



# Caring for Your Small Business

**2022 Small Group Plans for Businesses  
with 1-100 Employees**



## Let's Be Clear

Here are some definitions for words and terms 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, usually after the deductible, when your insurance plan begins to pay.

**Network** — A group of health care professionals or facilities that contract 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.

**We offer plans with the flexibility to meet the needs and budgets of small businesses.**

EmblemHealth has a range of plans specially designed to give you options with different rates and cost-sharing arrangements, so you can find the right plan for your needs.

## Choose Your Level of Access:

Your starting point! Find the right fit for your business:

- **Prime Network:** A robust local network with “non-gated” plans that do not require referrals to access services. Perfect for your company if you have employees in New York, New Jersey, and Connecticut.
- **Select Care Network:** A mid-sized network at a mid-price point serving New York State. Offers “non-gated” plans with no referrals required to access services.
- **Millennium Network:** Our Millennium Network is tailored to an eight-county downstate New York service area (see page 14) and is focused around key independent practice associations and several prominent hospital systems, including NewYork-Presbyterian and Mount Sinai. Offers “gated” plans that require referrals to access services and the most affordable pricing.

### YOUR TOP CHOICE FOR EXPANDED ACCESS AT COMPETITIVE RATES

**The Bridge Program** offers the broadest access available through EmblemHealth, competitively priced. With Bridge, members can get the care they need where they need it with enhanced, seamless coverage in the tristate area and nationwide through First Health. Included are local Centers of Excellence, such as Hospital for Special Surgery, Memorial Sloan Kettering Cancer Center, and Montefiore Medical Center.

## 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.
- **Preferred Provider Organization (PPO) Plans** **NEW!** with out-of-network benefits (only available with Bridge Program).
- **Health Savings Account (HSA) Compatible Plans\*** that allow members with an HSA to save pre-tax dollars for medical costs (only available with Bridge Program).
- **Virtual Exclusive Provider Organization (EPO) Plans** **NEW!** that use technology to bring patients and providers together — making access to care easier. In addition to our traditional benefits, through Teladoc® Primary360, members receive:
  - A virtual board certified primary care provider (PCP).
  - A dedicated Care Team.
  - A detailed, personalized health plan.
  - Annual wellness exams, lab work ordered, and prescriptions if needed.
  - Consistent, preventive care with referrals to in-person specialists.

In each of our small group medical plans, the prescription benefits are Medicare creditable for 2022.

## Enjoy a wide range of benefits standardized across many 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 pediatric dental and vision benefits.
- No-cost acupuncture benefits.
- Urgent care visits *before* the deductible applies.

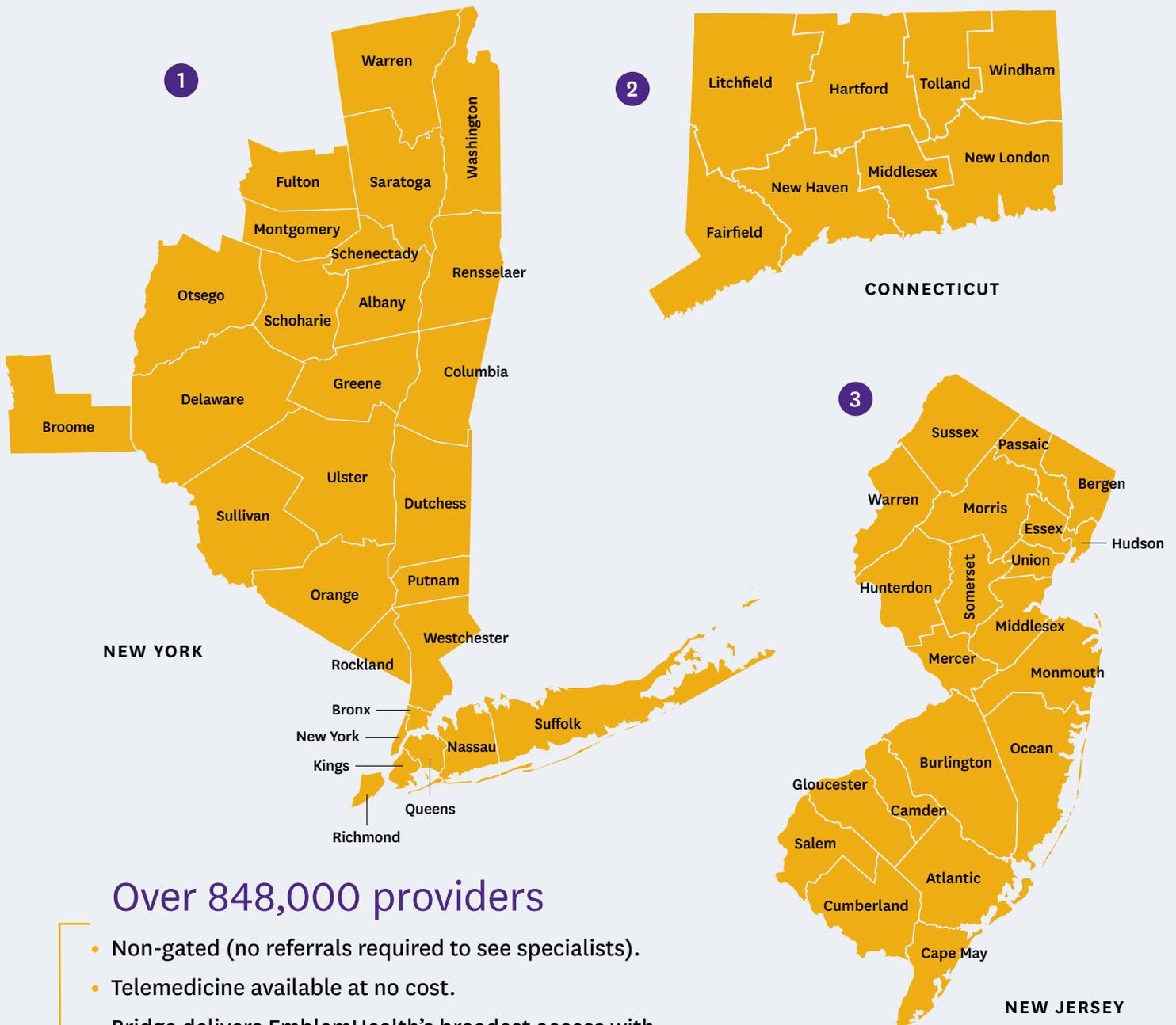
Standalone dental plans are available at an additional cost.

