



EmblemHealth<sup>®</sup>



# Caring for Your Small Business

2020 Small Group Plans for Businesses  
with 1-100 Employees



## Let's Be Clear

Here are some easy-to-understand definitions of some words you'll see throughout this brochure:

**Copay** — The set dollar amount you pay for health services each time you use them.

**Coverage** — The benefits and services available to you from your health insurance plan.

**Deductible** — The amount you pay each year for health services before your plan starts to pay.

**Coinsurance** — The percentage you pay for health services after the deductible, when your insurance plan begins to pay.

**Network** — A group of health care professionals or facilities that contracts with EmblemHealth. They provide covered products and services to members. For plans with only in-network coverage, unless it's an emergency, members need to use the plan network to get services under their plan.

**Premium** — The amount you pay for your insurance every month.

**Preventive Services** — Routine health care services, like annual office visits, shots, screenings, and tests. These services can prevent illnesses or find conditions before they become serious.

## **Great plans and flexibility to meet the needs and budget of small businesses**

Small businesses need quality health coverage with great benefits, network access, and affordable pricing.

EmblemHealth has a range of plans specially designed for small businesses to give you multiple options at different price points and cost-sharing. And we've arranged them in a way that will help you easily find the right plan!

## Choose Your Network:

Your starting point! Choose from one of EmblemHealth's three networks depending on your business's needs:

- **Prime Network:** Our broadest network with “non-gated” products that do not require referrals to access services. Perfect for your company if you have employees in New York, New Jersey, and Connecticut or if you want the largest selection of providers.
- **Select Care Network:** A large network servicing New York State with mid-price point and “non-gated” products that do not require referrals to access services.
- **Millennium Network:** **NEW for 2020** Our Millennium Network is tailored to an eight-county downstate New York service area. Focused around key independent practice associations and several prominent hospital systems, such as NY Presbyterian and Mount Sinai, it offers “gated” products that require referrals to access services and the most affordable pricing.

## Choose Your Metal Plan Level:

EmblemHealth offers plans at all metal levels in each of the networks, with both gated and non-gated products. And with our simplified plan structure, it's easy to find the right one. Each plan per metal level has the same cost-sharing across networks.

## Choose Your Deductible Level:

Choose either a high-deductible or low-deductible plan in each metal level.

- **Value Plans:** EmblemHealth's high-deductible plans, available in each metal level.
- **Premier Plans:** EmblemHealth's low-deductible plans, available in each metal level.
- **Point of Service (POS) Plans** with out of network benefits (only available with Prime Network).
- **Health Savings Account (HSA) Plans\*** that allow members to save pre-tax dollars for medical costs (only available with Prime Network).

\*Please note that Health Savings Account (HSA) plans must be coupled with High Deductible Health plans that meet applicable IRS rules.

## Enjoy a wide range of benefits standardized across most small group plans, such as:

- Three no-cost primary care doctor visits
- No-cost telemedicine benefits
- Coverage of generic drugs *before* the deductible applies
- Embedded adult *and* pediatric dental and vision benefits
- No-cost acupuncture benefits
- Urgent care visits *before* the deductible applies

