EmblemHealth®

SUMMARY OF BENEFITS

Enhanced Care Prime Network

Essential Plan 1

[P1EPPA016] / [MB000003]
[P1EPPA015] / [MB000001]

COST-SHARING	COMMENTS / LIMITATIONS	IN-NETWORK
Annual Deductible Individual Family		 $0 Not Applicable
Prescription Drug Deductible		$0
Out-of-Pocket Maximum Individual Family		 $2,000 Not Applicable
OFFICE VISITS		
Primary Care Physician Office Visit		$15 copayment
Specialist Care Physician Office Visit	PCP referral required	$25 copayment
Telemedicine Physician		 $0 copayment not subject to deductible
PREVENTIVE CARE SERVICES		
Adult Annual Physical Checkup and Adult Immunizations		Covered in full
Routine Gynecological Services/Well Woman Exams, Mammography Screenings		Covered in full
Vasectomy		See surgical services
All other preventive services required by USPSTF and HRSA		Covered in full
EMERGENCY CARE		
Emergency Room Department	Cost-sharing waived if admitted to hospital	$75 copayment
Urgent Care Center		$25 copayment
Ambulance		$75 copayment
PROFESSIONAL SERVICES and OUTPATIENT CARE		
Advanced Imaging	Referral required	$25 copayment
Allergy Care Performed in PCP Office Performed in Specialist Office	 PCP referral required	 $15 copayment $25 copayment
Ambulatory Surgical Facility	Preauthorization required	$50 copayment
Anesthesia Services (all settings)		Covered in full
Cardiac and Pulmonary Rehabilitation	Preauthorization required	$25 copayment
Chemotherapy (all settings)	Referral required to see specialist Preauthorization required	$15 copayment
Chiropractic Services		$25 copayment
Diagnostic Testing Performed in PCP Office Performed in Specialist Office	 PCP referral required	 $15 copayment $25 copayment
Dialysis	Referral required to see specialist	$15 copayment
Habilitation and Rehabilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)	Preauthorization required. 60 visits per condition per condition per lifetime, combined therapies.	$15 copayment
Home Health Care	Preauthorization required. 40 visits per plan year.	$15 copayment
Laboratory Procedures Performed in PCP Office Performed in Specialist Office		 $15 copayment $25 copayment
Maternity and Newborn Care Inpatient Hospital and Birthing Center Prenatal Care	 Preauthorization required	 $150 copayment $0 copayment Included in physician and midwife services for delivery cost-sharing
Preadmission Testing	Preauthorization required	$0 copayment

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PROFESSIONAL SERVICES and OUTPATIENT CARE (Continued)		
Diagnostic Radiology Services Performed in PCP Office Performed in Specialist Office	PCP referral required	$15 copayment $25 copayment
Second Opinions on the Diagnosis of Cancer, Surgery and Other	Referral required	$25 copayment
Surgical Services Surgical Services in In-Patient/Out-Patient Facility PCP Office Surgery Specialist Office Surgery	Preauthorization required	$50 copayment $15 copayment $25 copayment
ADDITIONAL SERVICES, EQUIPMENT and DEVICES		
Diabetic Equipment, Supplies and Insulin	Preauthorization required for insulin pump.	$15 copayment, with $100 max, per 30-day supply
Durable Medical Equipment	Preauthorization required. One external prosthetic device per limb per lifetime. No orthotics.	5% coinsurance
External Hearing Aids	Preauthorization required. Single purchase, one or both ears, (including repair/replacement) every three years	5% coinsurance
Inpatient Hospice Care	Preauthorization required. 210 days	$150 copayment
INPATIENT SERVICES and FACILITIES		
Inpatient Hospital Service	Preauthorization required, except for emergency admissions	$150 copayment
Skilled Nursing Facility Care	Preauthorization required. 200 days per plan year.	$150 copayment
Inpatient Rehabilitation Services (Physical, Speech and Occupational Therapy)	Preauthorization required. 60 consecutive days per condition, per lifetime	$150 copayment Rehabilitation speech and physical therapy are only covered after a hospital stay or surgery
MENTAL HEALTH & SUBSTANCE USE DISORDER SERVICES		
Inpatient Mental Health Care	Preauthorization required, except for emergency admissions	$150 copayment
Outpatient Mental Health Care		$15 copayment
Inpatient Substance Use Services	Preauthorization required, except for emergency admissions	$150 copayment
Outpatient Substance Use Services		$15 copayment
PRESCRIPTION DRUGS		
Retail Pharmacy Tier 1 Tier 2 Tier 3	30 day supply Preauthorization is not required for a five (5) day emergency supply of a covered prescription drug used to treat a substance use disorder, including a prescription drug to manage opioid withdrawal and/or stabilization and for opioid overdose reversal	$6 copayment $15 copayment $30 copayment
Mail Order Pharmacy Tier 1 Tier 2 Tier 3	90 day supply	$15 copayment $37.50 copayment $75 copayment
WELLNESS BENEFIT		
Gym Reimbursement	Gym reimbursement benefit does not apply towards the OOP max	Reimbursed up to $200 for completion of 50 exercise facility visits in each six month period
VISION CARE		
Exams	One exam per 12 month period	$0 copayment
Frames	One set of frames per 12-month period. Member coinsurance applies up to $80 frame allowance, then 20% discount over allowance	0% coinsurance*
Standard Plastic Lenses Single Vision Bifocal Trifocal	One set of lenses or contacts per 12-month period.	0% coinsurance*
Contact Lenses Conventional Disposable	Coinsurance applies up to $80 allowance, then 15% off balance over $80 allowance Coinsurance applies up to $80 allowance, then 100% of balance over $80 allowance	0% coinsurance*

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DENTAL CARE		
Preventive Dental Care	One dental exam and cleaning per 6 month period	$0 copayment
Routine Dental Care	Full mouth x-rays or panoramic x-rays at 36-month intervals and bitewing x-rays at 6 to 12 month intervals	$0 copayment
Major Dental (Endodontics, Periodontics, and Prosthodontics)	Referral required	$0 copayment

EmblemHealth Essential Plans are underwritten by Health Insurance Plan of Greater New York. Except for emergency care, the above benefits and services are covered only when provided or referred by an Enhanced Prime network primary care physician and/or approved in advance by the EmblemHealth Care Management Program.

