



EmblemHealth®

2018 COMMERCIAL PRODUCT PORTFOLIO



THE EMBLEMHEALTH COMMERCIAL PRODUCT PORTFOLIO

EmblemHealth's Commercial Product Portfolio is made up of medical and dental products for large groups, small groups, and individuals.

In addition to the features listed, our products also offer:

- Coverage for a wide range of hospital and pharmacy benefits.
- Health and disease management programs.
- Healthy discounts for services like acupuncture and weight-management programs.
- Nationwide emergency care coverage.

We also offer Medicare and Medicare Supplement plans, plus New York State-sponsored plans, and plans for New York City, New York State, and federal employees.

For more details about all of our product offerings, visit emblemhealth.com/Our-Plans.

Note: The information in this brochure is current as of October 2017. It may not reflect changes made after publication. The benefits described here are only brief highlights of the covered services and benefits available. Some covered services and/or benefits may have calendar year limits and/or maximums. The terms, limitations, conditions and exclusions of the insurance contract and/or certificate will govern.



2018 EMBLEMHEALTH LARGE GROUP PLANS (FOR GROUPS WITH 101 OR MORE FULL-TIME EQUIVALENT EMPLOYEES)

Plan Type	Plan Name	Underwriting Company	Out-of-Network Coverage	Network	Referrals for Specialist Care Required	PCP Required	Copay	Annual Deductible	Coinsurance	Annual In-Network Out-of-Pocket Maximum (Individual/Family)	See Notations
EPO	EmblemHealth ConsumerDirect EPO	GHI		National				✓	✓		1
	EmblemHealth EPO	GHI		National			✓			Up to \$7,350/\$14,700	
	EmblemHealth InBalance EPO	GHI		National			✓	✓	✓		
	Health Essentials EPO Plus	GHI		National			✓			\$3,000/\$6,000	
	EmblemHealth EPO Value	HIPIC		Prime		✓	✓	✓	✓	Up to \$7,350/\$14,700	2
HMO	HIP Prime HMO	HIP		Prime	✓	✓	✓			Up to \$7,350/\$14,700	2
	HIP HMO Preferred	HIP		Prime	✓	✓	✓			Up to \$7,350/\$14,700	2
	EmblemHealth HMO Plus	HIP		Prime	✓	✓	✓	✓		Up to \$7,350/\$14,700	2
	EmblemHealth HMO Preferred Plus	HIP		Prime	✓	✓	✓	✓		Up to \$7,350/\$14,700	2
POS	HIP Prime POS	HIP/HIPIC	✓	Prime	✓	✓	✓	✓	✓	Up to \$7,350/\$14,700	2
PPO	EmblemHealth ConsumerDirect PPO	GHI	✓	National				✓	✓		1
	EmblemHealth InBalance PPO	GHI	✓	National			✓	✓	✓	Up to \$7,350/\$14,700	
	EmblemHealth PPO	GHI	✓	National			✓	✓	✓	Up to \$7,350/\$14,700	
	HIP Select PPO	HIPIC	✓	Prime			✓	✓	✓	Up to \$7,350/\$14,700	2

Groups can buy an extended dependent coverage rider. It extends the age limit to the end of the month in which the child turns 30 years of age. Coverage is subject to all terms, conditions, limitations, and exclusions in the contract and certificate of insurance.

The following plans are underwritten by Group Health Incorporated (GHI). Refer to the policy numbers in parentheses: EmblemHealth ConsumerDirect EPO, EmblemHealth EPO and EmblemHealth InBalance EPO (HCR-EPO 100, et al.), EmblemHealth ConsumerDirect PPO (PLH-SGC -1000, et al.), EmblemHealth PPO (HCR-PPO-100, et al.), EmblemHealth InBalance PPO (PLH-SGC-991, et al.), and Health Essentials Plus (HCR-CAT-200, et al.). The following plan is underwritten by HIP Insurance Company of New York (HIPIC). Refer to the policy number in parentheses: EmblemHealth EPO Value (151-23-LGEOCERT, et al.).

