EmblemHealth®

Benefit Summaries

EmblemHealth Essential Plan

EmblemHealth Essential Plan

For more than 80 years, EmblemHealth has offered quality, affordable health insurance to the New York community. It's what we do.

This Summary of Benefits brochure shares our Essential Plans available on NY State of Health, The Official Health Plan Marketplace.

How Do I Enroll?

Joining an EmblemHealth Essential Plan is easy.

You will need to have certain information available to apply. Gather these items for each member of your household who needs health insurance coverage:

- **Social Security numbers** (or document numbers for legal immigrants).
- **Employer and income information** (for example, pay stubs, W-2 forms, or any other wage and tax statements.
- **Policy numbers** for any current health insurance plans covering members of your household.
- **Email address** (required to establish an account).

Call us at **866-838-9144** (TTY: **711**), from 8 a.m. to 8 p.m., seven days a week, or go to **emblemhealth.com/essential-plan** to learn more about the Essential Plan and what may be available to you.

ESSENTIAL PLAN COVERAGE

The Essential Plan is a health insurance plan for low-income individuals (no family coverage) who reside in New York and do not qualify for Medicaid. The Essential Plan offers coverage with $0 per month premiums, cost-sharing with no deductibles, specialist visits with no referrals, and dental and vision benefits.

The Essential Plans offered by EmblemHealth use the Enhanced Care Prime Network, which includes doctors, facilities, and leading hospitals in 8 counties.

To be eligible for the Essential Plan:

- Your annual salary must be $37,650 or less.
- You must be lawfully present in the United States and between the ages of 19 and 64.
- You have to live in: New York City (Brooklyn, the Bronx, Manhattan, Queens, or Staten Island), Long Island (Nassau or Suffolk counties), or Westchester county.

IMPORTANT THINGS YOU NEED TO KNOW ABOUT THESE PLANS

- You should select a **primary care provider** (PCP) who participates in the **Enhanced Care Prime Network**.
- You are only covered for care you get from doctors, hospitals, and facilities in your plan network. Emergency care that you receive in a hospital (e.g., hospital emergency room) are covered in- and out-of-network.
- **You do not need a referral or approval from your PCP to see specialists when needed.** Specialists are doctors who provide services other than primary care, such as allergists, dermatologists, cardiologists, etc.
- **Your plan includes Teladoc® Primary360**, which is available by phone, video, or messaging through a mobile app at no additional cost. This benefit includes:
  - Primary care.
  - Behavioral health.
  - Dermatology services.

  Members can see the same provider throughout their care with no limit on the the number of virtual visits.

  Teladoc also provides help for non-emergency conditions 24/7 and prescription medicines when medically necessary through on-demand general medical physician services.*
- **Preventive care** is fully covered as long as you use a participating health care professional. These services include routine physicals, screenings, immunizations, mammograms, gynecological exams, well-baby care, and prescription contraceptives for women.
- **Prescription drug coverage** is included in these plans. All prescription drug benefits must be obtained through pharmacies that contract with your plan. The pharmacist will apply any copays when you pay for your prescription.

*Telemedicine benefit is provided through Teladoc. It is not appropriate for all covered services. Restrictions apply and not all services are available 24/7.

Glossary

A **premium** is the amount you pay for your insurance every month.

A **deductible** is the amount you pay each year before your plan starts to pay benefits.

A **copayment** (also called a copay) is the set amount you pay for covered health services, like seeing a doctor or paying for a drug at the pharmacy.

Coinsurance is the percentage you pay for health services, usually after you pay your deductible.

FPL stands for federal poverty level.

A **network** is a group of health care professionals or facilities that have contracted with a health plan. They provide covered products and services to members.

Out-of-pocket costs are what you pay for health services. These include deductibles, coinsurance, and copayments.

Essential Plans 200-250, 1, and 2

Essential Plan 200-250*: Available to those with an annual income 200 – 250% of the FPL. This plan offers a low-cost coverage option for individuals with a $0 monthly premium and deductible. It is offered to individuals but not the individual's spouse or children. If the individual's spouse and/or adult children are eligible for the Essential Plan, they must enroll separately under their own individual policy. Dental and vision coverage are included in Essential Plan 200-250.

Essential Plan 1*: Available to those with an annual income 150% – 200% of the FPL. This plan offers an affordable coverage option for lower-income individuals with a $0 monthly premium and no deductible. It is offered to individuals but not the individual's spouse or children. If the individual's spouse and/or adult children are eligible for the Essential Plan, they must enroll separately under their own individual policy. Dental and vision coverage are included in Essential Plan 1.