Participating physicians and providers have contracted with EmblemHealth to provide care to our members; they are not employees, agents, servants or representatives of EmblemHealth.

This summary is provided for information only; it does not contain complete details or limitations of the Plan which are available only in the Contract or Certificate of Coverage/Insurance, and it does not constitute an agreement.

Refer to HIP policy form number 155-23-EPP1NONAIAN (01/21), 155-23-EPP1VDNONAIAN (01/21), et al.
Certain services must be approved in advance by EmblemHealth

Second opinions on diagnosis of cancer are covered at Participating Cost Sharing for Non-Participating Specialist when a Referral is obtained.
Covered lens options include standard single, bi-focal, tri-focal lenses. UV coating and tinting are covered.

* Please note the member responsibility amount for covered services will be calculated based on the provider allowed charge.

ATTENTION: Language assistance services, free of charge, are available to you. Call **1-877-411-3625** (TTY/TDD: **711**).

Español (Spanish)
ATENCIÓN: Usted tiene a su disposición, gratis, servicios de ayuda para idiomas. Llame al **1-877-411-3625** (TTY/TDD: **711**).

中文 **(Traditional Chinese)**
注意：我們免費提供相關的語言協助服務。請致電 **1-877-411-3625** (TTY/TDD: **711**)。

Русский (Russian)
ВНИМАНИЕ! Вам доступны бесплатные услуги переводчика. Звоните по тел. **1-877-411-3625** (служба текстового телефона TTY/TDD: **711**).

Kreyòl Ayisyen (Haitian Creole)
ATANSYON: Gen sèvis èd nan lang gratis ki disponib pou ou. Rele nimewo **1-877-411-3625** (TTY/TDD: **711**).

한국어 (Korean)
주의: 귀하에게 언어 지원 서비스가 무료로 제공됩니다. **1-877-411-3625**(TTY/TDD: **711**)번으로 전화하십시오.

Italiano (Italian)
ATTENZIONE: sono disponibili servizi gratuiti di assistenza linguistica. Chiami il numero **1-877-411-3625** (TTY/TDD: **711**).

אידיש (Yiddish)
אכטונג: שפראך הילף סערוויסעס, אהן קיין פרייז, זיינען דא צו באקומען פאר אייך. רופט **1-877-411-3625** (TTY/TDD: **711**).

বাংলা (Bengali)
মনোযোগ দিন: ভাষা সহায়তা পরিষেবাগুলি আপনার জন্য বিনামূল্যে উপলব্ধ আছে। **1-877-411-3625** (TTY/TDD: **711**) নম্বরে ফোন করুন।

Polski (Polish)
UWAGA: dostępna jest bezpłatna pomoc językowa. Prosimy zadzwonić pod numer **1-877-411-3625** (TTY/TDD: **711**).

العربية (Arabic)
يرجى الانتباه: تتوفر لك خدمات المساعدة اللغوية مجانا، اتصل على الرقم **1-877-411-3625** أو (TTY/TDD: **711**).

Français (French)
ATTENTION : une assistance d’interprétation gratuite est à votre disposition. Veuillez composer le **1-877-411-3625** (TTY/TDD : **711**).

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اردو (Urdu)
وجہ دیں: آپ کے لیے زبان سے متعلق اعانت کی خدمات، مفت دستیاب ہیں۔ **1-877- 411-3625** (TTY/TDD: **711**) پر کال کریں۔

Tagalog (Tagalog)
NANANAWAGAN NG PANSIN: Mayroon kang magagamit na mga serbisyo para sa tulong sa wika nang walang bayad. Tawagan ang **1-877-411-3625** (TTY/TDD: **711**).

Ελληνικά (Greek)
ΠΡΟΣΟΧΗ: Διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε το **1-877-411-3625** (για άτομα με προβλήματα ακοής (TTY/TDD): **711**).

Shqip (Albanian)
VINI RE: Shërbime ndihmore për gjuhën, falas, janë në dispozicionin tuaj. Telefononi në **1-877-411-3625** (TTY/TDD: **711**).

NOTICE OF NONDISCRIMINATION POLICY

EmblemHealth complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. EmblemHealth does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

EmblemHealth:

- Provides free aids and services to people with disabilities to help
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose first language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, please call member services at **1-877-411-3625** (TTY/TDD: **711**).

If you believe that EmblemHealth has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with EmblemHealth Grievance and Appeals Department, PO Box 2844, New York, NY 10116, or call member services at **1-877-411-3625**. (Dial **711** for TTY/TDD services.) You can file a grievance in person, by mail or by phone. If you need help filing a grievance, EmblemHealth's Grievance and Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office of Civil Rights electronically through the Office of Civil Rights Complaint Portal, available at **ocrportal.hhs.gov/ocr/portal/lobby.jsf** or by mail or phone at **U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201**; **1-800-368-1019**, (dial **1-800-537-7697** for TTY services).

Complaint forms are available at **hhs.gov/ocr/office/file/index.html**.