The following plans are underwritten by HIP Health Plan of New York (HIP). Refer to the HIP policy form number in parentheses: HIP Prime@HMO (155-23-GRPHMO, et al.), EmblemHealth HMO Preferred Plus (155-23-LGTIERCERT, et al.); EmblemHealth Plus (155-23-LGHMOCERT, et al.); The following plans are underwritten by HIP Health Plan of New York (HIP) and HIP Insurance Company of New York (HIPIC). Refer to the policy numbers in parentheses: HIPaccess® II (155-23-GRPOAHMO and 200-23-GRPPLOA, et al.) and HIP Prime® POS (155-23-GRPHMO and 200-23-GRPPOL, et al.).

Gym Riders: **HIP/HIPIC Gym Riders:** 151-23 (EPO Prime, PPO Select, EPO Select, PPO Prime); 155-23 (HMO); 200-OA (Access II); 200-23 (POS); 155-OA (Access I) **GHI Gym Rider:** PLA-160 Exercise Rewards Program Options.

Notations:

1. Health Savings Account option
2. Gym Reimbursement - Up to \$200 per six (6) month period; up to an additional \$100 per six (6) month period for spouse.

COST-SAVING STRATEGIES FOR LARGE GROUPS

Funding Options

Groups can control expenses and lock in rates with certain plans. Full-service funding choices include:

- Prospective
- Retrospective

Administrative Services Only

We offer third party administration services.

Self-insured businesses have access to our National network of providers, claims processing, and customer service.

Network Access For Self-Administered Plans

Self-administered groups get cost-effective access to health care professionals through leasing arrangements.

We offer various claims pricing methods.



2018 EMBLEMHEALTH SMALL GROUP PLANS (FOR GROUPS WITH UP TO 100 EMPLOYEES)

Plan Type	Plan Name	Underwriting Company	Network	Referrals for Specialist Care Required	PCP Required	Cost-Sharing Copays shown are after the deductible is met. Plans that do not have a deductible are indicated with an asterisk.			Annual Out-of-Pocket Maximum (Individual/Family)	HSA Option	Tele-health	Gym Reimbursement
						PCP/ Specialist/ER Copay	Annual Deductible (Individual/Family)	Coinsurance (For Select Services)				
HMO	EmblemHealth HMO 15/35 (Platinum)	HIP	Prime	✓	✓	\$15/\$35/\$100	\$0/\$0	10%	\$2,000/\$4,000		✓	✓
	EmblemHealth HMO 40/60 (Gold)	HIP	Prime	✓	✓	\$40/\$60/\$200	\$250/\$500 RX \$100/\$200	10%	\$5,500/\$11,000		✓	✓
	EmblemHealth Silver Value S^	HIP	Prime	✓	✓	\$35/\$55/\$0	\$5,800/\$11,600	30%	\$5,800/\$11,600		✓	✓
	EmblemHealth Bronze Value S^	HIP	Prime	✓	✓	0%/0%/ 0%	\$7,150/\$14,300	0%	\$7,150/\$14,300		✓	✓
	EmblemHealth Healthy NY HMO (Gold)	HIP	Prime	✓	✓	\$25/\$40/\$150	\$600/\$1,200	20%	\$4,000/\$8,000		✓	✓
	EmblemHealth Gold Open Access*	HIP	Prime		✓	\$10/\$50/\$150	\$700/\$1,400 RX \$100/\$200	10%	\$5,000/\$10,000		✓	✓
	EmblemHealth Bronze HSA	HIP	Prime	✓	✓	50%	\$5,500/\$11,000	50%	\$6,550/\$13,100	✓	✓	✓

* Gold Open Access three free PCP visits. After three visits, \$10 copay not subject to deductible.

^ First three PCP visits are covered in full for Silver Value. Thereafter, the \$35 PCP copay and \$55 specialist copay are not subject to the deductible. First two PCP visits are covered in full for Bronze Value Plan; afterwards applicable cost-sharing applies. Select Care Silver Value S and Select Care Bronze Value S will also include adult dental and adult vision benefits.

Pediatric dental is included in all small group policies.

Groups can buy an extended dependent coverage rider. It extends the age limit to the end of the month in which the child turns 30 years of age. All prescription drug program options include voluntary home delivery, clinical prior authorization and specialty pharmacy programs. Certain services must be approved in advance by EmblemHealth.

EmblemHealth HMO 15/35, EmblemHealth HMO 40/60, Select Care Silver Value S, Select Care Bronze Value S, Bronze HSA, Gold Open Access, and EmblemHealth Healthy NY are underwritten by HIP Health Plan of New York. Refer to HIP policy form number 155-23-SGOFFHIXCONTRACT et al.

