



2022 EmblemHealth Individual and Family Plans

EmblemHealth is proud to offer Standard and Nonstandard Qualified Health Plans to meet your health insurance needs at a cost that's right for you.

The EmblemHealth Standard Qualified Health Plans

A Standard Qualified Health Plan is a plan that the state has certified for sale on the Marketplace. All Standard plans must offer the same benefits. These plans only differ by cost and network. All insurance companies with plans on the Marketplace must offer all Standard plans.

	EMBLEMHEALTH PLATINUM	EMBLEMHEALTH GOLD	EMBLEMHEALTH SILVER	EMBLEMHEALTH BRONZE	EMBLEMHEALTH BASIC/CATASTROPHIC
Annual Deductible (Individual/Family)	\$0/\$0	\$600/\$1,200	\$1,300/\$2,600	\$4,700/\$9,400	\$8,700/\$17,400
Annual Out-of-Pocket Maximum (Individual/Family)	\$2,000/\$4,000	\$4,000/\$8,000	\$8,500/\$17,000	\$8,700/\$17,400	\$8,700/\$17,400
PCP/Specialist Visit	\$15/\$35 copay	\$25/\$40 copay after deductible	\$30/\$50 copay after deductible	3 \$50 copay PCP visits, then \$50 after deductible/ 3 \$75 copay Spec visits, then \$75 after deductible	3 \$0 copay PCP visits, then 0% coinsurance after deductible
Annual Physical	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Emergency Room	\$100 copay	\$150 copay after deductible	\$300 copay after deductible	\$500 copay after deductible	0% coinsurance after deductible
Outpatient Facility (Surgery)	\$100 copay	\$100 copay after deductible	\$150 copay after deductible	\$150 copay after deductible	0% coinsurance after deductible
Gym Discounts	Yes	Yes	Yes	Yes	Yes
Telemedicine	\$0 copay	\$0 copay before deductible	\$0 copay before deductible	\$0 copay before deductible	\$0 copay after deductible
Prescription Drugs (Generic/preferred brand/non-preferred brand)	\$10/\$30/\$60 copay	\$10/\$35/\$70 copay before deductible	\$10/\$35/\$70 copay before deductible	\$10/\$35/\$70 copay after deductible	0% coinsurance after deductible
Adult Dental*	Not covered	Not covered	Not covered	Not covered	Not covered
Adult Vision*	Not covered	Not covered	Not covered	Not covered	Not covered
Monthly Premiums**	\$1,382.80	\$1,142.57	\$951.01	\$723.34	\$452.45

*Children's dental and vision are available for all plans.

**Monthly premiums for an individual in New York City. Tax credits — what the U.S. government provides to help people pay for the monthly costs of a health plan — are available to eligible people who enroll in certain qualified health plans on the NY State of Health Marketplace.

Note: Emergency care at any hospital nationwide is covered no matter what the provider's network status. Emergencies should be reported within 48 hours, or as soon as reasonably possible.

This chart is not a comprehensive list of benefits. You will find a more detailed list in the Summary of Benefits and Coverage (SBC) for each plan on the EmblemHealth website. Full plan benefits, terms, conditions, and limitations are set forth in the applicable plan contract.

The EmblemHealth Nonstandard Qualified Health Plans

A Nonstandard Qualified Health Plan offers all the essential health benefits, but they may do it differently than the Standard plans. And they may also offer additional benefits or have different costs than the Standard plans. Nonstandard plans are not offered by every insurance company.

	EMBLEMHEALTH GOLD PREMIER	EMBLEMHEALTH GOLD VALUE	EMBLEMHEALTH SILVER VALUE	EMBLEMHEALTH SILVER BOLD
Annual Deductible (Individual/Family)	\$800/\$1,600	\$4,000/\$8,000	\$6,300/\$12,600	\$6,500/\$13,000
Annual Out-of-Pocket Maximum (Individual/Family)	\$6,200/\$12,400	\$4,000/\$8,000	\$6,300/\$12,600	\$6,500/\$13,000
PCP/Specialist Visit	3 \$0 copay PCP visits, then \$25/\$45 copay before deductible	3 \$0 copay PCP visits, then \$45/\$65 copay before deductible	3 \$0 copay PCP visits, then \$35/\$75 after deductible	3 \$0 copay PCP visits, then \$50/\$70 copay before deductible
Annual Physical	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Emergency Room	20% coinsurance after deductible	\$0 copay after deductible	\$0 copay after deductible	\$0 copay after deductible
Outpatient Facility (Surgery)	\$350 copay after deductible	\$0 copay after deductible	\$0 copay after deductible	\$0 copay after deductible
Gym Discounts	Yes	Yes	Yes	Yes
Telemedicine	\$0 copay before deductible	\$0 copay before deductible	\$0 copay before deductible	\$0 copay before deductible
Prescription Drugs (Generic/preferred brand/non-preferred brand)	\$0 copay before deductible/\$60 copay after deductible/\$80 copay after deductible	\$10 copay before deductible/\$0 copay after deductible/\$0 copay after deductible	\$10 copay before deductible/\$0 copay after deductible/\$0 copay after deductible	\$15 copay before deductible/\$0 copay after deductible/\$0 copay after deductible
Adult Dental*	\$25 copay before deductible	\$45 copay before deductible	\$35 copay before deductible	\$50 copay before deductible
Adult Vision*	\$0 copay before deductible	\$0 copay before deductible	\$0 copay before deductible	\$0 copay before deductible
Monthly Premiums**	\$905.08	\$887.05	\$693.80	\$659.05

EmblemHealth Qualified Health Plans are underwritten by Health Insurance Plan of Greater New York (HIP). Except for emergency care, the above benefits and services are covered only when provided or referred by a SelectCare or Millenium network primary care provider, and/or approved in advance by the EmblemHealth Utilization 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 (4/21), 155-23-IOFFHIXCONT (4/21), 155-23-NSIONHIXGPremierSchedule (04/21), et al.

EMBLEMHEALTH PLANS

All of these EmblemHealth plans are health maintenance organization plans, or HMOs. With an HMO plan, you choose a **primary care provider** (PCP) who will provide your everyday care. This doctor will arrange for you to see specialists and get services when you need them. EmblemHealth plans work with large networks of leading health care professionals and facilities that contract with the plan. You are usually only covered for care and services you get from this network. In an emergency, you can go to any hospital.

To join the EmblemHealth **Standard and Nonstandard plans**, you must live in New York City (Brooklyn, the Bronx, Manhattan, Queens, and Staten Island), Long Island (Nassau and Suffolk counties), or Westchester, Albany, Broome, Columbia, Delaware, Dutchess, Fulton, Greene, Montgomery, Orange, Otsego, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, and Washington counties.

READY TO ENROLL

Open Enrollment is November 16, 2021 - January 31, 2022

To enroll directly with EmblemHealth, go to emblemhealth.com/individualsandfamilies.

To enroll in a plan on the NY State of Health Marketplace, go to nystateofhealth.ny.gov.

Make sure you have these items for yourself and each member of your household who needs health care coverage when you apply:

- Social Security numbers (or document numbers for legal immigrants)
- Employer and income information (for example, from your pay stubs or W-2 forms – Wage and Tax Statements)
- Policy numbers for any current health insurance plans covering members of your household
- Email address

For more information, visit us online at emblemhealth.com/individualsandfamilies or call us at 866-838-9144 (TTY: 711)

we mean health