



NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

# 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. Your co-payments are:**

- \$20 for Primary Care visits
- \$25 for Specialist visits
- \$200 Emergency Room co-pay (waived if admitted)

**The co-insurance is your share (a calculated percentage) of the costs of a covered healthcare service. Your co-insurances are:**

10%  
In-Network

30%  
Out of Network

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

In-Network- \$200/person  
\$500/family

Out of Network- \$750/person  
\$1,875/family



An Anthem Company

To learn more, contact Empire BlueCross BlueShield at (844) 416-6387 or visit [www.empireblue.com](http://www.empireblue.com).