2018 EMBLEMHEALTH INDIVIDUAL PLANS (FOR INDIVIDUALS AND FAMILIES)

Available **On** the NY State of Health's Individual Marketplace

• Tax credits and cost-sharing reductions are available to qualifying individuals and families.

Plan Type	Plan Name	Underwriting Company	Network	Referrals for Specialist Care Required	PCP Required	Cost-Sharing Copays shown are after the deductible is met. Plans that do not have a deductible are indicated with an asterisk.			Annual Out-of-Pocket Maximum (Individual/Family)	HSA Option	Tele-health	Gym Reimbursement
						PCP/ Specialist/ER Copay	Annual Deductible (Individual/Family)	Coinsurance (For Select Services)				
HMO	EmblemHealth Platinum	HIP	Prime	✓	✓	\$15/\$35/\$100	\$0/\$0	10%	\$2,000/\$4,000		✓	✓
	EmblemHealth Gold	HIP	Prime	✓	✓	\$25/\$40/\$150	\$600 /\$1,200	20%	\$4,000/\$8,000		✓	✓
	EmblemHealth Silver (Standard)	HIP	Prime	✓	✓	\$30/\$50/\$250 [†]	\$2,000/\$4,000	30%	\$6,750/\$13,500		✓	✓
	EmblemHealth Silver CSR 1 (200–250% FPL)	HIP	Prime	✓	✓	\$30/\$50/\$250	\$1,650/\$3,300	25%	\$5,550/\$11,100		✓	✓
	EmblemHealth Silver CSR 2 (150–200% FPL)	HIP	Prime	✓	✓	\$15/\$35/\$75	\$250/\$500	10%	\$2,100/\$4,200		✓	✓
	EmblemHealth Silver CSR 3 (100–150% FPL)	HIP	Prime	✓	✓	\$10/\$20/\$50	\$0/\$0	5%	\$1,000/\$2,000		✓	✓
	Essential Plan 1* (150-200% FPL)	HIP	Enhanced Care Prime	✓	✓	\$15/\$25/\$75	\$0 individual	5%	\$2,000 individual		✓	✓
	Essential Plan 1 Plus *(150-200% FPL)	HIP	Enhanced Care Prime	✓	✓	\$15/\$25/\$75	\$0 individual	5%	\$2,000 individual		✓	✓
	Essential Plan 2* (139-150% FPL)	HIP	Enhanced Care Prime	✓	✓	\$0/\$0/\$0	\$0 individual	0%	\$200 individual		✓	✓
	Essential Plan 2 Plus* (139-150% FPL)	HIP	Enhanced Care Prime	✓	✓	\$0/\$0/\$0	\$0 individual	0%	\$200 individual		✓	✓
	Essential Plan 3 (100-138% FPL)*	HIP	Enhanced Care Prime	✓	✓	\$0/\$0/\$0	\$0 individual	0%	\$200 individual		✓	✓
	Essential Plan 4* (Below 100% FPL)	HIP	Enhanced Care Prime	✓	✓	\$0/\$0/\$0	\$0 individual	0%	\$0 individual		✓	✓

* Adult dental and vision benefits are embedded.

Plan Type	Plan Name	Underwriting Company	Network	Referrals for Specialist Care Required	PCP Required	Cost-Sharing Copays shown are after the deductible is met. Plans that do not have a deductible are indicated with an asterisk.			Annual Out-of-Pocket Maximum (Individual/Family)	HSA Option	Tele-health	Gym Reimbursement
						PCP/ Specialist/ER Copay	Annual Deductible (Individual/Family)	Coinsurance (For Select Services)				
HMO	EmblemHealth Bronze	HIP	Prime	✓	✓	Copays do not apply.	\$4,000/\$8,000	50%	\$7,150/\$14,300		✓	✓
	EmblemHealth Basic	HIP	Prime	✓	✓	Copays do not apply.	\$7,350/\$14,700	0%	\$7,350/\$14,700		✓	✓
	EmblemHealth Silver Value [^] (Standard)	HIP	Select Care	✓	✓	\$35/\$55 /\$0	\$5,800/\$11,600	30%	\$5,800/\$11,600		✓	✓
	EmblemHealth Silver Value CSR 1 [^] (200–250% FPL)	HIP	Select Care	✓	✓	\$35/\$55/\$0	\$5,050/\$10,100	30%	\$5,050/\$10,100		✓	✓
	EmblemHealth Silver Value CSR 2 [^] (150–200% FPL)	HIP	Select Care	✓	✓	\$35/\$55/\$0	\$1,675/\$3,350	30%	\$1,675/\$3,350		✓	✓
	EmblemHealth Silver Value CSR 3 [^] (100–150% FPL)	HIP	Select Care	✓	✓	\$35/\$55/\$0	\$675/\$1,350	30%	\$675/\$1,350		✓	✓
	EmblemHealth Bronze Value [^]	HIP	Select Care	✓	✓	0%/0%/0%	\$7,150/\$14,300	0%	\$7,150/\$14,300		✓	✓

