



Individual and Family Plans Made Simple





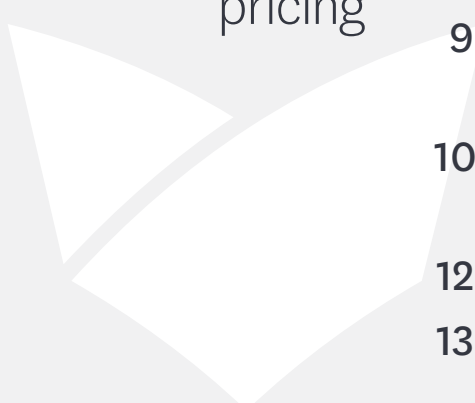
Welcome!

Everyone needs health insurance — getting it should be easy for everyone, too.

We all want and deserve to be taken care of in sickness and in health. A quality health insurance plan can give you peace of mind knowing you're covered for routine checkups and for care when you're not well.

Our mission is health care for all of us. But, if you're an individual who's not eligible for insurance through an employer, or can't afford what you're being offered, finding the health coverage you want can be hard.

That's why we created this guide — to help you understand your options and find the right health plan for your needs and budget.



Quality health
coverage
options and
affordable
pricing

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WHAT IS INDIVIDUAL HEALTH INSURANCE AND WHO IS ELIGIBLE?

There are two kinds of health insurance plans: group plans and individual plans. In most cases, the only way to join a group health plan is as an employee of a company that offers group coverage, or as a family member of that employee. But what if the plan being offered through work is too expensive for you? Or if you work on your own or are unemployed? There are many reasons why an individual or family plan may be right for you.

Consider enrolling in an individual plan if, for example, any of these describe you:

- Freelancer
- Part-time worker
- Lost group coverage
- Can't afford COBRA
- Unemployed
- Retired but not eligible for Medicare
- Had a sudden loss of income
- Can't afford my company plan
- Need coverage for my child or other family members
- Can't stay on my parent's plan



If one of the above describes you, or you have a unique situation and need help finding a health plan, call us at **877-347-0440** or visit **emblemhealth.com/individualsandfamilies**.



HELPFUL DEFINITIONS

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

A **deductible** is the amount you pay before your plan starts to pay. Once you meet your deductible each year, you will then pay any coinsurance or copayments owed for the care you receive.

A **copayment** (also called a “copay”) is a fixed dollar amount you pay for covered health services, like seeing a doctor or getting a drug at the pharmacy.

Coinsurance is a percentage of the cost that you pay for health services. You and your plan both share the cost.

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

Preventive care is care you get when you are well, including checkups and routine screenings.*

Telemedicine is a benefit that offers 24/7 access to care through technology, usually through an app and a video call on your phone or computer. Telemedicine is provided by an outside service that contracts with your plan.

Telehealth is care through technology — usually by video on your phone or computer — that you arrange with a network doctor who offers it. Telehealth is covered the same way in-person visits are covered, depending on your plan.

NY State of Health Marketplace at nystateofhealth.ny.gov is the website where you can shop and enroll in individual and family plans.

A **formulary** is a plan’s drug list. Different plans have different lists of covered prescription drugs.

*Preventive services are not subject to cost-sharing (copayments, deductibles, or coinsurance) when performed by a network provider and provided 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 U.S. Preventive Services Task Force (USPSTF), or if the immunizations are recommended by the Advisory Committee on Immunization Practices (ACIP).

THINGS TO CONSIDER WHEN SHOPPING FOR A PLAN

The Three P's

Remembering the three “P’s” is a helpful way to focus on the main things to consider when shopping for a health insurance plan. They are:



PREMIUMS

How much do you have to pay each month for your plan?



PRESCRIPTIONS

What kind of coverage can you get for the drugs you take? Check a plan’s formulary or drug list to make sure any medicines you take regularly are covered.



PROVIDERS

Does the plan have a network of providers in your area? Do your doctors participate in the network? You can search a plan’s network to see who participates.



Coverage Beyond the Doctor's Office

Health insurance is not just about going for checkups. It can help you stay healthy in many different ways. EmblemHealth offers individual and family plans that include:



Acupuncture



Nurse Hotline 24/7 Support



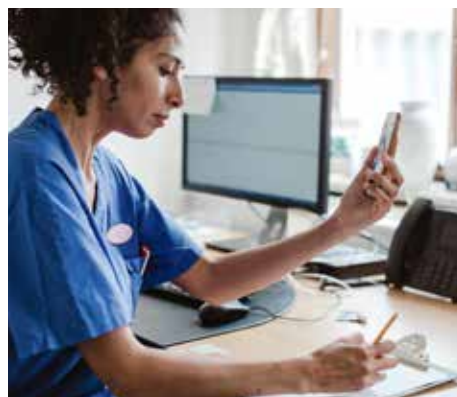
Telemedicine



Maternity Program



Diabetes Prevention



Telehealth

WHY CHOOSE US?

DISCOVER THE EMBLEMHEALTH DIFFERENCE



EmblemHealth is one of America's largest nonprofit health insurance companies. As a nonprofit, we answer to our members — not to shareholders. We believe in health care for all of us and deliver on that promise by offering excellent service and plan choices to fit a wide range of needs and budgets.

