Frequently Asked Questions
Active Employees and Non-Medicare Retirees

Why is RFMH changing health insurance providers?

Periodically, we "shop the market" to determine the best carrier for our benefit plans. Our independent benefits consultants assist us in evaluating potential service providers from the standpoint of cost, service level and value to RFMH and our employees. We understand than any change, especially with health insurance, creates some level of uncertainty and concern. We can assure you that we have carefully considered the impact on our employees when making this decision.

Why did we choose Empire Blue Cross?

Empire Blue Cross (EBC) has been providing insurance since 1934 and is currently one of the largest health insurers in the United State. The plan they proposed has the same hospital network as the New York State Health Insurance Plan (NYSHIP) and has a larger physician network than what is offered by NYSHIP. The EBC Network covers 96% of all hospitals and 90% of all physicians in the United States. Because of the expanded network we expect more of our employees to use in-network services thereby reducing their direct out of pocket expenses. In addition, by selecting EBC we can offer our employees both a PPO Plan and a lower cost EPO Plan that will reduce their bi-weekly cost.

What do PPO and EPO stand for?

PPO – Preferred Provider Organization
EPO - Exclusive Provider Organization

What is the difference between an EPO and a PPO?

A PPO Plan provides co-pay based coverage for providers in the plan’s network, and coverage after a deductible for providers not in the plan’s network. An EPO provides the co-pay based, in-network coverage only: there is no coverage for out-of network providers, except for emergency or urgent care, The network for both plans is the same.

Why is there such a big difference in my cost for the PPO versus the EPO?

The monthly premium of the EPO is lower than that of the PPO due to its plan design, and a portion of those savings are passed along to the employees through lower bi-weekly contributions.

Is that the only difference between PPO plan and the EPO?

In order to make the monthly payments for the EPO a lower-cost option, RFMH has selected higher co-pays and different limits for certain services on the EPO: For example, an office visit costs $30, versus $20 on the PPO.

What about emergency or urgent care?
Coverage for emergency/urgent care, either in the U.S. or abroad, is the same on the PPO and EPO. Call the plan within 48 hours of your emergency care, and you will receive full coverage less a $50 co-payment.
Are there differences between the EPO and PPO in terms of whether a certain procedure, condition, treatment or medication is covered?

No. In the EPO, you may pay a higher copay or have a lower annual physical therapy visit limit, but you would not be denied any treatment or medication you would have received in the PPO. There is no pre-existing condition limitation on either plan.

What matters is not the treatment but who provides it: if the doctor is not on the Blue Cross provider list, the EPO will not cover your visits to that doctor. In the PPO, after you have paid the individual annual deductible of $400 in any calendar year, those visits would be covered at 80% until you reach the out of pocket maximum of $900 for individual or $1,800 per family.

How should I evaluate the importance of being able to select providers outside the Blue Cross network?

Here are some points to consider:

- If you and your family doctors are in-network your coverage would be the same in the EPO. Even considering higher EPO copays, you may save money by opting for the EPO given the lower bi-weekly cost to you.
- How important is it to you to have coverage for more than one or two visits from a non-Blue Cross doctor? If you see a doctor who does not accept Blue Cross, you may want to consider how often each year you are likely to see her/him. For one or two visits, you would not see much difference between the PPO and EPO, because the PPO will not pay for her/his services until you have met your $400 annual deductible.

How good is the Blue Cross network?

The evaluation of the network is necessarily subjective: if you or your doctor believe that “Specialist X” is the best resource for your condition, and Specialist X is a not a Blue Cross provider, you may feel that the Blue Cross network is inadequate for you. Therefore, you may be the best judge of the quality of the network. That said, the current Blue Cross network is comprehensive:

- The majority of U.S. hospitals accept Blue Cross, including Memorial Sloan Kettering Cancer Center, New York Presbyterian, Beth Israel-Deaconess, the Mayo Clinic, Brigham & Women’s, Albany Medical Center, and many more leading treatment centers across the country.
- The network includes tens of thousands of providers within a 100-mile radius of New York alone, both for primary care (internal medicine, pediatrics, nurse practitioners) and specialties (oncologists, cardiologists, neurologists, etc.). The EBC provider network is more extensive than our current plan.
- The network is national.

If you anticipate wanting to arrange non-emergency, elective procedures abroad, you may benefit from the PPO’s out-of-network coverage. Again, emergency and urgent care coverage is the same on the PPO and EPO, both in the U.S. and abroad.
If I join the EPO for 2012 and don’t like it for any reason, can I switch back to the PPO?

You can, at next year’s Open Enrollment, for 2012. There are no pre-existing condition exclusions or limitations involved in switching between the plans.

What are my biweekly costs for each plan (Active Employees Only, Retirees will receive a separate Statement that covers costs and Sick Leave Credits)?

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