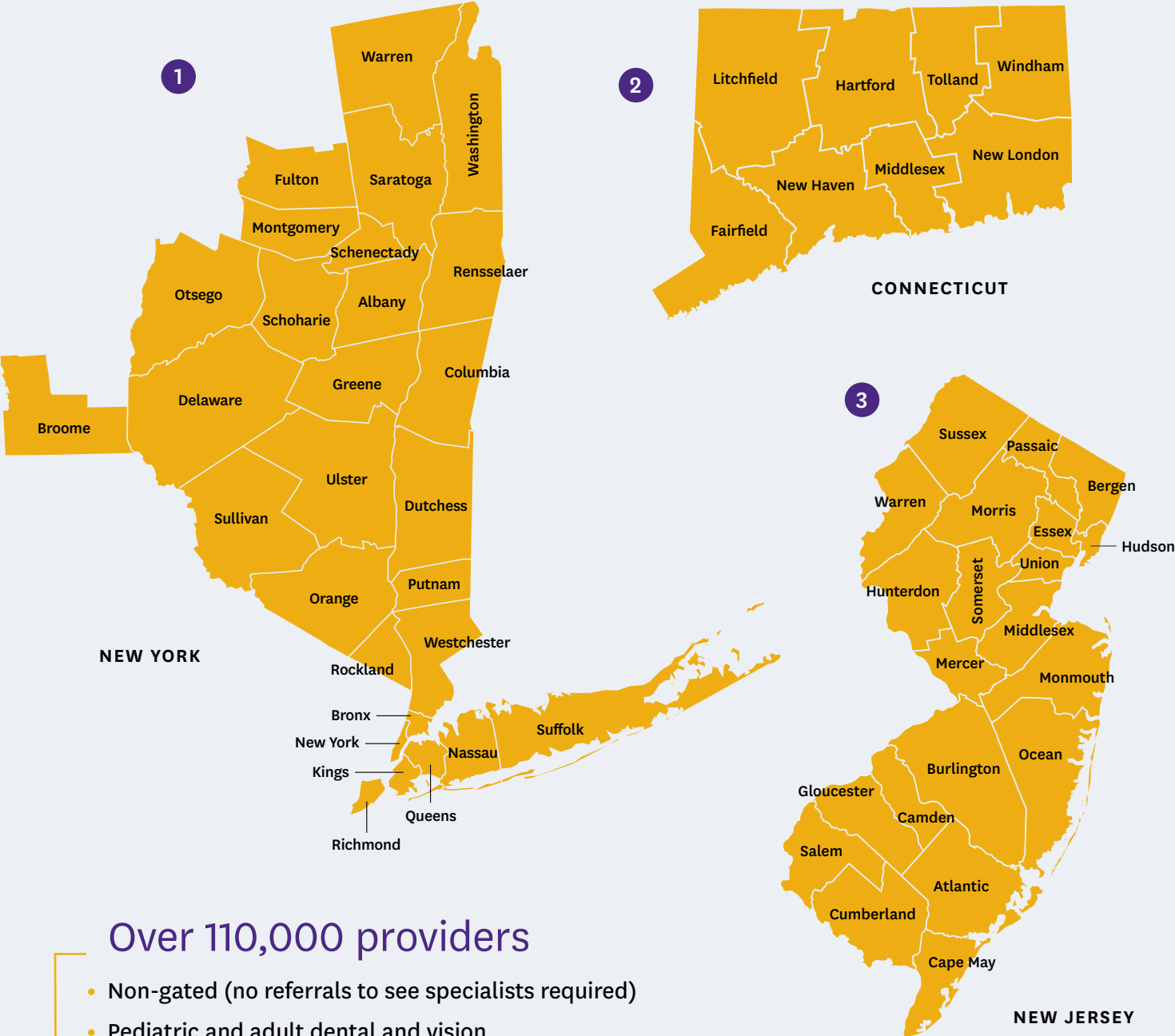
Standalone dental plans are also available at an additional cost.

## Ready to finalize your plan?

For more information, call your broker or dedicated sales representative today. A sales representative will be happy to help. You can also find more information at [emblemhealth.com/Our-Plans/Small-Group](https://emblemhealth.com/Our-Plans/Small-Group).



# Prime Network



## Over 110,000 providers

- Non-gated (no referrals to see specialists required)
- Pediatric and adult dental and vision
- Acupuncture and telemedicine available at no cost

### LOW-DEDUCTIBLE PLANS

- Platinum Premier
- Gold Premier
- Silver Premier
- Bronze Premier

### HIGH-DEDUCTIBLE PLANS

- Platinum Value
- Gold Value
- Silver Value
- Bronze Value

### ADDITIONAL PLANS

- Platinum POS
- Gold POS
- Silver Plus HSA
- Bronze Plus HSA

If you do not have a POS plan and care is not an emergency, members may have to pay for medical services if they get treatment outside of our tristate network or get treated by a doctor not in the EmblemHealth Prime Network.

