

Select Care Bronze

SUMMARY OF BENEFITS	
Major Cost-Sharing Provisions	Comments
Primary care physician (PCP) office visits	50% coinsurance after deductible
Specialist office visits	50% coinsurance after deductible
hospital admission	50% coinsurance after deductible
Emergency room copay (waived if admitted)	50% coinsurance after deductible
Annual deductible (individual/family)	\$3,000/\$6,000
Out-of-pocket maximum (individual/family)	\$6,350/\$12,700
Prescription drugs	\$10 copay generic, \$35 copay preferred brand, \$70 copay non-preferred brand, \$70 copay specialty drugs
Inpatient Hospital Services	
Inpatient physician and surgical services	50% coinsurance after deductible
Semi-private room and board	50% coinsurance after deductible
Operating and recovery room, intensive and special care units, general nursing care, prescribed drugs, anesthesia, X-rays and lab tests	50% coinsurance after deductible
Short-term speech, physical, occupational and respiratory therapy (when part of an acute admission)	50% coinsurance after deductible
Speech, physical, occupational and respiratory therapy (when part of a rehabilitation admission)	50% coinsurance after deductible
Radiation therapy and chemotherapy	50% coinsurance after deductible
Pre-admission testing	50% coinsurance after deductible
Outpatient Medical Care	
PCP office visits	50% coinsurance after deductible
Specialist office visits	50% coinsurance after deductible
Preventative care, including physical exams, ear exams, health education and counseling, pap smear, mammography and immunizations	Covered in full
Well-child care	Covered in full
Diagnostic services including X-ray, lab tests, EKGs	50% coinsurance after deductible
Prenatal, postnatal care in physician's office	Covered in full
Ambulatory surgery	50% coinsurance after deductible
Second medical and surgical opinion	50% coinsurance after deductible
Chiropractic services	50% coinsurance after deductible
Mental Health and Substance Use Disorder	
Mental Health Care	
• Inpatient treatment of mental illness	50% coinsurance after deductible
• Outpatient treatment of mental illness	50% coinsurance after deductible
Substance Use Disorder	
• Inpatient detoxification	50% coinsurance after deductible
• Inpatient rehabilitation treatment	50% coinsurance after deductible
• Outpatient rehabilitation treatment	50% coinsurance after deductible
Special Kinds of Care	
Emergency and urgent care	
• In hospital emergency room	50% coinsurance after deductible
• In urgent care facility	50% coinsurance after deductible
• Ambulance service to the hospital	50% coinsurance after deductible

SUMMARY OF BENEFITS

Home health care	50% coinsurance after deductible
Hospice care	50% coinsurance after deductible
Skilled nursing facility care	50% coinsurance after deductible
Dialysis treatment	50% coinsurance after deductible
Diabetes equipment, supplies and education	50% coinsurance after deductible
Outpatient physical, speech, occupational and respiratory therapy	50% coinsurance after deductible
Family planning services	No charge
Infertility diagnosis and treatment	No charge
Durable medical equipment	50% coinsurance after deductible
Hearing aids	50% coinsurance after deductible
Pediatric vision (coverage to age 19)	
• Refractive eye exams	50% coinsurance after deductible
• Eyeglasses/contact lenses	50% coinsurance after deductible

EmblemHealth Select Care Plans are underwritten by HIP Health Plan of New York. Except for emergency care, the above benefits and services are covered only when provided or referred by a Select Care network primary care physician and/or approved in advance by the EmblemHealth Care 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(04/13), et al.

Certain services must be approved in advance by EmblemHealth.

Preventive care services mandated by the Federal Patient Protection and Affordable Care Act, including the Women's Preventive Services Mandate of 2012, are covered in full in-network.

New York State mandated-benefits for autism spectrum disorder are covered in connection with policies issued or renewed on or after November 1, 2012.

PHBRZA001