## Ready to finalize your plan?

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

\*Please note that health savings account (HSA) plans must be coupled with high-deductible health plans that meet applicable IRS rules.

# The Bridge Program



## Over 848,000 providers

- Non-gated (no referrals required to see specialists).
- Telemedicine available at no cost.
- Bridge delivers EmblemHealth’s broadest access with seamless local and nationwide coverage.
- Offers some of our best discounts in the tristate area.
- Includes local Centers of Excellence such as Hospital for Special Surgery, Memorial Sloan Kettering Cancer Center, and Montefiore Medical Center.

### PLANS

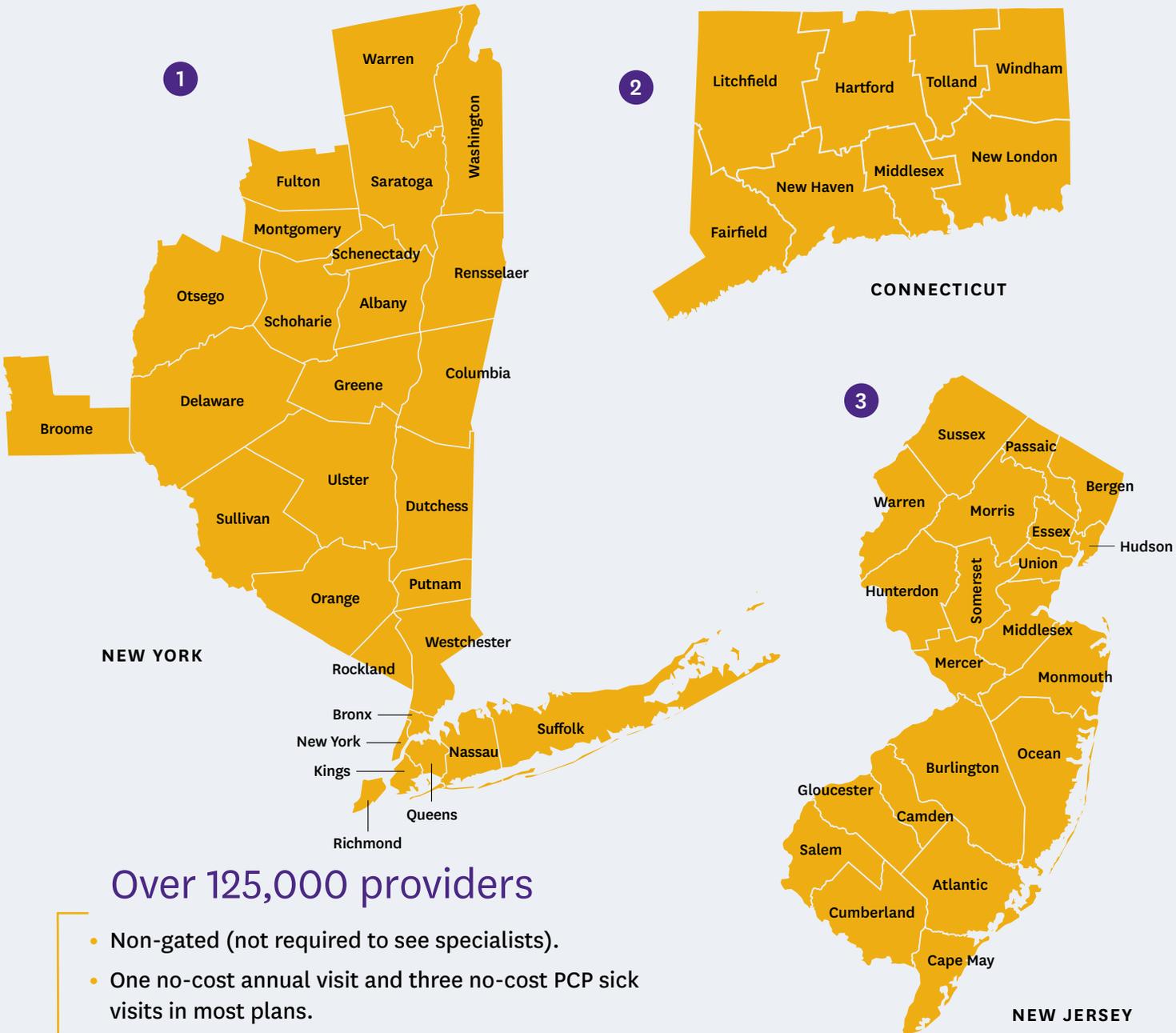
Platinum PPO-N

Gold PPO-N

Gold EPO-N

Members must pay for medical services if they get treatment outside of the network or use out-of-network services, except for emergency hospital care.

