment is a fixed amount you pay for a covered health care service, usually at the time you receive the service. Your co-payments are:

Primary Care = \$20.00

Specialist = \$25.00

Emergency Room Co-Pay = \$200 (waived if admitted)

The Deductible is the amount you owe for health care services before your health insurance begins to pay. Your deductibles are:

In Network deductible = \$200/person; \$500/family

Out of Network deductible = \$750/person; \$1,875/family

The Co-Insurance is your share (a calculated percentage) of the costs of a covered health care service. Your co-insurances are:

In Network = 10%

Out of Network = 30%

**To learn more, contact Empire BlueCross BlueShield at
(844) 416-6387 or visit the website at www.empireblue.com.**