Essential Plan 2*: Available to those with an annual income 138% – 150% of the FPL. This plan offers a more affordable coverage option for lower-income individuals, with a $0 monthly premium, lower cost-sharing than Essential Plan 1, and no deductibles. This plan is offered to individuals but not the individual's spouse or children. If the individual's spouse and/or adult children are eligible for the Essential Plan, they must enroll separately under their own individual policy. Dental and vision coverage are included in Essential Plan 2.

SUMMARY OF BENEFITS			
Major Cost-Sharing Provisions	**Essential Plan 200-250****	**Essential Plan 1****	**Essential Plan 2***
Primary care provider (PCP) office visits	$15 copay	$15 copay	$0 copay
Specialist office visits	$25 copay	$25 copay	$0 copay
Hospital admission	$150 copay	$150 copay	$0 copay
Emergency room copay (waived if admitted)	$75 copay	$75 copay	$0 copay
Annual deductible	$0 copay	$0 copay	$0 copay
Annual out-of-pocket maximum	$2,000 copay	$360 copay	$200 copay
Prescription drugs *** (Tier 1: generic/Tier 2: formulary/Tier 3: non-formulary)	Retail: $6 copay/$15 copay/$30 copay Mail order: $15 copay/ $37.50 copay/$75 copay	Retail: $6 copay/$15 copay/$30 copay Mail order: $15 copay/ $37.50 copay/$75 copay	Retail: $1 copay/$3 copay/$3 copay Mail order: $2.50 copay/ $7.50 copay/$7.50 copay
Inpatient Hospital Services			
Inpatient doctor and surgical services	$50 copay	$50 copay	$0 copay
Semi-private room and board	Included in hospital admission copay	Included in hospital admission copay	Included in hospital admission copay
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	Included in hospital admission copay	Included in hospital admission copay
Short-term speech, physical, occupational, and respiratory therapy (when part of an acute admission)	Included in hospital admission copay	Included in hospital admission copay	Included in hospital admission copay
Speech, physical, occupational, and respiratory therapy (when part of a rehabilitation admission)	Included in hospital admission copay	Included in hospital admission copay	Included in hospital admission copay
Radiation therapy and chemotherapy	$15 copay	$15 copay	$0 copay
Pre-admission testing	$0 copay	$0 copay	$0 copay
Outpatient Medical Care			
PCP office visits	$15 copay	$15 copay	$0 copay
Specialist office visits	$25 copay	$25 copay	$0 copay
Preventive care,† including physical exams, hearing exams, health education and counseling, Pap smears, mammograms, and immunizations	Covered in full	Covered in full	Covered in full
Diagnostic services, including x-rays, lab tests, EKGs	$15 copay	$15 copay	$0 copay
Ambulatory surgery	$50 copay	$50 copay	$0 copay
Second medical and surgical opinions	$25 copay	$25 copay	$0 copay
Chiropractic services	$25 copay	$25 copay	$0 copay

SUMMARY OF BENEFITS			
Major Cost-Sharing Provisions	**Essential Plan 200-250****	**Essential Plan 1****	**Essential Plan 2***
Mental health care			
• Inpatient treatment of mental illness.	$150 copay	$150 copay	$0 copay
• Outpatient treatment of mental illness.	$15 copay	$15 copay	$0 copay
Substance use disorder			
• Inpatient detoxification.	$150 copay	$150 copay	$0 copay
• Inpatient rehabilitation treatment.	$150 copay	$150 copay	$0 copay
• Outpatient rehabilitation treatment.	$15 copay	$15 copay	$0 copay
Special Kinds of Care			
Emergency and urgent care			
• In hospital emergency room.	$75 copay	$75 copay	$0 copay
• In urgent care facility.	$25 copay	$25 copay	$0 copay
• Ambulance service to the hospital.	$75 copay	$75 copay	$0 copay
Home health care	$15 copay	$15 copay	$0 copay
Hospice care	Inpatient: $150 copay Outpatient: $15 copay	Inpatient: $150 copay Outpatient: $15 copay	Inpatient: $150 copay Outpatient: $15 copay
Skilled nursing facility care	$150 copay	$150 copay	$0 copay
Dialysis treatment	$15 copay	$15 copay	$0 copay
Diabetes equipment, supplies, and education	$15 copay	$15 copay	$0 copay
Outpatient physical, speech, occupational, and respiratory therapy	$15 copay	$15 copay	$0 copay
Durable medical equipment	5% coinsurance	5% coinsurance	$0 coinsurance
Hearing aids	5% coinsurance	5% coinsurance	$0 coinsurance
Adult dental care			
• Preventive dental.	$0 copay	$0 copay	$0 copay
• Routine dental.	$0 copay	$0 copay	$0 copay
• Major dental.	$0 copay	$0 copay	$0 copay
Adult vision care			
• Refractive eye exams.	$0 copay	$0 copay	$0 copay
• Eyeglasses/contact lenses.	$0 copay	$0 copay	$0 copay