# Prime Network



## Over 125,000 providers

- Non-gated (not required to see specialists).
- One no-cost annual visit and three no-cost PCP sick visits in most plans.
- 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

- Silver Plus HSA
- Bronze Plus HSA

Members must pay for medical services if they get treatment outside of the network or use out-of-network services, except for emergency hospital care. For plans that include national coverage through First Health, covered services received through First Health are in-network.

# Benefit Highlights

Plan	Platinum PPO-N		Platinum Premier-P		Platinum Value-P	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Referral Required</b>	No	No	No	N/A	No	N/A
<b>Annual Deductible (individual/family)</b>	\$0	\$2,600/\$5,200	\$0	N/A	\$250	N/A
<b>Annual Rx Deductible/ Mandatory Generics</b>	\$0	N/A	\$0	N/A	Integrated	N/A
<b>Annual Maximum Out-of-Pocket (individual/family)</b>	\$2,500/\$5,000	\$5,000/\$10,000	\$2,000	N/A	\$2,500	N/A
<b>Preventive Services*</b>	Covered in full	30% after ded.	Covered in full	N/A	Covered in full	N/A
<b>PCP Office Visits</b>	\$0, then \$15	30% after ded.	\$0, then \$15	N/A	\$0, then \$15 before ded.	N/A
<b>Specialist Office Visits</b>	\$35	30% after ded.	\$35	N/A	\$35 before ded.	N/A
<b>Emergency Room</b>	\$750	\$750 before ded.	\$400	\$400	\$400 after ded.	\$400 after ded.
<b>Urgent Care</b>	\$75	30% after ded.	\$75	N/A	\$75 before ded.	N/A
<b>Inpatient</b>	20%	30% after ded.	20%	N/A	20% after ded.	N/A
<b>Rx (tier 1/2/3)</b>	\$0/\$30/\$80	N/A	\$0/\$30/\$65	N/A	\$0 before /\$30 after /\$65 after ded.	N/A
<b>Pediatric Routine Dental</b>	\$15 /\$35	N/A	\$15/\$35	N/A	\$15 before/\$35 after ded.	N/A
<b>Pediatric Vision Exams</b>	\$0 /10%	N/A	\$0/10%	N/A	\$0/10% before ded.	N/A
<b>Acupuncture</b>	Covered in full	N/A	Covered in full	N/A	Covered in full	N/A
<b>Telemedicine</b>	Covered in full	N/A	Covered in full	N/A	Covered in full	N/A

Plan	Gold PPO-N		Gold Premier-P		Gold Value-P	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Referral Required</b>	No	No	No	N/A	No	N/A
<b>Annual Deductible (individual/family)</b>	\$1,300/\$2,600	\$3,500/\$7,000	\$450/\$900	N/A	\$2,500/\$5,000	N/A
<b>Annual Rx Deductible</b>	\$0	N/A	\$0	N/A	N/A	N/A
<b>Annual Maximum Out-of-Pocket (individual/family)</b>	\$5,500/\$11,000	\$7,500/\$15,000	\$6,000/\$12,000	N/A	\$7,000/\$14,000	N/A
<b>Preventive Services*</b>	Covered in full	40% after ded.	Covered in full	N/A	Covered in full	N/A
<b>PCP Office Visits</b>	\$0, then \$25 before ded.	40% after ded.	\$0, then \$25 before ded.	N/A	\$0, then \$25 before ded.	N/A
<b>Specialist Office Visits</b>	\$40 before ded	40% after ded.	\$40 before ded.	N/A	\$40 before ded.	N/A
<b>Emergency Room</b>	\$1,000 after ded.	\$1,000 after ded.	\$800 after ded.	\$800 after ded.	\$800 after ded.	\$800 after ded.
<b>Urgent Care</b>	\$75 before ded.	40% after ded.	\$75 before ded.	N/A	\$75 before ded.	N/A
<b>Inpatient</b>	30% after ded.	40% after ded.	30% after ded.	N/A	30% after ded.	N/A
<b>Rx (tier 1/2/3)</b>	\$0/\$35/\$100	N/A	\$0/\$40/\$80	N/A	\$0 before/\$40 after/\$80 after ded.	N/A
<b>Pediatric Routine Dental</b>	\$25 before/\$40 after ded.	N/A	\$25 before/\$40 after ded.	N/A	\$25 before/\$40 after ded.	N/A
<b>Pediatric Vision Exams</b>	\$0/20% before ded.	N/A	\$0/20% before ded.	N/A	\$0/20% before ded.	N/A
<b>Acupuncture</b>	Covered in full	N/A	Covered in full	N/A	Covered in full	N/A
<b>Telemedicine</b>	Covered in full	N/A	Covered in full	N/A	Covered in full	N/A