# Benefit Highlights

Plan	Platinum POS		Platinum Premier-P	Platinum Value-P
	In-Network	Out-of-Network		
<b>Referral Required</b>	No	No	No	No
<b>Deductible (Individual/Family)</b>	\$0	\$2,600/\$5,200	\$0	\$200/\$400
<b>Rx Deductible</b>	\$0	N/A	\$0	Integrated
<b>Maximum Out-of-Pocket (Individual/Family)</b>	\$2,500/\$5,000	\$5,000/10,000	\$2,000/\$4,000	\$2,400/\$4,800
<b>Preventive Services</b>	Covered in full	30% after ded.	Covered in full	Covered in full
<b>PCP Office Visits</b>	3 free, then \$15	30% after ded.	3 free, then \$15	3 free then, \$15 before ded.
<b>Specialist Office Visits</b>	\$35	30% after ded.	\$35	\$35 before ded.
<b>Emergency Room</b>	20%	20% before ded.	\$350	\$350 after ded.
<b>Urgent Care</b>	\$75	30% after ded.	\$75	\$75 before ded.
<b>Rx (Tier 1/2/3)</b>	\$0/\$30/\$60	N/A	\$0/\$30/\$60	\$0 before/\$30/\$60 after ded.
<b>Pediatric/Adult Routine Dental</b>	\$15 (pediatric only)	N/A	\$15	\$15 before ded.
<b>Pediatric/Adult Vision Exams</b>	\$0 (pediatric only)	N/A	\$0	\$0 before ded.
<b>Acupuncture</b>	Covered in full	N/A	Covered in full	Covered in full

Plan	Gold POS		Gold Premier-P	Gold Value-P
	In-Network	Out-of-Network		
<b>Referral Required</b>	No	No	No	No
<b>Deductible (Individual/Family)</b>	\$1,000/\$2,000	\$3,800/7,600	\$350/\$700	\$1,900/\$3,800
<b>Rx Deductible</b>	\$0	N/A	\$0	Integrated
<b>Maximum Out-of-Pocket (Individual/Family)</b>	\$5,000/\$10,000	\$7,000/\$14,000	\$5,300/\$10,600	\$3,700/\$7,400
<b>Preventive Services</b>	Covered in full	40% after ded.	Covered in full	Covered in full
<b>PCP Office Visits</b>	3 free, then \$25 before ded.	40% after ded.	3 free, \$40 before ded.	3 free, \$25 before ded.
<b>Specialist Office Visits</b>	\$40 before ded.	40% after ded.	\$60 before ded.	\$40 before
<b>Emergency Room</b>	30% after ded.	30% after ded.	\$600 after ded.	\$500 after ded.
<b>Urgent Care</b>	\$75 before ded.	40% after ded.	\$75 before ded.	\$75 before ded.
<b>Rx (Tier 1/2/3)</b>	\$0/\$35/\$75	N/A	\$0/\$40/\$80	\$0 before/\$40/\$80 after ded.
<b>Pediatric/Adult Routine Dental</b>	\$25 (ped. only)	N/A	\$40 before ded.	\$25 before ded.
<b>Pediatric/Adult Vision Exams</b>	\$0 (ped. only)	N/A	\$0 before ded.	\$0 before ded.
<b>Acupuncture</b>	Covered in full	N/A	Covered in full	Covered in full

An extended dependent coverage rider is available for purchase, extending the age limit to 29 for all eligible dependents.

All prescription drug program options include voluntary home delivery, clinical prior authorization, and specialty pharmacy programs. Certain services must be approved in advance by EmblemHealth. If a brand name prescription drug is chosen instead of an available generic prescription drug, extra costs may apply.

The benefits described here are only brief highlights of the covered services and benefits available. Some covered services and/or benefits may have annual day or visit limits and/or maximums. The terms, limitations, conditions, and exclusions of the insurance contract and certificate will govern.

*Continued on the next page*

Prime Network





## Benefit Highlights

Plan	Silver Plus HSA	Silver Premier-P	Silver Value-P
<b>Referral Required</b>	No	No	No
<b>Deductible (Individual/Family)</b>	\$2,800/\$5,200	\$2,400/\$4,800	\$6,300/12,600
<b>Rx Deductible</b>	Integrated	\$0	Integrated
<b>Maximum Out-of-Pocket (Individual/Family)</b>	\$5,800/\$11,600	\$7,800/\$15,600	\$6,300/\$12,600
<b>Preventive Services</b>	Covered in full	Covered in full	Covered in full
<b>PCP Office Visits</b>	\$30 after ded.	3 free, then \$35 before ded.	3 free, \$10 before ded.
<b>Specialist Office Visits</b>	\$50 after ded.	\$65 before ded.	\$55 before ded.
<b>Emergency Room</b>	40% after ded.	40% after ded.	\$0 after ded.
<b>Urgent Care</b>	\$75 after ded.	\$75 before ded	\$75 before ded.
<b>Rx (Tier 1/2/3)</b>	\$15/\$45/\$80 after ded.	\$0/\$40/\$80	\$0 before/\$0/\$0 after ded.
<b>Pediatric/Adult Routine Dental</b>	\$30 before ded.	\$35 before ded.	\$10 before ded.
<b>Pediatric/Adult Vision Exams</b>	\$0 before ded.	\$0 before ded.	\$0 before ded.
<b>Acupuncture</b>	Covered in full	Covered in full	Covered in full

