



EmblemHealth Essential Plan 2
Summary of Benefits
Enhanced Care Prime Network- No Referral Required

P1EPPA025 / MB000013

Deductible and Out-of-Pocket Maximum	In-Network (INET) Member Pays
Plan deductible	\$0
Separate Prescription Drug Deductible	None
Out-of-Pocket Maximum	\$200
Benefits	In-Network (INET) Member Pays
Provider Office Visits	
Mental Health and Substance Abuse Office Visits	Office Visits: No Charge All Other Outpatient Services: No Charge
ABA Treatment for Autism Spectrum Disorder Preauthorization required.	No Charge
Primary Care Provider Office Visits (includes services for illness, injury, follow-up care and consultations)	No Charge
Specialist Office Visits	No Charge
Telemedicine Services Teladoc P360 covers visits with PCPs, Dermatologists and Mental Health professionals at no cost.	No Charge
Preventive Office Visits	
Adult/Pediatric Preventive Visits	No Charge
Prenatal Care	No Charge
Routine Gynecological Services/Well Woman Exams, Mammography Screenings*	No Charge
Well-Baby and Well-Child Care, including Immunizations*	No Charge
All other preventive services*	No Charge

This EmblemHealth Plan is underwritten by Health Insurance Plan of Greater New York (HIP). The above benefits and services do not require referrals by an Enhanced Care Prime network primary care physician. Preauthorization will still be required for noted benefits.

MB000013

Benefits	In-Network (INET) Member Pays
*When preventive services are not provided in accordance with the comprehensive guidelines supported by USPSTF or HRSA	No Charge
Vasectomy	See surgical services
All other preventive services required by USPSTF and HRSA	No Charge
Outpatient Diagnostic Services	
Advanced Radiology (CT/PET Scan, MRI) Preauthorization required.	No Charge
Laboratory Services Preauthorization for Outpatient services.	No Charge
Non-Advanced Radiology (X-ray, Diagnostic) Preauthorization may be required.	No Charge
Preadmission Testing Preauthorization required.	No Charge
Second Opinions on the Diagnosis of Cancer, Surgery and Other	No Charge
Prescription Drugs - Retail Pharmacy (cost share based on 30 day supply per prescription) Preauthorization is not required for a Covered Prescription Drug used to treat a substance use disorder, including a prescription drug to manage opioid withdrawal and/or stabilization and for opioid overdose reversal.	
Preferred Generic Tier 1	\$1 copayment
Non-preferred Generic Tier 2	\$3 copayment
Preferred Brand Tier 3	\$3 copayment
Prescription - Mail Order Pharmacy (up to a 90 day supply per prescription)	
Preferred Generic Tier 1	\$7.50 copayment
Non-preferred Generic Tier 2	\$7.50 copayment
Preferred Brand Tier 3	\$7.50 copayment
Outpatient Rehabilitative and Habilitative Services	

Benefits	In-Network (INET) Member Pays
Physical and Occupational Therapy 60 visits per condition/plan year, combined therapies. Preauthorization required.	No Charge
Other Services	
Anesthesia Services	No Charge
Cardiac and Pulmonary Rehabilitation Preauthorization required.	No Charge
Chemotherapy	No Charge
Chiropractic Services	No Charge
Diabetic Equipment and Supplies 90-day supply mail-order available. Preauthorization required.	No Charge, per 30-day supply
Dialysis Preauthorization may be required.	No Charge
Durable Medical Equipment (DME)	No Charge
External Hearing Aids Single purchase once every 3 years. Preauthorization required.	No Charge
Home Health Care 40 visits per plan year. Preauthorization required.	No Charge
Outpatient Services (in a hospital or ambulatory facility) Preauthorization required.	No Charge
Inpatient Services	
Inpatient hospital services include mental health, substance abuse, maternity, hospice, skilled nursing facility and all IP settings Preauthorization required, except for emergency admissions.	No Charge
Inpatient Rehabilitation Services 60 days per condition/plan year, combined therapies. Preauthorization required.	No Charge

Benefits	In-Network (INET) Member Pays
Inpatient Habilitation Services 60 days per condition/plan year, combined therapies. Preauthorization required.	No Charge
Emergency and Urgent Care	
Ambulance Services	No Charge
Emergency Room Waived if admitted to Hospital.	No Charge
Urgent Care Centers	No Charge
Dental Care	
Preventive Dental Care 1 dental exam and cleaning per 6- month period.	No Charge
Routine Dental Care Full mouth x-rays or panoramic x- rays at 36-month intervals and bitewing x-rays at 6-month intervals.	No Charge
Major Dental Care Preauthorization required.	No Charge
Vision Care	
Contact Lens 1 set of prescribed lenses and frames per 12-month period.	No Charge
Prescription Eye Glasses 1 set of prescribed lenses and frames per 12-month period.	No Charge
Routine Eye Exam 1 exam per 12-month period.	No Charge
Additional Covered Services	
Allergy Testing	No Charge
Gym Reimbursement Gym reimbursement benefit does not apply towards the deductible or out-of-pocket maximum.	\$200 per 6-month calendar year period

Important information

EmblemHealth 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 by an Enhanced Care Prime network physician and/or approved in advance by the EmblemHealth Care 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 or limitations of the Plan which are available only in the Contract or Certificate of Coverage/Insurance, and it does not constitute an agreement.

Refer to policy form number 155-23-EPP2NONAIAN (1/23), et al.

Certain services must be approved in advance by EmblemHealth.

Dialysis performed by non- participating providers is limited to 10 visits per calendar year. Preauthorization required.



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 (Traditional 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 (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)**.

وجہ دیں: آپ کے لیے زبان سے متعلق اعانت کی خدمات، مفت دستیاب ہیں۔ 1-877-411-3625 (TTY/TDD: 711) پر کال کریں۔

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.