We Are New Yorkers, Too

We serve more than three million people in the New York tristate area. And everything we do is backed by a long history of success: We have been a New York health insurance company for more than 80 years. Many of our teams live and work here, using our plans. This means we know what it takes, and have built the strong networks needed to offer access to thousands of highly rated doctors, hospitals, and other providers you can depend on.

We Know You Need Options

Everyone has different needs. And we believe you should be able to find a plan that gives you the coverage you want at a price you can afford. That's why we offer lots of choices with different network arrangements — so you can find the plan that works best for you and your family.

We Are In Your Backyard — And Have Your Back

EmblemHealth members enjoy a community advantage. Every day, EmblemHealth goes above and beyond health care to serve our communities in different ways. Our popular **Neighborhood Care** centers offer local services, including free fitness and wellness classes, one-on-one help with your benefit plan, connections to community resources, and much more.

For all EmblemHealth members, **AdvantageCare Physicians (ACPNY)*** is included in-network. ACPNY is a primary and specialty care practice focusing on “the whole you,” with conveniently located offices, flexible appointment times, and many offices offering on-site access to lab and radiology services.

*In the Bronx, patients receive care at three locations of BronxDocs, an affiliate of AdvantageCare Physicians. Other providers are available in our network.

TELL ME MORE

VISIT US ONLINE AT [EMBLEMHEALTH.COM/INDIVIDUALSANDFAMILIES](https://www.emblemhealth.com/individualsandfamilies)

DIFFERENT TYPES OF PLANS FOR INDIVIDUALS AND FAMILIES

Individuals and families can choose from different kinds of plans that are available for sale on the NY State of Health Marketplace and directly through EmblemHealth. EmblemHealth offers all of these plan types:

Standard Qualified Health Plans

You can enroll in Standard plans directly on the Marketplace, or we can help you enroll in an EmblemHealth Standard plan. Standard plans offer coverage for:

- Preventive care with no copay
- Telemedicine
- Prescription drug coverage
- Hospitalization, and more

No matter which type of plan you choose, EmblemHealth's individual and family plans are designed to help you stay healthy and get the care you need when you need it.

Nonstandard Individual Plans

Nonstandard plans offer the same required health benefits as Standard plans, but have different features and pricing. For example, EmblemHealth's exclusive Nonstandard plans offer the following before the deductible:

- Pediatric and adult dental and vision
- Acupuncture
- 3 PCP visits with no cost-sharing
- Specialist visits
- Urgent care visits
- Generic drugs and lab services not subject to deductible

Essential Plan

If you meet income and related household qualifications, you may be able to join the Essential Plan.* If you qualify, you pay a \$0 monthly premium. An EmblemHealth representative can help you enroll in our Essential Plan. Benefits include:

- \$0 deductible
- Doctor and specialist visits with a \$0 copay
- Preventive care with no cost-sharing, including routine exams and screenings
- Dental and vision included at no additional cost

*Visit nystateofhealth.ny.gov/individual to find out if you qualify.



HELP PAYING FOR THE COST OF HEALTH INSURANCE

Depending on your income and financial circumstances, you may be able to receive financial assistance to help you afford health insurance. The assistance may be in the form of tax credits, or you may be eligible for a subsidized plan. The American Rescue Plan (ARPA) provides financial assistance to eligible individuals and families to help pay for health insurance.

An EmblemHealth representative can help you shop for a plan and understand any financial assistance that may be available to you.

TELL ME MORE

VISIT US ONLINE AT [EMBLEMHEALTH.COM/INDIVIDUALSANDFAMILIES](https://www.emblemhealth.com/individualsandfamilies)



You must enroll on the Marketplace to receive:



TAX CREDITS

The U.S. government gives some people tax credits to help pay the monthly costs of their health plan. The Marketplace is where you can learn if you qualify for these credits. And it is the only place you can enroll in a plan and use tax credits to help pay the costs. For individuals already receiving tax credits, ARPA has increased available credit amounts. Also, individual eligibility to tax credits has expanded so that more people can now qualify.



COST-SHARING REDUCTION (CSR)

If you meet the income requirements, you may be eligible for a discount that lowers the amount you have to pay for deductibles, copays, and coinsurance. This is also called “extra savings.” You must be eligible and enroll in what’s called a “Silver” category plan on the Marketplace to get this pricing.



PLAN OPTIONS

Some plan options are only available on the Marketplace, including Medicaid, Child Health Plus, or the Essential Plan. For any of these plans, you must enroll on the NY State of Health Marketplace. If you are eligible for tax credits, you will want to enroll via the Marketplace.

READY TO ENROLL IN AN INDIVIDUAL OR FAMILY PLAN? WE CAN HELP.

