



Benefit Summaries

EmblemHealth Essential Plan



EmblemHealth Essential Plan

For more than 80 years, EmblemHealth has offered quality, affordable health insurance to the New York community. It's what we do.

This Summary of Benefits brochure shares our Essential Plans available on the NY State of Health Marketplace.

How Do I Enroll?

Joining an EmblemHealth Essential Plan is easy.

For plans on the NY State of Health Marketplace, go to **nystateofhealth.ny.gov**.

You will need to have certain information with you. Before applying, gather these items for each member of your household who needs health care coverage:

- **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** (required to establish an account)

If you have any questions about these plans, you can reach us at **866-838-9144** (TTY: **711**), seven days a week, 8 a.m. to 8 p.m.

This Summary of Benefits contains only general information. All plans are subject to the specific terms, conditions, exclusions, and limitations of your contract.

ESSENTIAL PLAN COVERAGE

The Essential Plan is a health insurance plan for low-income New Yorkers who do not qualify for Medicaid. The Essential Plan offers coverage with a \$0 per-month premium, cost-sharing with no deductibles, specialist visits with no referrals, and dental and vision benefits.

The Essential Plan uses the Enhanced Care Prime Network. This network includes doctors, facilities, and leading hospitals in all 8 counties. The network also includes AdvantageCare Physicians.

To be eligible for the Essential Plan:

- You must make \$29,160 in salary or less.
- You must be lawfully present in the United States and between the ages of 19 and 64.
- You have to live in one of these locations: New York City (Brooklyn, the Bronx, Manhattan, Queens, or Staten Island), Long Island (Nassau or Suffolk counties), or Westchester county.

IMPORTANT THINGS YOU NEED TO KNOW ABOUT THESE PLANS

Here are a few important things you need to know about these plans:

- You need to select a **primary care provider (PCP)** who participates in your plan network.
- You are only covered for care you get from doctors, hospitals, and facilities in your plan network. Emergency care you get in a hospital will be covered in- or out-of-network.
- **You do not need a referral or approval from your PCP to see specialists when needed.** Specialists are doctors who provide services other than primary care, such as allergists, dermatologists, cardiologists, etc.
- **Your plan includes Teladoc® Primary360**, which offers primary care, behavioral health, and dermatology services through phone, video, or messaging through a mobile app.¹ Members can virtually see the same provider throughout their care with no limitation on the number of visits. Teladoc Primary360 is included in all Essential Plans at no cost.

Teladoc also provides help for non-emergency conditions 24/7 and prescription medicines when medically necessary through on-demand general medical physician services.¹

- **Preventive care** is covered in full as long as you use a participating health care professional. These services include routine physicals, screenings, immunizations, mammograms, gynecological exams, well-baby care, and prescription contraceptives for women.
- **Prescription drug coverage** is included in these plans. All prescription drug benefits must be obtained through pharmacies that contract with your plan. The pharmacist will apply any copays when you pay for your prescription.

¹ Telemedicine benefit is provided through Teladoc. It is not appropriate for all covered services, restrictions apply, and not all services are available 24/7.



Glossary

A **premium** is the amount you pay for your insurance every month.

A **deductible** is the amount you pay each year before your plan starts to pay benefits.

A **copayment** (also called a “copay”) is the set amount you pay for covered health services, like seeing a doctor or paying for a drug at the pharmacy.

Coinsurance is the percentage you pay for health services, usually after you pay your deductible.

FPL stands for federal poverty level.

A **network** is a group of health care professionals or facilities that have contracted with a health plan. They provide covered products and services to members.

Out-of-pocket costs are what you pay for health services. These include deductibles, coinsurance, and copayments.

Essential Plans 1 and 2*

Essential Plan 1: Above 150% – 200% FPL, offers an affordable coverage option for lower-income individuals and families with a \$0 monthly premium and no deductible. This plan is offered to individuals, but not the individual’s spouse or children; if the individual’s spouse and/or adult children are eligible for the Essential Plan, they must enroll separately, under their own individual policy. Dental and vision coverage are included in Essential Plan 1.

Essential Plan 2: 139% – 150% FPL, offers a more affordable coverage option for lower-income individuals and families, such as a \$0 monthly premium, even lower cost-sharing than Essential Plan 1, and no deductibles. This plan is offered to individuals, but not the individual’s spouse or children. If the individual’s spouse and/or adult children are eligible for the Essential Plan, they must enroll separately, under their own individual policy. Dental and vision coverage are included in Essential Plan 2.