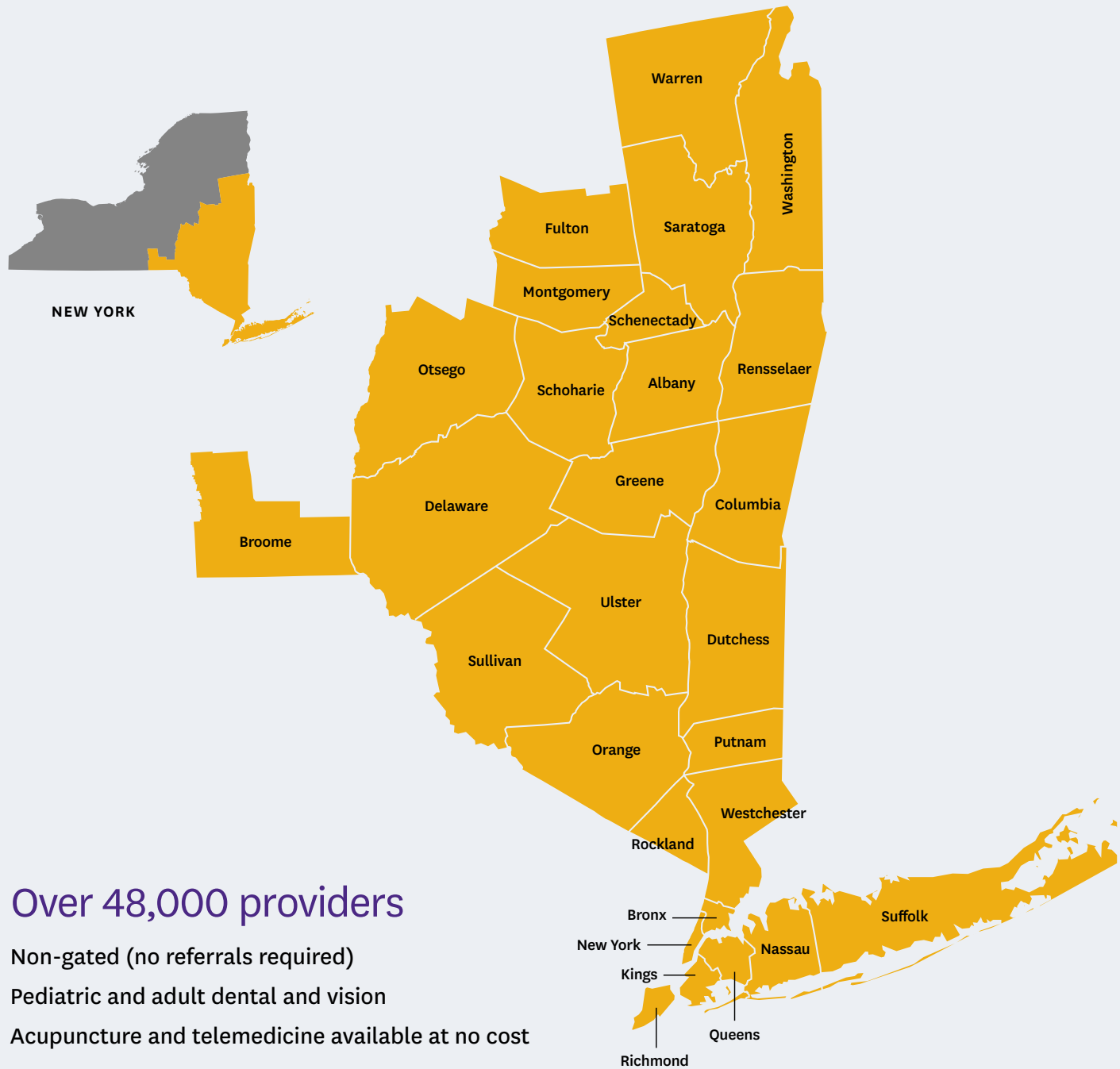
Plan	Bronze Plus HSA	Bronze Premier-P	Bronze Value-P
<b>Referral Required</b>	No	No	No
<b>Deductible (Individual/Family)</b>	\$6,300/\$12,600	\$4,600/\$9,200	\$8,150/\$16,300
<b>Rx Deductible</b>	Integrated	Integrated	Integrated
<b>Maximum Out-of-Pocket (Individual/Family)</b>	\$6,900/\$13,800	\$7,900/\$15,800	\$8,150/\$16,300
<b>Preventive Services</b>	Covered in full	Covered in full	Covered in full
<b>PCP Office Visits</b>	50% after ded.	3 free, \$40 after ded.	3 free, then 0% after ded.
<b>Specialist Office Visits</b>	50% after ded.	\$70 after ded.	0% after ded.
<b>Emergency Room</b>	50% after ded.	50% after ded.	0% after ded.
<b>Urgent Care</b>	\$75 after ded.	\$75 before ded.	\$75 before ded.
<b>Rx (Tier 1/2/3)</b>	\$15/\$65/\$80 after ded.	\$25/50%/50% after ded.	\$35 before/0%/0% after ded.
<b>Pediatric/Adult Routine Dental</b>	50% before ded.	\$40 before ded.	\$35 before ded.
<b>Pediatric/Adult Vision Exams</b>	\$0 before ded.	\$0 before ded.	\$0 before ded.
<b>Acupuncture</b>	Covered in full	Covered in full	Covered in full