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# Benefit Highlights

Plan	Gold Virtual EPO-N	
	Preferred	Participating
Referral Required	No	No
Annual Deductible (individual/family)	\$0	\$500
Annual Rx Deductible	Integrated	Integrated
Annual Maximum Out-of-Pocket (individual/family)	\$7,800/\$15,600	
Preventive Services*	N/A	Covered in full
PCP Office Visits	\$0	\$40 before ded.
Specialist Office Visits	N/A	\$60 before ded.
Emergency Room	N/A	40% after ded.
Urgent Care	N/A	\$75 before ded.
Inpatient	N/A	30% after ded.
Rx (tier 1/2/3)	\$0/\$40/\$80	\$0 before/\$40 after/\$80 after ded.
Pediatric Routine Dental	N/A	\$40 before/\$60 after ded.
Pediatric Vision Exams	N/A	\$0/20% before ded.
Acupuncture	N/A	Covered in full
Telemedicine	N/A	Covered in full

Plan	Silver Plus HSA		Silver Premier-P		Silver Value-P	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Referral Required	No	N/A	No	N/A	No	N/A
Annual Deductible (individual/family)	\$3,000/\$6,000	N/A	\$3,800/\$7,600	N/A	\$7,000/\$14,000	N/A
Annual Rx Deductible	Integrated	N/A	\$0	N/A	Integrated	N/A
Annual Maximum Out-of-Pocket (individual/family)	\$6,800/\$13,600	N/A	\$8,000/\$16,000	N/A	\$7,000/\$14,000	N/A
Preventive Services*	Covered in full	N/A	Covered in full	N/A	Covered in full	N/A
PCP Office Visits	\$30 after ded.	N/A	\$0, then \$35 before ded.	N/A	\$0, then \$10 before ded.	N/A
Specialist Office Visits	\$50 after ded.	N/A	\$65 before ded.	N/A	\$55 before ded.	N/A
Emergency Room	40% after ded.	40% after ded.	40% after ded.	40% after ded.	\$0 after ded.	\$0 after ded.
Urgent Care	\$100 after ded.	N/A	\$75 before ded.	N/A	\$75 before ded.	N/A
Inpatient	40% after ded.	N/A	40% after ded.	N/A	\$0 after ded.	N/A
Rx (tier 1/2/3)	\$15/\$45/\$80 after ded.	N/A	\$15/\$45/\$80 after ded.	N/A	\$15/\$45/\$80 after ded.	N/A
Pediatric Routine Dental	\$30/\$50 after ded.	N/A	\$35 before/\$65 after ded.	N/A	\$10 before/\$0 after ded.	N/A
Pediatric Vision Exams	\$0/30% after ded.	N/A	\$0/30% before ded.	N/A	\$0/30% before ded.	N/A
Acupuncture	\$0 after ded.	N/A	Covered in full	N/A	Covered in full	N/A
Telemedicine	\$0 after ded.	N/A	Covered in full	N/A	Covered in full	N/A

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# Benefit Highlights

Plan	Bronze Plus HSA		Bronze Premier-P		Bronze Value-P	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Referral Required</b>	No	N/A	No	N/A	No	N/A
<b>Annual Deductible (individual/family)</b>	\$6,300/\$12,600	N/A	\$5,500/\$11,000	N/A	\$8,550/\$17,100	N/A
<b>Annual Rx Deductible</b>	Integrated	N/A	Integrated	N/A	Integrated	N/A
<b>Annual Maximum Out-of-Pocket (individual/family)</b>	\$6,900/\$13,800	N/A	\$8,700/\$17,400	N/A	\$8,550/\$17,100	N/A
<b>Preventive Services*</b>	Covered in full	N/A	Covered in full	N/A	Covered in full	N/A
<b>PCP Office Visits</b>	50% after ded.	N/A	\$0, then 50% after ded.	N/A	\$0, then 0% after ded.	N/A
<b>Specialist Office Visits</b>	50% after ded.	N/A	50% after ded.	N/A	0% after ded.	N/A
<b>Emergency Room</b>	50% after ded.	50% after ded.	50% after ded.	50% after ded.	0% after ded.	N/A
<b>Urgent Care</b>	\$100 after ded.	N/A	\$75 before ded.	N/A	\$75 before ded.	N/A
<b>Inpatient</b>	50% after ded.	N/A	50% after ded.	N/A	0% after ded.	N/A
<b>Rx (tier 1/2/3)</b>	\$15/\$65/\$80 after ded.	N/A	\$50 before/50% after/50% after ded.	N/A	\$35 before/0% after/0% after ded.	N/A
<b>Pediatric Routine Dental</b>	50% after ded.	N/A	\$40 before/\$70 after ded.	N/A	\$35 before/\$0 after ded.	N/A
<b>Pediatric Vision Exams</b>	50% after ded.	N/A	\$0/50% before ded.	N/A	\$0/30% before ded.	N/A
<b>Acupuncture</b>	\$0 after ded.	N/A	Covered in full	N/A	Covered in full	N/A
<b>Telemedicine</b>	\$0 after ded.	N/A	Covered in full	N/A	Covered in full	N/A

\*Preventive services are covered in full only when provided by network providers in accordance with the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA), or if the items or services have an “A” or “B” rating from the United States Preventive Services Task Force (USPSTF), if the immunizations are recommended by the Advisory Committee on Immunization Practices (ACIP), or when required by New York state law.

