

SUMMARY OF BENEFITS — EmblemHealth HealthEssentials

BENEFIT HIGHLIGHTS

	Comments	In-network
Inpatient Hospital Admission		\$500 Copay per day up to a maximum of \$1,500 per single confinement
Emergency Room Facility Charges		\$200 Copay per visit
Ambulatory Surgery Facility		\$750 Copay per visit
Skilled Nursing Facility Care		Covered in full
Coverage for Children		Coverage effective until end of month in which child turns 26 years old

INPATIENT HOSPITAL SERVICES PERFORMED AND BILLED BY A HOSPITAL OR FACILITY

Inpatient Hospital Admission	PRECERTIFICATION: YES 365 days per confinement	\$500 Copay per day up to a maximum of \$1,500 per single confinement
Skilled Nursing Facility Care	PRECERTIFICATION: YES	Covered in full
Inpatient Admission for Medical Rehabilitation (i.e., Physical Therapy, Physical Medicine and Rehabilitation)	PRECERTIFICATION: YES 30 days per calendar year	\$500 Copay per day up to a maximum of \$1,500 per single confinement
Hospice Care - Inpatient and Outpatient	PRECERTIFICATION: YES 210 days per lifetime	Covered in full

OUTPATIENT HOSPITAL SERVICES PERFORMED AND BILLED BY A HOSPITAL OR FACILITY

Pre-Admission Testing		Covered in full
Ambulatory Surgery Facility Charge (Free-standing)	PRECERTIFICATION: YES	\$750 Copay per visit
Ambulatory Surgery Facility Charge (Outpatient hospital)	PRECERTIFICATION: YES	\$750 Copay per visit
Home Health Care Services	PRECERTIFICATION: YES 40 visits per person per calendar year	Covered in full
Diagnostic Laboratory		Covered in full
Diagnostic Radiology	PRECERTIFICATION: YES Required for radiology services	Covered in full
Preventive Mammography, Pap Smear and Prostate Screening		Covered in full

WELL BABY AND CHILD CARE

Well-Baby and Well-Child Care, Including Immunizations		Covered in full
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MEDICAL SERVICES PERFORMED AND BILLED BY A PHYSICIAN OR OTHER MEDICAL PROVIDER

Preventive Services		
Annual Physical Check-up (Adult)		Covered in full
OB/GYN (2 visits per year)		Covered in full
Preventive Mammography, Pap Smear and Prostate Screening		Covered in full
All other medical services performed and billed by a physician or other medical provider — including, but not limited to: emergency, specialist and physician services, physical therapy, anesthesiology, chiropractic care, prenatal and postnatal care, and durable medical equipment (DME)		Not covered

EMERGENCY ROOM COVERAGE

Emergency Room Facility Charges	ER copay, waived if admitted	\$200 Copay per visit
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INPATIENT MENTAL HEALTH & CHEMICAL DEPENDENCY PERFORMED AND BILLED BY A HOSPITAL OR FACILITY

Inpatient Mental Health	PRECERTIFICATION: YES 30 days per person per calendar year; No visit limits for biologically-based mental illness and children with serious emotional disturbances	\$500 Copay per day up to a maximum of \$1,500 per single confinement
Chemical Dependency: Detoxification	PRECERTIFICATION: YES 7 days per calendar year	\$500 Copay per day up to a maximum of \$1,500 per single confinement
Chemical Dependency: Rehabilitation	PRECERTIFICATION: YES	\$500 Copay per day up to a maximum of \$1,500 per single confinement

OUTPATIENT MENTAL HEALTH & CHEMICAL DEPENDENCY PERFORMED AND BILLED BY A HOSPITAL OR FACILITY

Outpatient Chemical Dependency	60 visits per person per calendar year	Covered in full
Outpatient Mental Health	30 visits per person per calendar year; No visit limits for biologically-based mental illness and children with serious emotional disturbances	Covered in full

PHARMACY SERVICES

Prescription drugs (Generic only; brand-name drugs are not covered)		
Retail – 30-day supply (generic only)		\$15 Copay
Mail Order – 90-day supply (generic only)		\$30 Copay

The EmblemHealth HealthEssentials plan is underwritten by Group Health Incorporated (“GHI”) and provides in-network benefits only. Except for emergency room facility charges, no out-of-network services are covered. Participating Providers have contracted with GHI to provide care to our members; they are not employees, agents, servants or representatives of GHI. This summary is provided for information only; it does not contain complete details of the Plan which are available only in the Contract or the Certificate of Coverage/Insurance, and it does not constitute an Agreement. Refer to GHI policy form number HCR-CAT-100, et al.

Certain services must be approved in advance by the Care Management program or Emblem Behavioral Health Services department.

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.