SUMMARY OF BENEFITS		
Major Cost-Sharing Provisions	Essential 1	Essential 2
Primary care provider (PCP) office visits	\$15	\$0
Specialist office visits	\$25	\$0
Hospital admission	\$150	\$0
Emergency room copay (waived if admitted)	\$75	\$0
Annual deductible	\$0	\$0
Annual out-of-pocket maximum	\$2,000	\$200
Prescription drugs (Tier 1 - generic/Tier 2 - formulary/ Tier 3 - non-formulary)	Retail at \$6/\$15/\$30 Mail order at \$15/\$37.50/\$75	Retail at \$1/\$3/\$3 Mail order at \$2.50/\$7.50/\$7.50
Inpatient Hospital Services		
Inpatient physician and surgical services	\$50	\$0
Semi-private room and board	Included in hospital admission copay	Included in hospital admission copay
Operating and recovery room, intensive and special care units, general nursing care, prescribed drugs, anesthesia, x-rays, and lab tests	Included in hospital admission copay	Included in hospital admission copay
Short-term speech, physical, occupational, and respiratory therapy (when part of an acute admission)	Included in hospital admission copay	Included in hospital admission copay
Speech, physical, occupational, and respiratory therapy (when part of a rehabilitation admission)	Included in hospital admission copay	Included in hospital admission copay
Radiation therapy and chemotherapy	\$15	\$0
Pre-admission testing	\$0	\$0
Outpatient Medical Care		
PCP office visits	\$15	\$0
Specialist office visits	\$25	\$0
Preventive care,** including physical exams, ear exams, health education and counseling, Pap smear, mammography, and immunizations	Covered in full	Covered in full
Diagnostic services, including x-ray, lab tests, EKGs	\$15	\$0
Ambulatory surgery	\$50	\$0
Second medical and surgical opinion	\$25	\$0
Chiropractic services	\$25	\$0

SUMMARY OF BENEFITS		
Mental Health and Substance Use Disorder	Essential 1	Essential 2
Mental health care		
• Inpatient treatment of mental illness	\$150	\$0
• Outpatient treatment of mental illness	\$15	\$0
Substance use disorder		
• Inpatient detoxification	\$150	\$0
• Inpatient rehabilitation treatment	\$150	\$0
• Outpatient rehabilitation treatment	\$15	\$0
Special Kinds of Care		
Emergency and urgent care		
• In hospital emergency room	\$75	\$0
• In urgent care facility	\$25	\$0
• Ambulance service to the hospital	\$75	\$0
Home health care	\$15	\$0
Hospice care	\$150	\$0
Skilled nursing facility care	\$150	\$0
Dialysis treatment	\$15	\$0
Diabetes equipment, supplies, and education	\$15	\$0
Outpatient physical, speech, occupational, and respiratory therapy	\$15	\$0
Infertility diagnosis and treatment	\$15	\$0
Durable medical equipment	5%	\$0
Hearing aids	5%	\$0
Adult dental		
• Preventive dental	\$0	\$0
• Routine dental	\$0	\$0
• Major dental	\$0	\$0
Adult vision		
• Refractive eye exams	\$0	\$0
• Eyeglasses/contact lenses	\$0	\$0

ESSENTIAL PLAN PREMIUMS	NYC METRO (BRONX, NEW YORK, KINGS, QUEENS & RICHMOND)	LONG ISLAND (NASSAU & SUFFOLK)	WESTCHESTER
Essential Plan 1 (dental and vision included)	\$0	\$0	\$0
Essential Plan 2 (dental and vision included)	\$0	\$0	\$0

*You must qualify in order to enroll in the Essential Plan. Qualification is based on income and other factors.

**Preventive care and well child-care services are covered when given an A or B rating by the United States Preventive Services Task Force (USPSTF), recommended by the Advisory Committee on Immunization Practices (ACIP), or provided in accordance with Health Resources and Services Administration (HRSA) guidelines. Preventive care services mandated by the Affordable Care Act are covered in full in-network. Other preventive care services may be subject to cost-sharing.

The EmblemHealth Essential Plan is underwritten by Health Insurance Plan of Greater New York (HIP). Except for emergency care, the above benefits and services are covered only when provided by an Enhanced Care Prime 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 for Essential 1: 155-23-EPP1VDAIAN (01/23), 155-23-EPP1AIAN (01/23), 155-23-EPP1VDNONAIAN (01/23), 155-23-EPP1NONAIAN (01/23), et al., and for Essential 2: 155-23-EPP2VDAIAN (01/23), 155-23-EPP2AIAN (01/23), 155-23-EPP2VDNONAIAN (01/23), 155-23-EPP2NONAIAN (01/23), et al.

Certain services may require preauthorization.