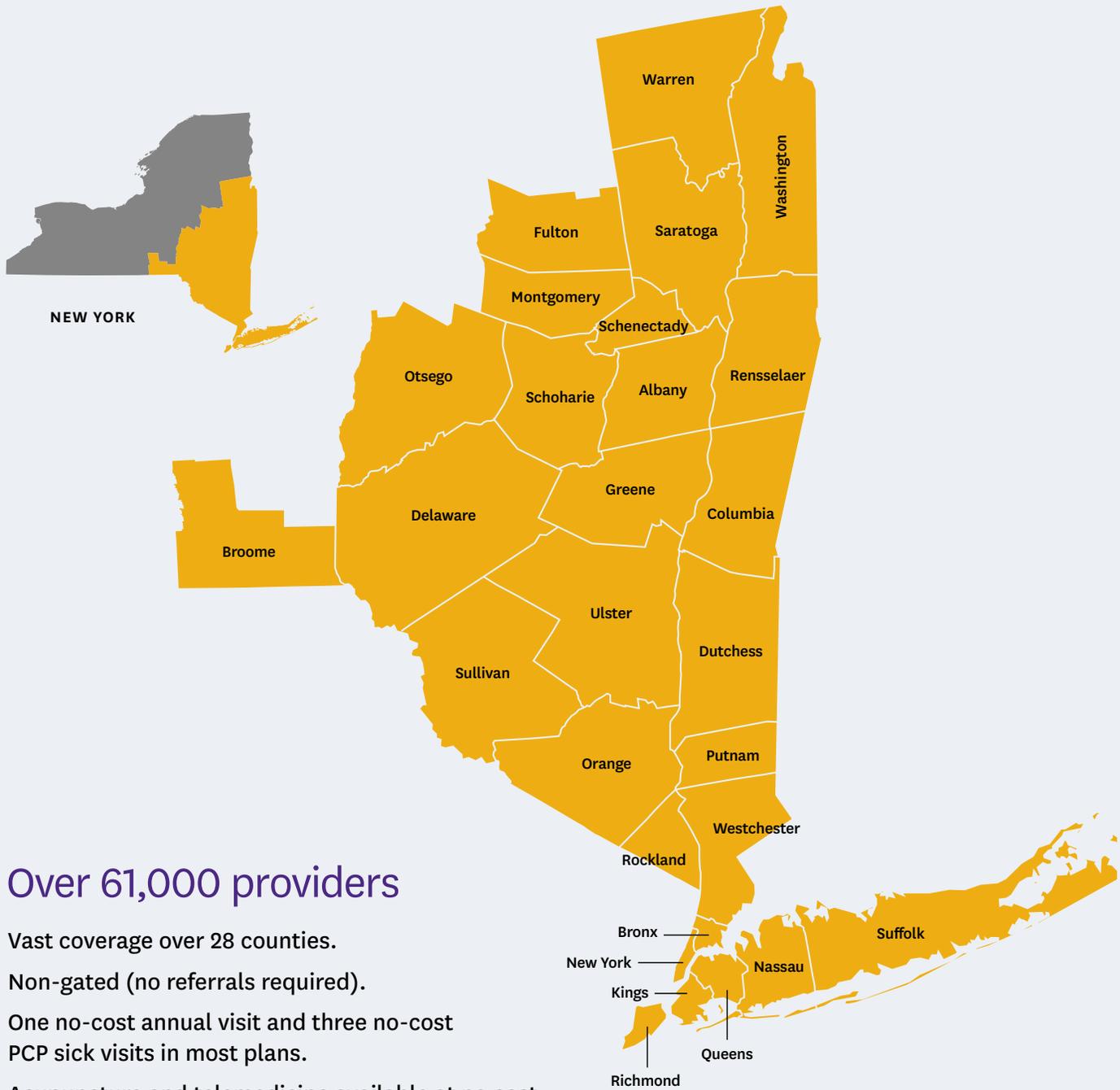
An extended dependent coverage rider is available for purchase, extending the age limit to 29 for all eligible adult children.

Virtual vs. Telemedicine: Both the virtual plans and telemedicine offer 24/7 access to care. Where they differ is that virtual plans offer new ways for members to access their primary care providers and manage their primary care. The telemedicine benefit found in other EmblemHealth plans provides for non-urgent medical care, but it does not replace the care of a regular doctor.

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 61,000 providers

- Vast coverage over 28 counties.
- Non-gated (no referrals required).
- One no-cost annual visit and three no-cost PCP sick visits in most plans.
- 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

Members must pay for medical services if they get treatment outside of the network or use out-of-network services, except for emergency hospital care.