Getting health insurance should be easy and hassle-free. But with an application to fill out and many options to choose from, it can be confusing. EmblemHealth is here to help you every step of the way, even on the Marketplace (to receive tax credits, enrollment must be through the state). So, don't hesitate to call us. Here are your enrollment options:

- ✔ Call us at **877-347-0440**, 8 am to 8 pm, Monday through Friday to get answers on how to enroll in an EmblemHealth individual or family plan.
- ✔ Visit **emblemhealth.com**. Use our shopping tool to find plan and price information, and to get a quote. Once you have found the right plan, you can enroll right on the site.
- ✔ Visit the NY State of Health Marketplace at **nystateofhealth.ny.gov** and look for EmblemHealth plans.



WHEN TO ENROLL

Each year, you can enroll in a health plan during the annual Open Enrollment Period. This is when most individuals and families can enroll in a new health care plan. If you miss the Open Enrollment Period, you may have to wait until the next Open Enrollment Period to sign up. But there are exceptions. See the timeline below.

November 16, 2021 to January 31, 2022 (in New York State) **OPEN ENROLLMENT PERIOD**

Learn about, shop for, and enroll in plans for the upcoming year.

February 1, 2022 to December 15, 2022 **SPECIAL ELECTION PERIOD**

You can enroll in a health plan at any time of the year if you experience a life-changing event, such as getting married, having a baby, losing your health coverage for certain reasons, or experiencing a loss of income. If you qualify for Medicaid, Child Health Plus, or the Essential Plan, you can also enroll at any time throughout the year.

WHAT YOU'LL NEED TO ENROLL

When you're ready to enroll, you may need to provide some information for you and each member of your household, such as:

- 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





What Happens After You Enroll

If you enroll by the 15th of the month, your coverage starts on the first day of the next month.* If you enroll after the 15th of the month, your coverage starts on the first day of the following month.

After you enroll, contact your health insurance company to make your first payment. For your coverage to begin, you must pay your initial plan premium by the 10th of the month your enrollment becomes effective.

Please note that if you don't pay your premium on time, you will not be considered a member of the plan and any services you receive will not be covered.

Once you become a member, we can help you renew your coverage each year, depending on eligibility. Any time you experience a change in employment, a loss of income, or a qualifying life event, you may be eligible to change your insurance. If your income changes during the year and you receive tax credits, you will have to update this information with the state and your tax credits will be adjusted accordingly. You may also be allowed to enroll in a new plan. If your income changes and you do not receive tax credits, you may want to check with the state to see if you now qualify for them. In all cases, an EmblemHealth enrollment specialist can help you get the coverage you need.

*If you enroll in the Essential Plan by the 15th of the month, your coverage will be retroactive to the first of the month.

Have questions? Need answers?

It's easy to reach us and find out more information.



PHONE

877-347-0440 (TTY: 711)

8 am to 8 pm, Monday through Friday



WEBSITE

emblemhealth.com/individualsandfamilies

24 hours a day, 7 days a week





We're here to help you find the best coverage for your needs.

Call EmblemHealth to find a quality, affordable plan. We can also walk you through the process of enrolling in an EmblemHealth plan on the NY State of Health Marketplace.

For more details, call us at **877-347-0440 (TTY: 711)**.

Visit us online at emblemhealth.com/individualsandfamilies

We mean health.

This brochure is a summary of the plans' benefits. Coverage is subject to all terms, conditions, limitations, and exclusions set forth in the contract.

Refer to policy forms: Platinum Schedule 155-23-IONHIXPSchedule (04/21), Gold Schedule 155-23-IONHIXGSchedule (04/21), Silver Schedule 155-23-IONHIXSSchedule (04/21), Silver Standard CSR 1 Schedule 155-23-IONHIXS200Schedule (04/21), Silver Standard CSR 2 Schedule 155-23-IONHIXS150Schedule (04/21), Silver Standard CSR 3 Schedule 155-23-IONHIXS100Schedule (04/21), Bronze Schedule 155-23-IONHIXBSchedule (04/21), Silver Value Schedule 155-23-NSIONHIXSSchedule (04/21), Silver Value CSR 1 Schedule 155-23-NSIONHIXS200Schedule (04/21), Silver Value CSR 2 Schedule 155-23-NSIONHIXS150Schedule (04/21), Silver Value CSR 3 Schedule 155-23-NSIONHIXS100Schedule (04/21), Silver Bold Schedule 155-23-NSIONHIXSBoldSchedule (04/21), Silver Bold CSR 1 Schedule 155-23-NSIONHIXSBold200Schedule (04/21), Silver Bold CSR 2 Schedule 155-23-NSIONHIXSBold150Schedule (04/21), Silver Bold CSR 3 Schedule 155-23-NSIONHIXSBold100Schedule (04/21), Gold Value Schedule 155-23-NSIONHIXGSchedule (04/21), Gold Premier Schedule 155-23-NSIONHIXGPremierSchedule (04/21)

The EmblemHealth plans advertised are underwritten by Health Insurance Plan of Greater New York (HIP), an EmblemHealth company.

ATTENTION: If you speak other languages, language assistance services, free of charge, are available to you. Call 877-411-3625 (TTY: 711). ATENCIÓN: Si usted habla español, tiene a su disposición, gratis, servicios de ayuda paraidiomas. Llame al 877-411-3625 (TTY/TDD: 711). 注意: 如果您講中文, 我們免費提供相關的語言協助服務。請致電 877-411-3625 TTY: 711.