



# 2024 EmblemHealth Individual and Family Plans

EmblemHealth offers Standard Qualified Health Plans to help meet your health insurance needs at a cost that's right for you.

All of these EmblemHealth plans are health maintenance organization plans, or HMOs. With HMO plans, you choose a **primary care provider (PCP)** who will provide your everyday care. This doctor will arrange for you to see specialists and get services when you need them. These plans use the Millennium or Select Care network. A subscriber's available network depends on the county where they live.

If a plan subscriber lives in New York City (Brooklyn, Bronx, Manhattan, Queens, and Staten Island), Long Island (Nassau and Suffolk counties), or Westchester, they use the **Millennium network**.

If a plan subscriber lives in Albany, Broome, Columbia, Delaware, Dutchess, Fulton, Greene, Montgomery, Orange, Otsego, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, or Washington county, they use the **Select Care network**.

You are usually only covered for care and services you get from your designated network. In an emergency, you can go to any hospital. To enroll in a plan, you must reside in one of the 28 counties in the EmblemHealth service area.

## Ready To Enroll

**Open Enrollment is Nov. 16, 2023, to Jan. 31, 2024.**

To enroll directly with EmblemHealth, go to [emblemhealth.com/individualsandfamilies](https://emblemhealth.com/individualsandfamilies) or enroll in a plan on the NY State of Health, The Official Health Plan Marketplace, by visiting [nystateofhealth.ny.gov](https://nystateofhealth.ny.gov).

If you qualify for financial help paying your monthly premium, you will need to enroll in a plan through NY State of Health.

Make sure you have these items for yourself and each member of your household who needs health care coverage when you apply:

- 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.

# EmblemHealth Standard Qualified Health Plans

A Standard Qualified Health Plan is a plan that the state has certified for sale on NY State of Health. All Standard plans must offer the same benefits and only differ by cost and network.

	MILLENNIUM OR SELECT CARE PLATINUM	MILLENNIUM OR SELECT CARE GOLD	MILLENNIUM OR SELECT CARE SILVER	MILLENNIUM OR SELECT CARE BRONZE	MILLENNIUM OR SELECT CARE CATASTROPHIC*
<b>Annual Deductible (Individual/Family)</b>	\$0/\$0	\$600/\$1,200	\$2,100/\$3,500	\$4,600/\$9,200	\$9,450/\$18,900
<b>Annual Out-of-Pocket Maximum (Individual/Family)</b>	\$2,000/\$4,000	\$5,900/\$11,800	\$9,450/\$18,900	\$9,450/\$18,900	\$9,450/\$18,900
<b>Primary Care Provider (PCP)/Specialist Visit</b>	\$15/\$35 copay	\$25/\$40 copay after deductible	1 visit \$30 copay before deductible, then \$30 after deductible/\$65 copay after deductible	3 \$50 copay PCP visits, then \$50 after deductible/ 3 \$75 copay Spec visits, then \$75 after deductible	3 \$0 copay PCP visits, then 0% coinsurance after deductible
<b>Annual Physical</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Emergency Room</b>	\$100 copay	\$150 copay after deductible	\$500 copay after deductible	\$500 copay after deductible	0% coinsurance after deductible
<b>Outpatient Facility (Surgery)</b>	\$100 copay	\$100 copay after deductible	\$150 copay after deductible	\$150 copay after deductible	0% coinsurance after deductible
<b>Gym Discounts</b>	Yes	Yes	Yes	Yes	Yes
<b>Telemedicine</b>	\$0 copay	\$0 copay before deductible	\$0 copay before deductible	\$0 copay before deductible	\$0 copay after deductible
<b>Prescription Drugs (Generic/preferred brand/non-preferred brand)</b>	\$10/\$30/\$60 copay	\$10/\$35/\$70 copay before deductible	\$15/\$40/\$75 copay before deductible	\$10/\$35/\$70 copay after deductible	0% coinsurance after deductible
<b>Adult Dental**</b>	Not covered	Not covered	Not covered	Not covered	Not covered
<b>Adult Vision**</b>	Not covered	Not covered	Not covered	Not covered	Not covered

Note: Cost shares apply to all plans shown above.

\*Catastrophic plans are available to individuals and families under the age of 30 who meet certain eligibility guidelines.

\*\*Pediatric dental and vision is included in all plans.

**Note:** Emergency care at any hospital nationwide is covered no matter what the provider's network status. Emergencies should be reported within 48 hours, or as soon as reasonably possible.

This chart is not a comprehensive list of benefits. You will find a more detailed list in the Summary of Benefits and Coverage (SBC) for each plan on the EmblemHealth website. Full plan benefits, terms, conditions, and limitations are set forth in the applicable plan contract.



For more information, visit us online at [emblemhealth.com/individualsandfamilies](https://emblemhealth.com/individualsandfamilies) or call us at 866-838-9144 (TTY: 711).

**We mean health.**

EmblemHealth insurance plans are underwritten by EmblemHealth Plan, Inc., Health Insurance Plan of Greater New York (HIP), and EmblemHealth Insurance Company.

EmblemHealth Qualified Health Plans are underwritten by Health Insurance Plan of Greater New York (HIP). Except for emergency care, the above benefits and services are covered only when provided or referred by a Millennium or Select Care (as applicable to your plan) Network primary care provider and/or approved in advance by the EmblemHealth Utilization 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 numbers 155-23-IONHIXHMO (4/23), 155-23-IOFFHIXCONT (4/23).