# Benefit Highlights

Plan	Platinum Premier-S		Platinum Value-S		Gold Premier-S		Gold Value-S	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Referral Required</b>	No	N/A	No	N/A	No	N/A	No	N/A
<b>Annual Deductible (individual/family)</b>	\$0	N/A	\$250	N/A	\$450/\$900	N/A	\$2,500/\$5,000	N/A
<b>Rx Deductible</b>	\$0	N/A	Integrated	N/A	\$0	N/A	N/A	N/A
<b>Annual Maximum Out-of-Pocket (individual/family)</b>	\$2,000	N/A	\$2,500	N/A	\$6,000/\$12,000	N/A	\$7,000/\$14,000	N/A
<b>Preventive Services*</b>	Covered in full	N/A	Covered in full	N/A	Covered in full	N/A	Covered in full	N/A
<b>PCP Office Visits</b>	\$0, then \$15 before ded.	N/A	\$0, then \$15 before ded.	N/A	3 free, then \$25 before ded.	N/A	\$0, then \$25 before ded.	N/A
<b>Specialist Office Visits</b>	\$35	N/A	\$35 before ded.	N/A	\$40 before ded.	N/A	\$40 before ded.	N/A
<b>Emergency Room</b>	\$400	\$400	\$400 after ded.	\$400 after ded.	\$800 after ded.	\$800 after ded.	\$800 after ded.	\$800 after ded.
<b>Urgent Care</b>	\$75	N/A	\$75 before ded.	N/A	\$75 before ded.	N/A	\$75 before ded.	N/A
<b>Inpatient</b>	20%	N/A	20% after ded.	N/A	30% after ded.	N/A	30% after ded.	N/A
<b>Rx (tier 1/2/3)</b>	\$0/\$30/\$65	N/A	\$0 before/\$30 after/\$65 after ded.	N/A	\$0/\$40/\$80	N/A	\$0 before/\$40 after/\$80 after ded.	N/A
<b>Pediatric Routine Dental</b>	\$15/\$35	N/A	\$15 before/\$35 after ded.	N/A	\$25 before/\$40 after ded.	N/A	\$25 before/\$40 after ded.	N/A
<b>Pediatric Vision Exams</b>	\$0/10%	N/A	\$0/10% before ded.	N/A	\$0/20% before ded.	N/A	\$0/20% before ded.	N/A
<b>Acupuncture</b>	Covered in full	N/A	Covered in full	N/A	Covered in full	N/A	Covered in full	N/A
<b>Telemedicine</b>	Covered in full	N/A	Covered in full	N/A	Covered in full	N/A	Covered in full	N/A

\*Preventive services are covered in full only when provided by network providers in accordance with the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA), or if the items or services have an “A” or “B” rating from the United States Preventive Services Task Force (USPSTF), if the immunizations are recommended by the Advisory Committee on Immunization Practices (ACIP), or when required by New York state law.

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# Benefit Highlights

Plan	Silver Premier-S		Silver Value-S		Bronze Premier-S		Bronze Value-S	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Referral Required</b>	No	N/A	No	N/A	No	N/A	No	N/A
<b>Annual Deductible (individual/family)</b>	\$3,800/ \$7,600	N/A	\$7,000/ \$14,000	N/A	\$5,500/ \$11,000	N/A	\$8,550/ \$17,100	N/A
<b>Rx Deductible</b>	\$0	N/A	Integrated	N/A	Integrated	N/A	Integrated	N/A
<b>Annual Maximum Out-of-Pocket (individual/family)</b>	\$8,000/ \$16,000	N/A	\$7,000/ \$14,000	N/A	\$8,700/ \$17,400	N/A	\$8,550/ \$17,100	N/A
<b>Preventive Services*</b>	Covered in full	N/A	Covered in full	N/A	Covered in full	N/A	Covered in full	N/A
<b>PCP Office Visits</b>	\$0, then \$35 before ded.	N/A	3 free, then \$10 before ded.	N/A	\$0, then 50% after ded.	N/A	\$0, then 0% after ded.	N/A
<b>Specialist Office Visits</b>	\$65 before ded.	N/A	\$55 before ded.	N/A	50% after ded.	N/A	0% after ded.	N/A
<b>Emergency Room</b>	40% after ded.	40% after ded.	\$0 after ded.	\$0 after ded.	50% after ded.	50% after ded.	0% after ded.	N/A
<b>Urgent Care</b>	\$75 before ded.	N/A	\$75 before ded.	N/A	\$75 before ded.	N/A	\$75 before ded.	N/A
<b>Inpatient</b>	40% after ded.	N/A	\$0 after ded.	N/A	50% after ded.	N/A	0% after ded.	N/A
<b>Rx (tier 1/2/3)</b>	\$0/\$40/\$80	N/A	\$0 before/\$0 after/\$0 after ded.	N/A	\$50 before/50% after/50% after ded.	N/A	\$35 before/0% after/0% after ded.	N/A
<b>Pediatric Routine Dental</b>	\$35 before/\$65 after ded.	N/A	\$10 before/\$0 after ded.	N/A	\$40 before/\$70 after ded.	N/A	\$35 before/\$0 after ded.	N/A
<b>Pediatric Vision Exams</b>	\$0/30% before ded.	N/A	\$0/30% before ded.	N/A	\$0/50% before ded.	N/A	\$0/30% before ded.	N/A
<b>Acupuncture</b>	Covered in full	N/A	Covered in full	N/A	Covered in full	N/A	Covered in full	N/A
<b>Telemedicine</b>	Covered in full	N/A	Covered in full	N/A	Covered in full	N/A	Covered in full	N/A

\*Preventive services are covered in full only when provided by network providers in accordance with the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA), or if the items or services have an “A” or “B” rating from the United States Preventive Services Task Force (USPSTF), if the immunizations are recommended by the Advisory Committee on Immunization Practices (ACIP), or when required by New York state law.