An extended dependent coverage rider is available for purchase, extending the age limit to 29 for all eligible dependents.

All prescription drug program options include voluntary home delivery, clinical prior authorization, and specialty pharmacy programs. Certain services must be approved in advance by EmblemHealth. If a brand name prescription drug is chosen instead of an available generic prescription drug, extra costs may apply.

The benefits described here are only brief highlights of the covered services and benefits available. Some covered services and/or benefits may have annual day or visit limits and/or maximums. The terms, limitations, conditions, and exclusions of the insurance contract and certificate will govern.

# Select Care Network



## Over 48,000 providers

- Non-gated (no referrals required)
- Pediatric and adult dental and vision
- Acupuncture and telemedicine available at no cost

### LOW-DEDUCTIBLE PLANS

Platinum Premier  
Gold Premier  
Silver Premier  
Bronze Premier

### HIGH-DEDUCTIBLE PLANS

Platinum Value  
Gold Value  
Silver Value  
Bronze Value

Unless it's an emergency, members may have to pay for medical services if they get treatment outside of our network or get treated by a doctor not in the EmblemHealth Select Care Network.

# Benefit Highlights

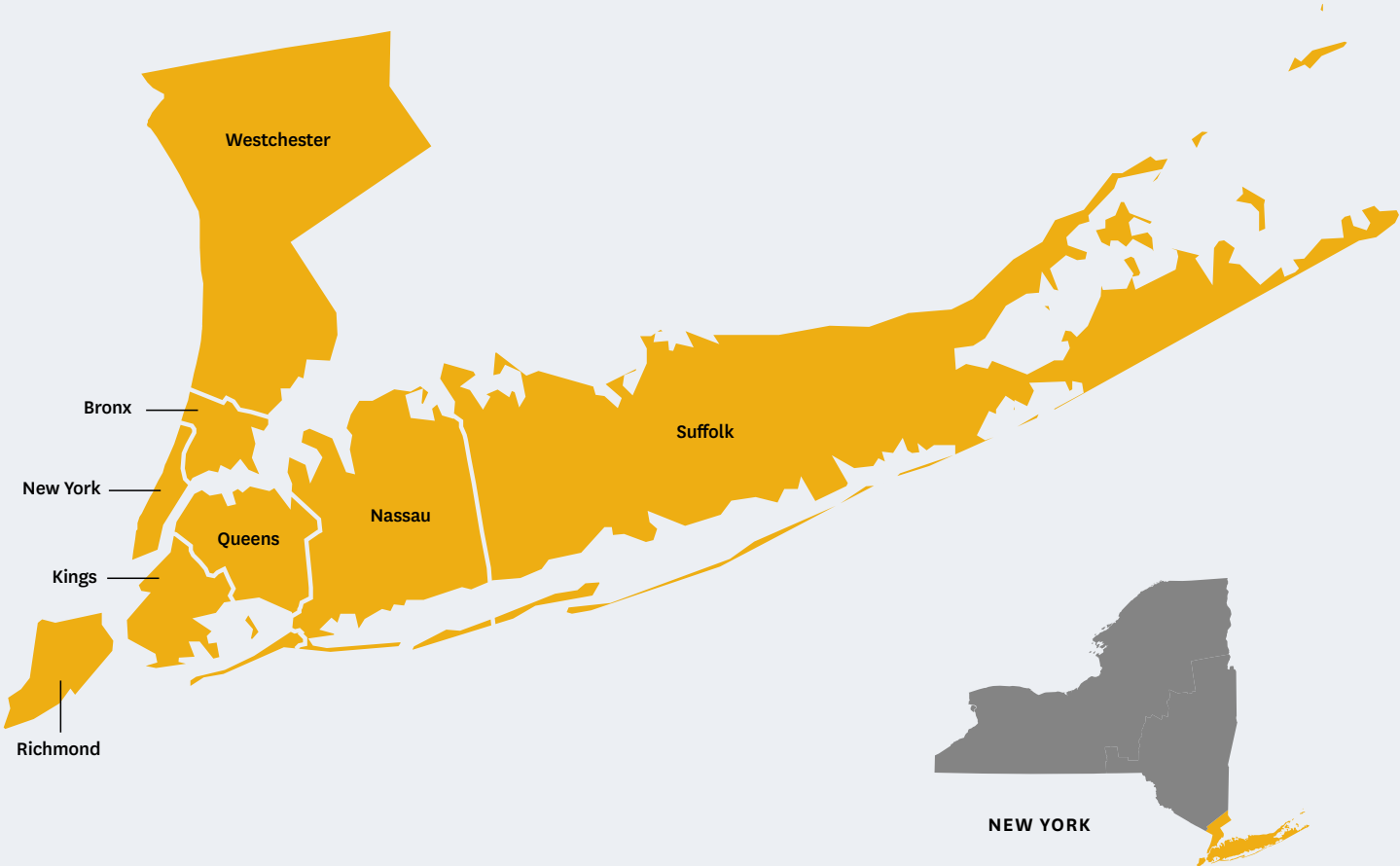
Plan	Platinum Premier-S	Platinum Value-S	Gold Premier-S	Gold Value-S	Silver Premier-S	Silver Value-S	Bronze Premier-S	Bronze Value-S
<b>Referral Required</b>	No	No	No	No	No	No	No	No
<b>Deductible (Individual/Family)</b>	\$0	\$200/\$400	\$350/\$700	\$1,900/\$3,800	\$2,400/\$4,800	\$6,300/\$12,600	\$4,600/\$9,200	\$8,150/\$16,300