ESSENTIAL PLAN PREMIUMS	NYC METRO (BRONX, NEW YORK, KINGS, QUEENS, AND RICHMOND)	LONG ISLAND (NASSAU AND SUFFOLK)	WESTCHESTER
Essential Plan 200-250 (dental and vision included)	$0 premium	$0 premium	$0 premium
Essential Plan 1 (dental and vision included)	$0 premium	$0 premium	$0 premium
Essential Plan 2 (dental and vision included)	$0 premium	$0 premium	$0 premium

*You must qualify to enroll in the Essential Plan. Qualification is based on income and other factors.

**Per service/visit

***30-day supply

†Preventive care and well-child care services are covered when given an A or B rating by the United States Preventive Services Task Force (USPSTF), recommended by the Advisory Committee on Immunization Practices (ACIP), or provided in accordance with Health Resources and Services Administration (HRSA) guidelines. Preventive care services mandated by the Affordable Care Act are covered in full in-network. Other preventive care services may be subject to cost-sharing.

The EmblemHealth Essential Plan is underwritten by Health Insurance Plan of Greater New York (HIP). Except for emergency care, the above benefits and services are covered only when provided by an Enhanced Care Prime Network primary care provider and/or approved in advance by the EmblemHealth Utilization Management Program. Participating doctors and health care professionals have contracted with EmblemHealth to give 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. It does not constitute an agreement.

Refer to HIP policy form numbers for Essential Plan 200-250: 155-23-EPP200-250NONAIAN (01/24), 155-23-EPP200-250AIAN (01/24), among others, Essential Plan 1: 155-23-EPP1NONAIAN (01/24) 155-23-EPP1AIAN (01/24) among others, and for Essential Plan 2: 155-23-EPP2NONAIAN (01/24), 155-23-EPP2AIAN (01/24), among others.

Certain services may require preauthorization.

Essential Plans 3 and 4*

Essential Plan 3*: Available to those with an annual income 100% – 138% of the FPL (includes Aliessa population/eligible legal immigrants). This plan offers more affordable coverage options with $0 monthly premiums and lower cost-sharing with no deductibles and a large network of health care professionals. The Aliessa population will have an additional set of benefits currently offered through Medicaid, including non-emergency transportation, non-prescription drugs, adult dental services, orthotic devices, orthopedic footwear, and adult vision care. Dental and vision coverage are included under Essential Plan 3.

Essential Plan 4*: Available to those with an annual income less than 100% of the FPL (includes Aliessa population/eligible legal immigrants). This plan offers a more affordable coverage option with a $0 monthly premium, lower cost-sharing, no deductibles, no out-of-pocket limits, and a large network of health care professionals. The Aliessa population will have an additional set of benefits currently offered through Medicaid, including non-emergency transportation, non-prescription drugs, adult dental services, orthotic devices, orthopedic footwear, and adult vision care. Dental and vision coverage are included under Essential Plan 4.