Essential Plans 3 and 4*

Essential Plan 3: 100% – 138% FPL (Aliessa population/eligible legal immigrants), offers more affordable coverage options with \$0 monthly premiums and lower cost-sharing with no deductibles and a large provider network. The Aliessa population will have an additional set of benefits currently offered through Medicaid, including non-emergency transportation, non-prescription drugs, adult dental, orthotic devices, orthopedic footwear, and adult vision. Dental and vision coverage are included under Essential Plan 3.

Essential Plan 4: Less than 100% FPL (Aliessa population/eligible legal immigrants), offers a more affordable coverage option with a \$0 monthly premium, lower cost-sharing, no deductibles, no out-of-pocket limits, and a large provider network. The Aliessa population will have an additional set of benefits currently offered through Medicaid, including non-emergency transportation, non-prescription drugs, adult dental, orthotic devices, orthopedic footwear, and adult vision. Dental and vision coverage are included under Essential Plan 4.

SUMMARY OF BENEFITS		
Major Cost-Sharing Provisions	Essential 3	Essential 4
Primary care provider (PCP) office visits	\$0	\$0
Specialist office visits	\$0	\$0
Hospital admission	\$0	\$0
Emergency room copay (waived if admitted)	\$0	\$0
Annual deductible	\$0/NA	\$0/NA
Annual out-of-pocket maximum	\$200/NA	\$0/NA
Prescription drugs (Tier 1 - generic/Tier 2 - formulary/ Tier 3 - non-formulary)	Retail at \$1/\$3/\$3 Mail order at \$2.50/\$7.50/\$7.50	Retail at \$0/\$0/\$0 Mail order at \$0/\$0/\$0
Inpatient Hospital Services		
Inpatient physician and surgical services	\$0	\$0
Semi-private room and board	Included in hospital admission copay	Included in hospital admission copay
Operating and recovery room, intensive and special care units, general nursing care, prescribed drugs, anesthesia, x-rays, and lab tests	Included in hospital admission copay	Included in hospital admission copay
Short-term speech, physical, occupational, and respiratory therapy (when part of an acute admission)	Included in hospital admission copay	Included in hospital admission copay
Speech, physical, occupational, and respiratory therapy (when part of a rehabilitation admission)	Included in hospital admission copay	Included in hospital admission copay
Radiation therapy and chemotherapy	\$0	\$0
Pre-admission testing	\$0	\$0
Outpatient Medical Care		
PCP office visits	\$0	\$0
Specialist office visits	\$0	\$0
Preventive care,** including physical exams, ear exams, health education and counseling, Pap smear, mammography, and immunizations	Covered in full	Covered in full
Diagnostic services, including x-ray, lab tests, EKGs	\$0	\$0
Ambulatory surgery	\$0	\$0
Second medical and surgical opinion	\$0	\$0
Chiropractic services	\$0	\$0

SUMMARY OF BENEFITS		
Mental Health and Substance Use Disorder	Essential 3	Essential 4
Mental health care		
• Inpatient treatment of mental illness	\$0	\$0
• Outpatient treatment of mental illness	\$0	\$0
Substance use disorder		
• Inpatient detoxification	\$0	\$0
• Inpatient rehabilitation treatment	\$0	\$0
• Outpatient rehabilitation treatment	\$0	\$0
Special Kinds of Care		
Emergency and urgent care		
• In hospital emergency room	\$0	\$0
• In urgent care facility	\$0	\$0
• Ambulance service to the hospital	\$0	\$0
Home health care	\$0	\$0
Hospice care	\$0	\$0
Skilled nursing facility care	\$0	\$0
Dialysis treatment	\$0	\$0
Diabetes equipment, supplies, and education	\$0	\$0
Outpatient physical, speech, occupational, and respiratory therapy	\$0	\$0
Infertility diagnosis and treatment	\$0	\$0
Durable medical equipment	\$0	\$0
Hearing aids	\$0	\$0
Adult dental		
• Preventive dental	\$0	\$0
• Routine dental	\$0	\$0
• Major dental	\$0	\$0
Adult vision		
• Refractive eye exams	\$0	\$0
• Eyeglasses/contact lenses	\$0	\$0

ESSENTIAL PLAN PREMIUMS	NYC METRO (BRONX, NEW YORK, KINGS, QUEENS & RICHMOND)	LONG ISLAND (NASSAU & SUFFOLK)	WESTCHESTER
Essential Plan 3 (dental and vision included)	\$0	\$0	\$0
Essential Plan 4 (dental and vision included)	\$0	\$0	\$0

*You must qualify in order to enroll in the Essential Plan. Qualification is based on income and other factors.