<b>Rx Deductible</b>	\$0	Integrated	\$0	Integrated	\$0	Integrated	Integrated	Integrated
<b>Maximum Out-of-Pocket (Individual/Family)</b>	\$2,000/\$4,000	\$2,400/\$4,800	\$5,300/\$10,600	\$3,700/\$7,400	\$7,800/\$15,600	\$6,300/\$12,600	\$7,900/\$15,800	\$8,150/\$16,300
<b>Preventive Services</b>	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
<b>PCP Office Visits</b>	3 free, then \$15	3 free, then \$15 before ded.	3 free, then \$40 before ded.	3 free, then \$25 before ded.	3 free, then \$35 before ded.	3 free, then \$10 before ded.	3 free, then \$40 after ded.	3 free, then 0% after ded.
<b>Specialist Office Visits</b>	\$35	\$35 before ded.	\$60 before ded.	\$40 before ded.	\$65 before ded.	\$55 before ded.	\$70 after ded.	0% after ded.
<b>Emergency Room</b>	\$350	\$350 after ded.	\$600 after ded.	\$500 after ded.	40% after ded.	\$0 after ded.	50% after ded.	0% after ded.
<b>Urgent Care</b>	\$75	\$75 before ded.	\$75 before ded.	\$75 before ded.	\$75 before ded.	\$75 before ded.	\$75 before ded.	\$75 before ded.
<b>Rx (Tier 1/2/3)</b>	\$0/\$30/\$60	\$0 before/\$30/\$60 after after ded.	\$0/\$40/\$80	\$0 before/\$40/\$80 after ded.	\$0/\$40/\$80	\$0 before/\$0/\$0 after	\$25/50%/50% after ded.	\$35 before/0%/0% after ded.
<b>Pediatric/Adult Routine Dental</b>	\$15	\$15 before ded.	\$40 before ded.	\$25 before ded.	\$35 before ded.	\$10 before ded.	\$40 before ded.	\$35 before ded.
<b>Pediatric/Adult Vision Exams</b>	\$0	\$0 before ded.	\$0 before ded.	\$0 before ded.	\$0 before ded.	\$0 before ded.	\$0 before ded.	\$0 before ded.
<b>Acupuncture</b>	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full