† Enrollees may be eligible for added cost-sharing reductions that can lower these costs.

[^] First three PCP visits are covered in full for Silver Value. Thereafter, the \$35 PCP copay and \$55 specialist copay are not subject to the deductible. First two PCP visits are covered in full for Bronze Value Plans; afterwards applicable cost-sharing applies. Silver Value Plans and Bronze Value Plans will also include adult dental and adult vision benefits. First three PCP visits are also covered in full for EmblemHealth Basic.

Pediatric dental is included in individual policies, except for the Essential Plan.

An extended dependent coverage rider is available for purchase, except for the Essential Plan. It extends the age limit to the end of the month in which the child turns 30 years of age.

The Essential Plan covers individuals only. Specific eligibility rules apply for coverage. Essential Plan 1 Plus and Essential Plan 2 Plus offer dental and vision coverage as an optional benefit that can be purchased for an additional premium. \$15 dental copay for Essential Plan 1 Plus; \$0 dental copay for Essential Plan 2 Plus. Essential Plan 3 and Essential Plan 4 (which are plans for the Aliessa population) include dental and vision benefits as part of the plan coverage.

2018 EMBLEMHEALTH INDIVIDUAL PLANS (FOR INDIVIDUALS AND FAMILIES)

Available **Off** the NY State of Health's Individual Marketplace

Plan Type	Plan Name	Underwriting Company	Network	Referrals for Specialist Care Required	PCP Required	Cost-Sharing			Annual Out-of-Pocket Maximum (Individual/Family)	HSA Option	Tele-health	Gym Reimbursement
						Copays shown are after the deductible is met. Plans that do not have a deductible are indicated with an asterisk.						
						PCP/ Specialist/ER Copay	Annual Deductible (Individual/Family)	Coinsurance (For Select Services)				
HMO	EmblemHealth Platinum D HMO	HIP	Prime	✓	✓	\$15/\$35/\$100	\$0/\$0	10%	\$2,000/\$4,000		✓	✓
	EmblemHealth Gold D HMO	HIP	Prime	✓	✓	\$25/\$40/\$150	\$600/\$1,200	20%	\$4,000/\$8,000		✓	✓
	EmblemHealth Silver D HMO	HIP	Prime	✓	✓	\$30/\$50/\$250	\$2,000/\$4,000	30%	\$6,750/\$13,500		✓	✓
	EmblemHealth Bronze D HMO	HIP	Prime	✓	✓	Copays do not apply.	\$4,000/\$8,000	50%	\$7,150/\$14,300		✓	✓
	EmblemHealth Basic HMO	HIP	Prime	✓	✓	Copays do not apply.	\$7,350/\$14,700	0%	\$7,350/\$14,700		✓	✓
	EmblemHealth Silver Value HMO [^]	HIP	Select Care	✓	✓	\$35/\$55/\$0	\$5,800/\$11,600	30%	\$5,800/\$11,600		✓	✓
	EmblemHealth Bronze Value HMO [^]	HIP	Select Care	✓	✓	0%/0%/0%	\$7,150/\$14,300	0% [^]	\$7,150/\$14,300		✓	✓

[^] First three PCP visits are covered in full for Silver Value. Thereafter, the \$35 PCP copay and \$55 specialist copay are not subject to the deductible. First two PCP visits are covered in full for Bronze Value Plans; afterwards applicable cost-sharing applies. Silver Value Plans and Bronze Value Plans will also include adult dental and adult vision benefits. First three PCP visits are also covered in full for EmblemHealth Basic.

Pediatric dental is included in small group and individual policies, except for the Essential Plan.

