

EMBLEMHEALTH ESSENTIAL PLAN

Quick Start Guide to Your Benefits

Welcome to your EmblemHealth Essential Plan, with services provided by our Enhanced Care Prime Network. Here are some important things you need to know:

YOUR NETWORK AND YOUR PROVIDER

This plan has in-network coverage only. As an HMO member, you must choose a primary care physician (PCP) who participates with the **Enhanced Care Prime Network**. Your PCP will coordinate your care, as well as visits to specialists. Your benefits will be covered only if you see health care providers in this network. If you see a provider outside this network, you may have to pay the costs yourself. Emergency services that you receive in a hospital (e.g., hospital emergency room) are covered in- and out-of-network.

When setting up office visits, make sure to ask whether your PCP participates in the network. If your PCP has more than one office, also check that the office you're visiting is part of the network. You can use EmblemHealth's online provider directory to find a list of participating providers. For more information, see "How Your Coverage Works" in your Contract.

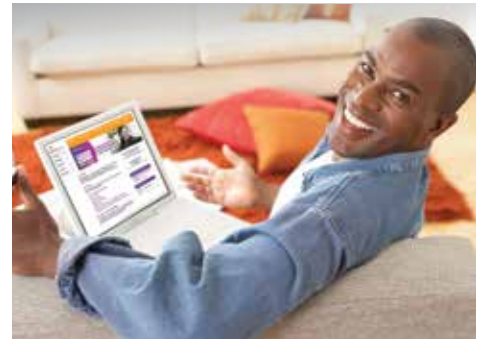
FIND AN ENHANCED CARE PRIME NETWORK PROVIDER

1. Go to "Find a Doctor" at <http://emblemhealth.com/find-a-doctor.aspx>
2. On the Provider Search page, select the type of provider you are looking for. Enter a ZIP code to search by location or name to search by provider name.
3. Click on the "Search" button.
4. You will see a list of providers. Review the profiles until you find one who best meets your needs.
5. You can also request a paper directory by calling Customer Service (1-888-447-7703; TTY/TDD: 711).

REFERRALS

You need a written or electronic referral from your PCP before receiving specialist care. Specialists are providers such as allergists and dermatologists who provide services other than primary care. You do not need a referral for the following specialist services:

- Primary and preventive care
- Chiropractic services
- Outpatient mental health services
- Preventive and primary gynecologic (GYN) care
- Diabetes-related eye exams from an ophthalmologist



Register at emblemhealth.com

1. Have your member ID card handy and go to <https://portals.emblemhealth.com/members/registration.aspx>.
2. Fill out the requested information. Once you submit this form, you'll be able to access your account right away!
3. You'll receive a confirmation email to the address you provided.
4. Once registered, you can see your plan benefits, find hospitals and other providers, get an ID card, sign up to go paperless and more from your secure account.

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DEDUCTIBLE

A deductible is a fixed dollar amount you pay toward covered health services each calendar year before EmblemHealth starts paying for covered services. Some benefits, such as preventive care, aren't subject to the deductible.

PRIOR APPROVAL

Some inpatient and outpatient services require prior approval by EmblemHealth before you receive them. Your network provider will contact us to take care of this for you. Examples of these services are: inpatient nonemergency procedures, outpatient surgery, home health care, hospice care, and outpatient physical, occupational and speech therapies. See your Contract for a full list of services that require prior approval.

THE BASICS: COST-SHARING

- Services such as routine checkups, immunizations, GYN exams, mammograms and prescription birth control for women are paid for in full when you use a network provider.
- Some covered services require a copay. This is a fixed dollar amount that you'll generally pay to a network provider at the time care is given.
- Some services are subject to coinsurance. This is a percentage of the "allowed amount" for your provider's services. If your plan includes a coinsurance for services, you are required to pay this directly to the provider.
- Copays, coinsurance and deductibles are applied to the maximum out-of-pocket limit. Once you reach the maximum out-of-pocket limit, in-network services are covered in full.

LAB WORK

Remind your provider to use Quest Diagnostics when lab testing is prescribed. Quest is our exclusive national clinical reference laboratory with extensive coverage in our service area. For added convenience, Quest offers testing by appointment, which you can schedule online at questdiagnostics.com/appointment. Or, call **1-888-277-8772** and use the automated phone system to schedule your lab testing. Walk-ins are always welcome.

PHARMACY

Your prescription drug coverage is based on the Select Care Formulary, a list of drugs covered by your plan. To view the formulary, visit our website and type "Select Care Formulary" in the search field.

This plan has a three-tier design. This means your copays are usually lowest when you use generic drugs (Tier 1), higher when you use brand name drugs on the formulary (Tier 2), and highest when you use brand name drugs not on the formulary (Tier 3).

ADULT VISION AND DENTAL

Essential Plans 1 Plus, 2 Plus, 3 & 4 will have adult dental and vision services offered along with medical coverage.

- Vision Services will be administered by EyeMed, which can be reached by calling **1-877-324-6211** Monday to Saturday 7:30 am to 11 pm, or Sunday 11 am to 8 pm. You can find additional information on EyeMed's website at eyemed.com.
- Dental Services will be administered by DentaQuest, which can be reached by calling **1-844-776-8743** Monday to Friday from 8 am to 5 pm. You can find additional information on DentaQuest's website at dentaquest.com.



We're Here to Help

- Register for a secure account at emblemhealth.com.
- On the go? Download our mobile app myEmblemHealth.



- Call Customer Service at **1-888-447-7703 (TTY/TDD: 711)**, Monday to Friday 8 am to 6 pm (excluding major holidays).

Note: If you purchased a plan through the NY State of Health (NYSOH) Marketplace and your financial situation changes, this may affect your eligibility on the Marketplace. Contact NYSOH right away. Sign in to nystateofhealth.ny.gov.