An extended dependent coverage rider is available for purchase, extending the age limit to 29 for all eligible dependents.

All prescription drug program options include voluntary home delivery, clinical prior authorization, and specialty pharmacy programs. Certain services must be approved in advance by EmblemHealth. If a brand name prescription drug is chosen instead of an available generic prescription drug, extra costs may apply.

The benefits described here are only brief highlights of the covered services and benefits available. Some covered services and/or benefits may have annual day or visit limits and/or maximums. The terms, limitations, conditions, and exclusions of the insurance contract and certificate will govern.

# Millennium Network



## 22,000 providers

- Gated (referrals are required)
- Pediatric dental and vision
- Telemedicine available at no cost

### LOW-DEDUCTIBLE PLANS

- Platinum Premier
- Gold Premier
- Silver Premier
- Bronze Premier

### HIGH-DEDUCTIBLE PLANS

- Platinum Value
- Gold Value
- Silver Value
- Bronze Value

Unless it's an emergency, members may have to pay for medical services if they get treatment outside of our network or get treated by a doctor not in the EmblemHealth Millennium Network.

Provider numbers for the Millennium Network are approximate totals, subject to change.

# Benefit Highlights

Plan	Platinum Premier-M	Platinum Value-M	Gold Premier-M	Gold Value-M	Silver Premier-M	Silver Value-M	Bronze Premier-M	Bronze Value-M
<b>Referral Required</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Deductible (Individual/Family)</b>	\$0	\$200/\$400	\$350/\$700	\$1,900/\$3,800	\$2,400/\$4,800	\$6,300/\$12,600	\$4,600/\$9,200	\$8,150/\$16,300
<b>Rx Deductible</b>	\$0	Integrated	\$0	Integrated	\$0	Integrated	Integrated	Integrated
<b>Maximum Out-of-Pocket (Individual/Family)</b>	\$2,000/\$4,000	\$2,400/\$4,800	\$5,300/\$10,600	\$3,700/\$7,400	\$7,800/\$15,600	\$6,300/\$12,600	\$7,900/\$15,800	\$8,150/\$16,300
<b>Preventive Services</b>	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
<b>PCP Office Visits</b>	3 free, then \$15	3 free, then \$15 before ded.	3 free, then \$40 before ded.	3 free, then \$25 before ded.	3 free, then \$35 before ded.	3 free, then \$10 before ded.	3 free, then \$40 after ded.	3 free, then 0% after ded.
<b>Specialist Office Visits</b>	\$35	\$35 before ded.	\$60 before ded.	\$40 before ded.	\$65 before ded.	\$55 before ded.	\$70 after ded.	0% after ded.
<b>Emergency Room</b>	\$350	\$350 after ded.	\$600 after ded.	\$500 after ded.	40% after ded.	\$0 after ded.	50% after ded.	0% after ded.
<b>Urgent Care</b>	\$75	\$75 before ded.	\$75 before ded.	\$75 before ded.	\$75 before ded.	\$75 before ded.	\$75 before ded.	\$75 before ded.
<b>Rx (Tier 1/2/3)</b>	\$0/\$30/\$60	\$0 before/\$30/\$60 after after ded.	\$0/\$40/\$80	\$0 before/\$40/\$80 after ded.	\$0/\$40/\$80	\$0 before/\$0/\$0 after ded.	\$25/50%/50% after ded.	\$35 before/0%/0% after ded.
<b>Pediatric Routine Dental</b>	\$15	\$15 before ded.	\$40 before ded.	\$25 before ded.	\$35 before ded.	\$10 before ded.	\$40 before ded.	\$35 before ded.
<b>Pediatric Vision Exams</b>	\$0	\$0 before ded.	\$0 before ded.	\$0 before ded.	\$0 before ded.	\$0 before ded.	\$0 before ded.	\$0 before ded.