An extended dependent coverage rider is available for purchase. It extends the age limit to the end of the month in which the child turns 30 years of age.

Select Care Platinum, Select Care Gold, Select Care Silver, Select Care Bronze and Select Care Basic are underwritten by HIP Health Plan of New York (HIP). Refer to HIP policy form number 155-23-IONHIXHMO, et al. Select Care Platinum D HMO, Select Care Gold D HMO, Select Care Silver D HMO and Select Care Bronze D HMO are underwritten by HIP Health Plan of New York (HIP). Refer to HIP policy form number 155-23-IOFFHIX, et al.

Essential Plan is underwritten by HIP Health Plan of New York (HIP). Refer to HIP policy form numbers 155-23-EPP1AIAN (01/16), 155-23-EPP1NONAIAN (01/16), 155-23-EPP1VDAIAN (01/16), 155-23-EPP1VDNONAIAN (01/16), 155-23-EPP2NONAIAN (01/16), 155-23-EPP2VDAIAN (01/16), 155-23-EPP2VDNONAIAN (01/16), 155-23-EPP2AIAN (01/16), 155-23-EPP3Aliessa (01/16), 155-23-EPP4Aliessa (01/16).

EMBLEMHEALTH DENTAL PLANS

Product Name	Underwriting Company	Out-of-Network Coverage	Network	Membership Market Type	Rollover Feature for Unused Annual Maximum Benefit	Approvals or Referrals Required	Features
Preferred	GHI	✓	Over 8,500 dentists and specialists in NY and NJ, plus access to a nationwide network.	Large groups	✓		<ul style="list-style-type: none"> • 100% coverage for all in-network preventive services. • Deductibles apply to basic and major services. • Out-of-network benefits for covered services paid at the in-network fee level. • Voluntary and contributory options available.
Preferred Plus	GHI	✓	Over 9,500 dentists and specialists in NY and NJ, plus access to a nationwide network.	Large groups	✓		<ul style="list-style-type: none"> • 100% coverage for all in-network preventive services. • Member cost-sharing for basic and major services. • Out-of-network benefits for covered services paid at the in-network fee level, or at the 80th percentile of allowed charges. • One option includes orthodontic coverage.

Preferred and Preferred Plus are underwritten by Group Health Incorporated (GHI). EmblemHealth insurance plans are underwritten by Group Health Incorporated (GHI), HIP Health Plan of New York (HIP) and HIP Insurance Company of New York (HIPIC). Refer to GHI policy form numbers PLD-1103-G, PLD-1104-D, et al. The discount program is not insured and its terms are set forth under the discount program contract.

KEY

Plan Type

Exclusive Provider Organization (EPO): Provides in-network only coverage. Members can see specialists without a PCP referral.

Health Maintenance Organization (HMO): Provides in-network only coverage. Members must select a PCP. PCP referrals are typically required for specialist visits.

Point of Service (POS): Like an HMO, but members can also receive services from out-of-network doctors at an additional cost.

Preferred Provider Organization (PPO): Provides in- and out-of-network coverage. Members can see specialists without a PCP referral.

EmblemHealth Medical/Hospital Networks

Enhanced Care Prime Network: Health care professionals, facilities and hospitals in all five boroughs of New York City (the Bronx, Brooklyn, Manhattan, Queens, and Staten Island), plus Nassau, Suffolk, and Westchester counties.

National Network: Health care professionals, facilities, and hospitals in New York State, plus covered access across all 50 states.

Prime Network: Our Prime Network covers the tristate region. Members can choose doctors and other health care providers in New York.

Over 90,000 health care professionals and facilities, and 144 hospitals in 28 New York State counties — all five boroughs of New York City (the Bronx, Brooklyn, Manhattan, Queens and Staten Island), plus Nassau, Suffolk, Orange, Rockland, and Westchester counties and upstate areas that stretch north of Albany.

Large group members also have access to the Connecticare HMO Network has 18,000 Primary Care Providers and specialists, and all 31 hospitals located in the eight counties in the State of Connecticut.

The QualCare PPO Network includes 114,000 Primary Care Providers and specialists, and 65 hospitals in the 21 counties across the State of New Jersey.

Select Care Network: Part of the larger Prime network, with over 34,000 health care professionals, facilities and, hospitals through the 28 New York counties.



Group Health Incorporated (GHI), HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

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