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

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



## 25,000 providers

- Gated (referrals are required).
- One no-cost annual visit and three no-cost PCP sick visits in most plans.
- 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  
Gold EPO-M

Members must pay for medical services if they get treatment outside of the network or use out-of-network services, except for emergency hospital care.

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

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

# Benefit Highlights

Plan	Platinum Premier-M		Platinum Value-M		Gold Premier-M		Gold Value-M		Gold Virtual EPO-M	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	Preferred	Participating
<b>Referral Required</b>	Yes	N/A	Yes	N/A	Yes	N/A	Yes	N/A	No	No
<b>Annual Deductible (individual/family)</b>	\$0	N/A	\$250	N/A	\$450/\$900	N/A	\$2,500/\$5,000	N/A	\$0	\$1,700/\$3,400
<b>Rx Deductible</b>	\$0	N/A	Integrated	N/A	\$0	N/A	N/A	N/A	Integrated	Integrated
<b>Annual Maximum Out-of-Pocket (individual/family)</b>	\$2,000	N/A	\$2,500	N/A	\$6,000/\$12,000	N/A	\$7,000/\$14,000	N/A	\$8,200/\$16,400	
<b>Preventive Services*</b>	Covered in full	N/A	Covered in full	N/A	Covered in full	N/A	Covered in full	N/A	N/A	Covered in full
<b>PCP Office Visits</b>	\$0, then \$15	N/A	\$0, then \$15 before ded.	N/A	\$0, then \$25 before ded.	N/A	\$0, then \$25 before ded.	N/A	\$0	\$40 before ded.
<b>Specialist Office Visits</b>	\$35	N/A	\$35 before ded.	N/A	\$40 before ded.	N/A	\$40 before ded.	N/A	N/A	\$60 before ded.
<b>Emergency Room</b>	\$400	\$400	\$400 after ded.	\$400 after ded.	\$800 after ded.	\$400 after ded.	\$800 after ded.	\$800 after ded.	N/A	40% after ded.
<b>Urgent Care</b>	\$75	N/A	\$75 before ded.	N/A	\$75 before ded.	N/A	\$75 before ded.	N/A	N/A	\$75 before ded.
<b>Inpatient</b>	20%	N/A	20% after ded.	N/A	30% after ded.	N/A	30% after ded.	N/A	N/A	30% after ded.
<b>Rx (tier 1/2/3)</b>	\$0/\$30/\$65	N/A	\$0 before/\$30 after/\$65 after ded.	N/A	\$0/\$40/\$80	N/A	\$0 before/\$40 after/\$80 after ded.	N/A	\$0/\$40/\$80	\$0 before/\$40 after/\$80 after ded.
<b>Pediatric Routine Dental</b>	\$15/\$35	N/A	\$15 before/\$35 after ded.	N/A	\$25 before/\$40 after ded.	N/A	\$25 before/\$40 after ded.	N/A	N/A	\$40 before/\$60 after ded.
<b>Pediatric Vision Exams</b>	\$0/10%	N/A	\$0/10% before ded.	N/A	\$0/20% before ded.	N/A	\$0/20% before ded.	N/A	N/A	\$0/20% before ded.
<b>Acupuncture</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Covered in full
<b>Telemedicine</b>	Covered in full	N/A	Covered in full	N/A	Covered in full	N/A	Covered in full	N/A	N/A	Covered in full

\*Preventive services are covered in full only when provided by network providers in accordance with the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA), or if the items or services have an “A” or “B” rating from the United States Preventive Services Task Force (USPSTF), if the immunizations are recommended by the Advisory Committee on Immunization Practices (ACIP), or when required by New York state law.

Continued on the next page

# Benefit Highlights

Plan	Silver Premier-M		Silver Value-M		Bronze Premier-M		Bronze Value-M	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Referral Required</b>	Yes	N/A	Yes	N/A	Yes	N/A	Yes	N/A
<b>Annual Deductible (Individual/Family)</b>	\$3,800/ \$7,600	N/A	\$7,000/ \$14,000	N/A	\$5,500/ \$11,000	N/A	\$8,550/ \$17,100	N/A
<b>Rx Deductible</b>	\$0	N/A	Integrated	N/A	Integrated	N/A	Integrated	N/A
<b>Annual Maximum Out-of-Pocket (Individual/Family)</b>	\$8,000/ \$16,000	N/A	\$7,000/ \$14,000	N/A	\$8,700/ \$17,400	N/A	\$8,550/ \$17,100	N/A
<b>Preventive Services*</b>	Covered in full	N/A	Covered in full	N/A	Covered in full	N/A	Covered in full	N/A
<b>PCP Office Visits</b>	\$0, then \$35 before ded.	N/A	\$0, then \$10 before ded.	N/A	\$0, then 50% after ded.	N/A	\$0, then 0% after ded.	N/A
<b>Specialist Office Visits</b>	\$65 before ded.	N/A	\$55 before ded.	N/A	50% after ded.	N/A	0% after ded.	N/A
<b>Emergency Room</b>	40% after ded.	40% after ded.	\$0 after ded.	\$0 after ded.	50% after ded.	50% after ded.	0% after ded.	N/A
<b>Urgent Care</b>	\$75 before ded.	N/A	\$75 before ded.	N/A	\$75 before ded.	N/A	\$75 before ded.	N/A
<b>Inpatient</b>	40% after ded.	N/A	\$0 after ded.	N/A	50% after ded.	N/A	0% after ded.	N/A
<b>Rx (tier 1/2/3)</b>	\$0/\$40/\$80	N/A	\$0 before/\$0 after/\$0 after ded.	N/A	\$50 before/50% after/50% after ded.	N/A	\$35 before/0% after/0% after ded.	N/A
<b>Pediatric Routine Dental</b>	\$35 before/\$65 after ded.	N/A	\$10 before/\$0 after ded.	N/A	\$40 before/\$70 after ded.	N/A	\$35 before/\$0 after ded.	N/A
<b>Pediatric Vision Exams</b>	\$0/30% before ded.	N/A	\$0/30% before ded.	N/A	\$0/50% before ded.	N/A	\$0/30% before ded.	N/A
<b>Acupuncture</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Telemedicine</b>	Covered in full	N/A	Covered in full	N/A	Covered in full	N/A	Covered in full	N/A