An extended dependent coverage rider is available for purchase, extending the age limit to 29 for all eligible dependents.

All prescription drug program options include voluntary home delivery, clinical prior authorization, and specialty pharmacy programs. Certain services must be approved in advance by EmblemHealth. If a brand name prescription drug is chosen instead of an available generic prescription drug, extra costs may apply.

The benefits described here are only brief highlights of the covered services and benefits available. Some covered services and/or benefits may have annual day or visit limits and/or maximums. The terms, limitations, conditions, and exclusions of the insurance contract and certificate will govern.

## AdvantageCare Physicians

Because we understand that healthy employees are important contributors to your organization's success, we offer AdvantageCare Physicians (ACPNY) as a key benefit of choosing EmblemHealth. And, it's available in all of the EmblemHealth small group networks.

ACPNY is a primary and specialty care practice that serves half a million patients in medical offices across all five boroughs\* and Long Island. Many locations have convenient options for patients that include same-day and next-day appointments, and longer hours for walk-in visits.

As patients, your employees will be cared for by a coordinated team who gets to know them—both their mental and physical needs, and the lifestyle factors that impact their health. With access to care and to other on-site service providers, such as laboratory and radiology, ACPNY helps employees pursue better health within a practice that reflects who they are and the community they live in.

## Preventive Care and Wellness Programs

Helping members stay healthy, get well, and live better is one of our top priorities. Our preventive care and wellness programs help us do that. With our small group plans, members get access to:

- Discount programs on health-related products such as weight loss programs, dieticians, massages, and more.
- Rewards for working out at participating fitness centers for a minimum number of visits every six months.
- Education and support managing certain health conditions.

## Find a Doctor

It's easy to find a doctor in our networks. Members can simply go to [emblemhealth.com/find-a-doctor](https://emblemhealth.com/find-a-doctor).

\*BronxDocs is an affiliate of AdvantageCare Physicians.



AdvantageCare  
Physicians  
East New York  
Medical office

# Telemedicine: Access to Doctors 24/7 Through Your Phone, Computer, or Mobile Device

With telemedicine through Teladoc®, members can get non-urgent medical care. It's convenient, immediate, and available 24 hours a day, 365 days a year.

- Members can talk to doctors who practice primary care, family care, and more. Telemedicine doctors can even prescribe certain medicines.
- Telemedicine through Teladoc® is in-network care and there are no copays.

**Remember:** Telemedicine does not replace the care of a regular doctor.



## EmblemHealth Neighborhood Care

If you are near **Manhattan, Brooklyn, Queens, or Staten Island**, visit one of our Neighborhood Care centers. While there, our Customer Care Navigators can help your employees understand health plan benefits, give advice on where to go when they need care, print documents, and solve billing and claims issues. We also offer free health and wellness classes, including yoga, nutrition, Medicare 101, and more—open to all, so employees can bring a friend. Visit [emblemhealth.com/neighborhood](http://emblemhealth.com/neighborhood).

## Stand-Alone Dental Options

Most EmblemHealth small group plans include adult dental coverage embedded in the base products. But if you are looking for additional coverage for you and your employees, EmblemHealth also offers stand-alone dental plan options for groups of 2-50 and 51-100 employees.

Choose from voluntary and contributory plans with:

- Preventive, diagnostic, basic, major/complex, and orthodontic benefits
- No waiting periods
- Annual maximum rollover feature for unused annual maximum benefits
- Coverage for dependents up to age 26

A network with over 10,100 general dentists and specialists in New York and New Jersey. For more details about our stand-alone dental products, speak to your broker or dedicated sales representative.





## New Vision to Help You Navigate Today's Health Insurance.

For more information, call your broker or dedicated sales representative today.

You can reach EmblemHealth Broker and Group Services at **866-614-6040 (TTY: 711)**, Monday to Friday, 9 am to 5 pm.

A sales representative will be happy to help.

You can also find more information at **emblemhealth.com**.

### Health care for all of us.