



Essential Plan 1 Plus

[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	\$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 Postnatal Care	Preauthorization required	\$150 copayment \$0 copayment Included in physician and midwife services for delivery cost-sharing
Preadmission Testing	Preauthorization required	\$0 copayment

DENTAL CARE		
Preventive Dental Care	One dental exam and cleaning per 6 month period	\$15 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	\$15 copayment
Major Dental (Endodontics, Periodontics, and Prosthodontics)	Referral required	\$15 copayment

*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 مجاناً، 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**).

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

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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.