**Preventive care and well child-care services are covered when given an A or B rating by the USPSTF recommended by the ACIP, or provided in accordance with HRSA guidelines. Preventive care services mandated by the Affordable Care Act are covered in full in-network. Other preventive care services may be subject to cost-sharing.

Aliessa Population — A population of legal immigrants who are not eligible to enroll in Medicaid due to their immigration status, but are eligible, based on income, for a state-funded Medicaid plan.

The EmblemHealth Essential Plan is underwritten by Health Insurance Plan of Greater New York (HIP). Except for emergency care, the above benefits and services are covered only when provided by an Enhanced Care Prime 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 for Essential 3: 155-23-EPP3Aliessa (01/23), et al., and for Essential 4: 155-23-EPP4Aliessa (01/23), et al.

Certain services may require preauthorization.



ATTENTION: Language assistance services, free of charge, are available to you. Call **1-877-411-3625** (TTY/TDD: **711**).

Español (Spanish)

ATENCIÓN: Usted tiene a su disposición, gratis, servicios de ayuda para idiomas. Llame al **1-877-411-3625** (TTY/TDD: **711**).

中文 (Chinese)

注意：我們免費提供相關的語言協助服務。請致電 **1-877-411-3625** (TTY/TDD: **711**)。

Русский (Russian)

ВНИМАНИЕ! Вам доступны бесплатные услуги переводчика. Звоните по тел. **1-877-411-3625** (служба текстового телефона TTY/TDD: **711**).

Kreyòl Ayisyen (Haitian Creole)

ATANSYON: Gen sèvis èd nan lang gratis ki disponib pou ou. Rele nimewo **1-877-411-3625** (TTY/TDD: **711**).

한국어 (Korean)

주의: 귀하에게 언어 지원 서비스가 무료로 제공됩니다. **1-877-411-3625**(TTY/TDD: **711**)번으로 전화하십시오.

Italiano (Italian)

ATTENZIONE: sono disponibili servizi gratuiti di assistenza linguistica. Chiami il numero **1-877-411-3625** (TTY/TDD: **711**).

אידיש (Yiddish)

אכטונג: שפראך הילף סערוויסעס, אהן קיין פרייז, זיינען דא צו באקומען פאר אייך. רופט **1-877-411-3625** (TTY/TDD: **711**).

বাংলা (Bengali)

মনোযোগ দিন: ভাষা সহায়তা পরিষেবাগুলি আপনার জন্য বিনামূল্যে উপলব্ধ আছে। **1-877-411-3625** (TTY/TDD: **711**) নম্বরে ফোন করুন।

Polski (Polish)

UWAGA: dostępna jest bezpłatna pomoc językowa. Prosimy zadzwonić pod numer **1-877-411-3625** (TTY/TDD: **711**).

العربية (Arabic)

يرجى الانتباه: تتوفر لك خدمات المساعدة اللغوية مجاناً، اتصل على الرقم **1-877-411-3625** أو (TTY/TDD: **711**).

Français (French)

ATTENTION : une assistance d'interprétation gratuite est à votre disposition. Veuillez composer le **1-877-411-3625** (TTY/TDD : **711**).

Tagalog (Tagalog)

NANANAWAGAN NG PANSIN: Mayroon kang magagamit na mga serbisyo para sa tulong sa wika nang walang bayad. Tawagan ang **1-877-411-3625** (TTY/TDD: **711**).

Ελληνικά (Greek)

ΠΡΟΣΟΧΗ: Διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε το **1-877-411-3625** (για άτομα με προβλήματα ακοής (TTY/TDD): **711**).

Shqip (Albanian)

VINI RE: Shërbime ndihmore për gjuhën, falas, janë në dispozicionin tuaj. Telefononi në **1-877-411-3625** (TTY/TDD: **711**).

NOTICE OF NONDISCRIMINATION POLICY

EmblemHealth complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. EmblemHealth does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

EmblemHealth:

- Provides free aids and services to people with disabilities to help
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose first language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call member services at **1-877-411-3625** (TTY/TDD: **711**).

If you believe that EmblemHealth has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with EmblemHealth Grievance and Appeals Department, PO Box 2844, New York, NY 10116, or call member services at **1-877-411-3625**. (Dial **711** for TTY/TDD services.) You can file a grievance in person, by mail or by phone. If you need help filing a grievance, EmblemHealth's Grievance and Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office of Civil Rights electronically through the Office of Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at **U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201; 1-800-368-1019**, (dial **1-800-537-7697** for TTY services).

Complaint forms are available at hhs.gov/ocr/office/file/index.html.



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

We mean health.