SUMMARY OF BENEFITS		
Major Cost-Sharing Provisions	**Essential Plan 3****	**Essential Plan 4****
Primary care provider (PCP) office visits	$0 copay	$0 copay
Specialist office visits	$0 copay	$0 copay
Hospital admission	$0 copay	$0 copay
Emergency room copay (waived if admitted)	$0 copay	$0 copay
Annual deductible	$0 copay	$0 copay
Annual out-of-pocket maximum	$200 copay	$0 copay
Prescription drugs *** (Tier 1: generic/Tier 2: formulary/Tier 3: non-formulary)	Retail: $1 copay/$3 copay/$3 copay Mail order: $2.50 copay/ $7.50 copay/$7.50 copay	Retail: $0 copay/$0 copay/$0 copay Mail order: $0 copay/$0 copay/$0 copay
Inpatient Hospital Services		
Inpatient physician and surgical services	$0 copay	$0 copay
Semi-private room and board	Included in hospital admission copay	Included in hospital admission copay
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	Included in hospital admission copay
Short-term speech, physical, occupational, and respiratory therapy (when part of an acute admission)	Included in hospital admission copay	Included in hospital admission copay
Speech, physical, occupational, and respiratory therapy (when part of a rehabilitation admission)	Included in hospital admission copay	Included in hospital admission copay
Radiation therapy and chemotherapy	$0 copay	$0
Pre-admission testing	$0 copay	$0
Outpatient Medical Care		
PCP office visits	$0 copay	$0
Specialist office visits	$0 copay	$0
Preventive care,† including physical exams, hearing exams, health education and counseling, Pap smears, mammograms, and immunizations	Covered in full	Covered in full
Diagnostic services, including x-ray, lab tests, EKGs	$0 copay	$0 copay
Ambulatory surgery	$0 copay	$0 copay
Second medical and surgical opinions	$0 copay	$0 copay
Chiropractic services	$0 copay	$0 copay

SUMMARY OF BENEFITS		
Major Cost-Sharing Provisions	**Essential Plan 3****	**Essential Plan 4****
Mental health care		
• Inpatient treatment of mental illness.	$0 copay	$0 copay
• Outpatient treatment of mental illness.	$0 copay	$0 copay
Substance use disorder		
• Inpatient detoxification.	$0 copay	$0 copay
• Inpatient rehabilitation treatment.	$0 copay	$0 copay
• Outpatient rehabilitation treatment.	$0 copay	$0 copay
Special Kinds of Care		
Emergency and urgent care		
• In hospital emergency room.	$0 copay	$0 copay
• In urgent care facility.	$0 copay	$0 copay
• Ambulance service to the hospital.	$0 copay	$0 copay
Home health care	$0 copay	$0 copay
Hospice care	$0 copay	$0 copay
Skilled nursing facility care	$0 copay	$0 copay
Dialysis treatment	$0 copay	$0 copay
Diabetes equipment, supplies, and education	$0 copay	$0 copay
Outpatient physical, speech, occupational, and respiratory therapy	$0 copay	$0 copay
Durable medical equipment	$0 copay	$0 copay
Hearing aids	$0 copay	$0 copay
Adult dental care		
• Preventive dental.	$0 copay	$0 copay
• Routine dental.	$0 copay	$0 copay
• Major dental.	$0 copay	$0 copay
Adult vision care		
• Refractive eye exams.	$0 copay	$0 copay
• Eyeglasses/contact lenses.	$0 copay	$0 copay

ESSENTIAL PLAN PREMIUMS	NYC METRO (BRONX, NEW YORK, KINGS, QUEENS, AND RICHMOND)	LONG ISLAND (NASSAU AND SUFFOLK)	WESTCHESTER
Essential Plan 3 (dental and vision included)	$0 premium	$0 premium	$0 premium
Essential Plan 4 (dental and vision included)	$0 premium	$0 premium	$0 premium

*You must qualify to enroll in the Essential Plan. Qualification is based on income and other factors.
**Per service/visit
***30-day supply
†Preventive care and well child-care services are covered when given an A or B rating by the USPSTF, recommended by the ACIP, or provided in accordance with HRSA guidelines. Preventive care services mandated by the Affordable Care Act are covered in full in-network. Other preventive care services may be subject to cost-sharing.

Aliessa Population — A population of legal immigrants who are not eligible to enroll in Medicaid due to their immigration status, but are eligible, based on income, for a state-funded Medicaid plan.

The EmblemHealth Essential Plan is underwritten by Health Insurance Plan of Greater New York (HIP). Except for emergency care, the above benefits and services are covered only when provided by an Enhanced Care Prime Network primary care provider and/or approved in advance by the EmblemHealth Utilization Management Program. Participating physicians and providers have contracted with EmblemHealth to give 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. It does not constitute an agreement.

Refer to HIP policy form numbers for Essential Plan 3: 155-23-EPP3Aliessa (01/24), among others and for Essential Plan 4: 155-23-EPP4Aliessa (01/24), among others.

Certain services may require preauthorization.

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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 (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 مجانا، 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**).

اردو (Urdu)
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

EmblemHealth complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. EmblemHealth does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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**.

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

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