\*Preventive services are covered in full only when provided by network providers in accordance with the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA), or if the items or services have an “A” or “B” rating from the United States Preventive Services Task Force (USPSTF), if the immunizations are recommended by the Advisory Committee on Immunization Practices (ACIP), or when required by New York state law.

## AdvantageCare Physicians

Because we understand that healthy employees are important contributors to your organization's success, we offer in-network access to AdvantageCare Physicians (ACPNY) in all EmblemHealth small group plans.

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 including **flexible appointment times and virtual 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

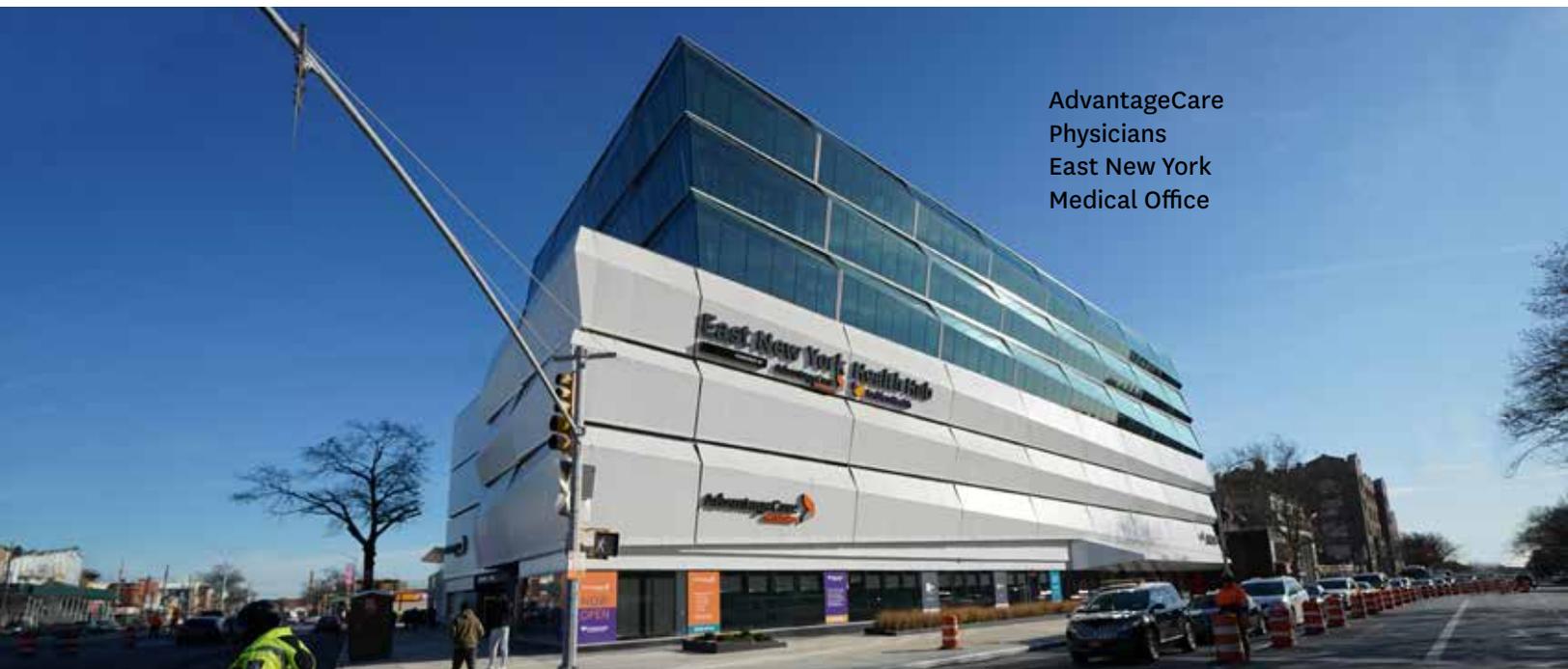
Our preventive care and wellness programs help our members stay healthy, get well, and live better. With our small group plans, members get access to:

- Discount programs on health-related products such as weight loss programs, dietitians, 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.



## 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).

## Standalone Dental Options

If you are looking for adult dental coverage for you and your employees, EmblemHealth offers standalone 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 10,000 general dentists and specialists in New York and New Jersey.

For more details about our standalone 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 a.m. to 5 p.m.

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

### We mean health.