CWA LOCAL 1170 / FRONTIER
ACTIVE MEMBERS – EME EXPLANATION

EME	**EME Summary – EME is a supplemental plan that pays 80% of the copays and coinsurances (after the EME deductible is satisfied) that the primary medical plan does not cover. If your primary medical plan does not provide benefits for services rendered by out-of-network providers, then EME does not provide any benefits. Members who are enrolled in EME must submit their claims to their primary medical plan carrier 1st. Once you receive the EOB from your primary medical carrier, complete an EME claim form, attach a copy of the bill and copy of the EOB showing how much the primary medical plan paid, then send the form to the insurance company for processing. *Be sure to place an "E" at the end of your Member ID number on the form.** ***You have 12 months from the date of service to submit your EME claim for processing.***
HOSPITAL INPATIENT SERVICES	
Hospital Services	Unlimited Days for semi-private/private room and all services for acute care covered at 80% subject to deductible. Private room covered under private room allowance. No coverage for custodial care.
Skilled Nursing Facility	120 inpatient days for semi-private/private room and all services covered at 80% subject to the deductible. Benefits renew after a 90-day break in services. No coverage for custodial care.
Hospice	Services rendered by a contracting Blue Cross home care organization are covered at 80%, subject to the deductible.
HOSPTITAL OUTPATIENT SERVICES	
Diagnostic X-Ray	Covered at 80%, subject to the deductible.
Diagnostic Laboratory and Pathology	Covered at 80%, subject to the deductible.

Chemotherapy	Covered at 80%, subject to the deductible.
Radiation Therapy	Covered at 80%, subject to the deductible.
Surgical Care	Covered at 80%, subject to the deductible.
Pre-admission Testing	Covered at 80%, subject to the deductible.

EMERGENCY SERVICES

Emergency and Urgent Care	Emergency Room covered at 80%, subject to the deductible. Physician charges covered at 80%, subject to the Deductible.
Accidental Injury	Covered at 80%, subject to the deductible.

PHYSICIAN SERVICES

Hospital Inpatient

Physician Visits	Covered at 80% of the usual and customary charge, subject to the deductible.
Surgery	Covered at 80% of the usual and customary charge, subject to the deductible.
Anesthesia	Covered at 80% of the usual and customary charge, subject to the deductible.

Physician's Office

Diagnostic Office Visits	Covered at 80% of the usual and customary charge, subject to the deductible.
Routine Preventive Services (including GYN exams)	No coverage.
Immunizations	No coverage.

Allergy Tests and Injections	Covered at 80% of the Schedule of Allowances, subject to the deductible.
Eye Exams	No coverage for routine exams or infractions. Diagnostic covered at 80% of the usual and customary charge, subject to the deductible.
Eye Wear	One pair of corrective lenses after cataract surgery covered at 80%, subject to the deductible.
Hearing Evaluation	No coverage for routine care. Diagnostic covered at 80% of the usual and customary, subject to the deductible.
Chemotherapy	Covered at 80% of the usual and customary charge, subject to the deductible.
Radiation Therapy	Covered at 80% of the usual and customary charge, subject to the deductible.
Diagnostic Laboratory and Pathology	Covered at 80% of the usual and customary charge, subject to the deductible.
Diagnostic X-ray	Covered at 80% of the usual and customary charge, subject to the deductible.
MATERNITY	
Hospital Charges for Mother	Covered at 80%, subject to the deductible.
Physician Charges for Mother	Covered at 80% of the usual and customary charge, subject to the deductible.
Newborn Nursery Care	Covered at 80%, subject to the deductible.
PSYCHIATRIC & CHEMICAL DEPENDENCE	Pre-certification required on all admissions for psychiatric and chemical dependence. A penalty of $500 will apply if pre-certification is not obtained.

Inpatient

Acute Psychiatric	Hospital: Unlimited days for semi-private/private room and all services for acute care covered at 80%, subject to the deductible. Doctor: Covered at 80% of the usual and customary charge, subject to the deductible, for unlimited days provided the patient is in an acute general hospital.
Chemical Dependence	Hospital: Up to 45 days for semi-private/private room and all services for acute care covered at 80%, subject to the deductible. Doctor: Covered at 80% of the usual and customary charge, subject to the deductible, for up to 45 days provided the patient is in acute general hospital.

Outpatient

Acute Psychiatric	Covered at 50%, subject to the deductible. This is a combined benefit (hospital and physician charges). Covered at 80%, subject to the deductible if employee is on psychiatric disability.
Chemical Dependence	Up to 60 days per person per calendar year covered at 80%, subject to the deductible.

OTHER SERVICES

Home Care	Covered at 80%, subject to the deductible.
Physical Therapy	Covered at 80% of the usual and customary charge, subject to the deductible.
Occupational Therapy	Covered at 80% of the usual and customary charge, subject to the deductible. No coverage for supplies.
Durable Medical Equipment (DME)	Covered at 80%, subject to the deductible.
Internal Prosthetics	Covered at 80%, subject to the deductible.

External Prosthetics and Orthopedic Braces and Supports	Covered at 80%, subject to the deductible.
Ambulance	Covered at 80%, subject to the deductible.
Prescription Drugs	Covered at 80%, subject to the deductible. Deductibles and prescription drug co-payment after Basic covered at 80%, subject to the deductible.
Dental	Covered at 80% of the usual and customary charge, subject to the deductible for treatment of an accidental injury to sound and natural teeth. Services must be rendered within 12 months of the date of injury.
Chiropractic Services	Covered at 80%, subject to the deductible.
Out-of-Area Coverage	Coverage provided worldwide.
Dependent Coverage	To age 19 for unmarried children. Full time students to age 23.
Deductible, Coinsurance and Annual Out of Pocket Maximum	Annual Deductible of $300 per member, $600 family maximum for active employees. Annual Deductible for retirees is $5,000 medical and $5,000 prescription.
Deductible Carry-Over	Expenses incurred during the last three months of a calendar year and applied to that year's deductible can also be counted toward the deductible for the following year.
Lifetime Benefit Maximum	Unlimited
	* Covered as long as the patient requires a multiplicity of services and the care consists of services that would ordinarily be provided in a hospital or skilled nursing facility if it were not for the home care program.

This Is Not A Contract. It Is Intended To Highlight The Coverage Of This Program. Benefits Are Determined By The Terms Of The Contract. All Benefits Are Subject To Medical Necessity.