

# Select Care Gold

## SUMMARY OF BENEFITS

### Major Cost-Sharing Provisions

	Comments
Primary care physician (PCP) office visits	\$25 copay per visit after deductible
Specialist office visits	\$40 copay per visit after deductible
hospital admission	\$1,000 copay per hospital admission after deductible
Emergency room copay (waived if admitted)	\$150 copay per visit after deductible
Annual deductible (individual/family)	\$600/\$1,200
Out-of-pocket maximum (individual/family)	\$4,000/\$8,000
Prescription drugs	\$10 copay generic, \$35 copay preferred brand, \$70 copay non-preferred brand, \$70 copay specialty drugs

### Inpatient Hospital Services

Inpatient physician and surgical services	\$100 copay after deductible
Semi-private room and board	Included in hospital admission copay after deductible
Operating and recovery room, intensive and special care units, general nursing care, prescribed drugs, anesthesia, X-rays and lab tests	Included in hospital admission copay after deductible
Short-term speech, physical, occupational and respiratory therapy (when part of an acute admission)	Included in hospital admission copay after deductible, Short-term only
Speech, physical, occupational and respiratory therapy (when part of a rehabilitation admission)	Included in hospital admission copay after deductible
Radiation therapy and chemotherapy	Subject to PCP office visit copay after deductible
Pre-admission testing	Covered in full

### Outpatient Medical Care

PCP office visits	Subject to PCP office visit copay after deductible
Specialist office visits	Subject to specialist office visit copay after deductible
Preventative care, including physical exams, ear exams, health education and counseling, pap smear, mammography and immunizations	Covered in full
Well-child care	Covered in full
Diagnostic services including X-ray, lab tests, EKGs	Subject to specialist office visit copay after deductible
Prenatal, postnatal care in physician's office	Covered in full
Ambulatory surgery	\$100 copay after deductible
Second medical and surgical opinion	Subject to specialist office visit copay after deductible
Chiropractic services	Subject to specialist office visit copay after deductible

### Mental Health and Substance Use Disorder

Mental Health Care <ul style="list-style-type: none"> <li>Inpatient treatment of mental illness</li> <li>Outpatient treatment of mental illness</li> </ul>	Subject to hospital admission copay after deductible; no limit on days per calendar year Subject to PCP office visit copay after deductible; unlimited visits per calendar year
Substance Use Disorder <ul style="list-style-type: none"> <li>Inpatient detoxification</li> <li>Inpatient rehabilitation treatment</li> <li>Outpatient rehabilitation treatment</li> </ul>	Subject to hospital admission copay after deductible; no limit on days per calendar year Subject to hospital admission copay after deductible; unlimited days per calendar year Subject to PCP office visit copay after deductible, unlimited visits per calendar year

## SUMMARY OF BENEFITS

### Special Kinds of Care

Emergency and urgent care	
• In hospital emergency room	\$150 copay per visit after deductible (waived if admitted)
• In urgent care facility	\$60 copay after deductible
• Ambulance service to the hospital	\$150 copay after deductible
Home health care	Subject to PCP office visit copay after deductible
Hospice care	Subject to PCP office visit copay after deductible
Skilled nursing facility care	Subject to hospital admission copay after deductible
Dialysis treatment	Subject to PCP office visit copay after deductible
Diabetes equipment, supplies and education	Subject to PCP office visit copay after deductible
Outpatient physical, speech, occupational and respiratory therapy	\$30 copay after deductible
Family planning services	No charge
Infertility diagnosis and treatment	No charge
Durable medical equipment	20% coinsurance after deductible
Hearing aids	20% coinsurance after deductible
Pediatric vision (coverage to age 19)	
• Refractive eye exams	Subject to PCP office visit copay after deductible
• Eyeglasses/contact lenses	20% coinsurance after deductible

EmblemHealth Select Care Plans are underwritten by HIP Health Plan of New York. Except for emergency care, the above benefits and services are covered only when provided or referred by a Select Care 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 of the plan, which are available only in the Contract or Certificate of Coverage, and it does not constitute an agreement. Refer to HIP policy form number 155-23-IONHIXHMO(04/13), et al.

Certain services must be approved in advance by EmblemHealth.

Preventive care services mandated by the Federal Patient Protection and Affordable Care Act, including the Women's Preventive Services Mandate of 2012, are covered in full in-network.

New York State-mandated benefits for autism spectrum disorder are covered in connection with policies issued or renewed on or after November 1, 2012.

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