



Caring for Your Small Business

2019 Small Group Plans for Groups
with 1 to 100 Employees





EmblemHealth offers small group plans with the needs and budgets of small businesses in mind. Each plan offers quality coverage with comprehensive benefits and network access.

Small Group Plans At A Glance

Platinum Level

Platinum Premier

- \$0 deductible with \$0 drug deductible
- On Prime Network with access to the tristate network, no referrals required to see a specialist
- 3 free primary care visits
- \$15 generic prescription drugs
- \$0 Telemedicine and acupuncture benefits
- Dental and vision coverage for adults and children

Platinum Choice

- \$200 deductible
- On Select Care Network, no referrals required to see a specialist
- 3 free primary care visits
- Primary care visits, specialist visits, urgent care visits, and lab services before deductible
- \$15 generic prescription drugs before deductible
- \$0 Telemedicine and acupuncture benefits
- Dental and vision coverage for adults and children before deductible

Gold Level

Gold Premier

- \$450 deductible with \$0 drug deductible
- On Prime Network with access to the tristate network, no referrals required to see a specialist
- 3 free primary care visits
- Primary care visits, specialist visits, urgent care visits, and lab services before deductible
- \$10 generic prescription drugs
- \$0 Telemedicine and acupuncture benefits
- Dental and vision coverage for adults and children before deductible

Gold Premier 1

- \$2,000 deductible with \$100 drug deductible
- On Prime Network with access to the tristate network, no referrals required to see a specialist
- Primary care visits, specialist visits, urgent care visits, and lab services before deductible
- \$15 generic prescription drugs before deductible
- \$0 Telemedicine and acupuncture benefits
- Dental and vision coverage for adults and children before deductible

Gold Plus

- \$550 deductible with \$0 drug deductible
- On Prime Network with access to the tristate network, referrals required
- 3 free primary care visits
- Primary care visits, specialist visits, urgent care visits, and lab services before deductible
- \$15 generic prescription drugs
- \$0 Telemedicine and acupuncture benefits
- Dental and vision coverage for adults and children before deductible

Gold Plus 1

- \$1,000 deductible with \$100 drug deductible
- On Prime Network with access to the tristate network, referrals required
- Primary care visits, specialist visits, urgent care visits, and lab services before deductible
- \$15 generic prescription drugs before deductible
- \$0 Telemedicine and acupuncture benefits
- Dental and vision coverage for adults and children before deductible

Gold Choice

- \$750 deductible
- On Select Care Network, no referrals required to see a specialist
- 3 free primary care visits
- Primary care visits, specialist visits, urgent care visits, and lab services before deductible
- \$20 generic prescription drugs before deductible
- \$0 Telemedicine and acupuncture benefits
- Dental and vision coverage for adults and children before deductible

Gold Value

- Lowest Gold plan monthly premium
- \$3,000 deductible
- On Select Care Network, referrals required
- 3 free primary care visits
- Primary care visits, specialist visits, urgent care visits, and lab services before deductible
- \$25 generic prescription drugs before deductible
- \$0 Telemedicine and acupuncture benefits
- Dental and vision coverage for adults and children before deductible

Small Group Plans At A Glance

(Continued)

Silver Level

Silver Premier

- \$3,300 deductible with \$0 drug deductible
- On Prime Network with access to the tristate network, no referrals required to see a specialist
- 3 free primary care visits
- Primary care visits, specialist visits, urgent care visits, and lab services before deductible
- \$15 generic prescription drugs
- \$0 Telemedicine and acupuncture benefits
- Dental and vision coverage for adults and children before deductible

Silver Premier 1

- \$2,700 deductible with \$200 drug deductible
- On Prime Network with access to the tristate network, referrals required
- Primary care visits, specialist visits, urgent care visits, and lab services before deductible
- \$20 generic prescription drugs before deductible
- \$0 Telemedicine and acupuncture benefits
- Dental and vision coverage for adults and children before deductible

Silver Plus

- \$2,550 deductible with \$0 drug deductible
- On Prime Network with access to the tristate network, referrals required
- 3 free primary care visits
- Urgent care visits and lab services before deductible
- \$20 generic prescription drugs
- \$0 Telemedicine and acupuncture benefits
- Dental and vision coverage for adults and children before deductible

Silver Plus 1

- \$3,000 deductible with \$200 drug deductible
- On Prime Network with access to the tristate network, no referrals required to see a specialist
- Primary care visits, specialist visits, urgent care visits, and lab services before deductible
- \$15 generic prescription drugs before deductible
- \$0 Telemedicine and acupuncture benefits
- Dental and vision coverage for adults and children before deductible

Silver Choice

- \$2,800 deductible
- On Select Care Network, no referrals required to see a specialist
- 3 free primary care visits
- Primary care visits, urgent care visits, and lab services before deductible
- \$15 generic prescription drugs before deductible
- \$0 Telemedicine and acupuncture benefits
- Dental and vision coverage for adults and children before deductible

Silver Value

- Lowest Silver plan monthly premium
- \$6,300 deductible
- On Select Care Network, referrals required
- 3 free primary care visits
- Primary care visits, specialist visits, urgent care visits, and lab services before deductible
- \$10 generic prescription drugs before deductible
- \$0 Telemedicine and acupuncture benefits
- Dental and vision coverage for adults and children before deductible

Bronze Level

Bronze Plus HSA

- \$5,500 deductible
- On Prime Network with access to the tristate network, referrals required
- 50% coinsurance
- Health savings account with HealthEquity
- \$0 Telemedicine benefit
- Dental and vision coverage for children

Bronze Value

- Lowest EmblemHealth plan monthly premium
- \$7,690 deductible
- On Select Care Network, referrals required
- 3 free primary care visits
- Urgent care visits and lab services before deductible
- \$30 generic prescription drugs before deductible
- \$0 Telemedicine and acupuncture benefits
- Dental and vision coverage for adults and children before deductible

All EmblemHealth small group plans, except Healthy NY, are SHOP (Small Business Health Options Program)-certified.

Benefit Highlights

Service	Platinum Premier	Platinum Choice	Gold Premier	Gold Premier 1	Gold Plus	Gold Plus 1	Gold Choice	Gold Value
Network	Prime with access to tristate	Select Care	Prime with access to tristate	Prime with access to tristate	Prime with access to tristate	Prime with access to tristate	Select Care	Select Care
Referrals needed	No	No	No	No	Yes	Yes	No	Yes
Annual medical deductible (Individual/Family)	\$0	\$200/\$400	\$450/\$900	\$2,000/\$4,000	\$550/\$1,100	\$1,000/\$2,000	\$750/\$1,500	\$3,000/\$6,000
Annual prescription deductible (Individual/Family)	\$0	Integrated	\$0	\$100/\$200	\$0	\$100/\$200	Integrated	Integrated
Primary preventive care visit (Individual/Family): Annual and well-baby visit, mammogram, pap smear, and colonoscopy.	\$0	\$0 not subject to deductible	\$0 not subject to deductible	\$0 not subject to deductible	\$0 not subject to deductible	\$0 not subject to deductible	\$0 not subject to deductible	\$0 not subject to deductible
Primary care (Internal/general practitioner)	3 free visits \$15 copay thereafter	3 free visits \$15 thereafter Not subject to deductible	3 free visits \$30 thereafter Not subject to deductible	\$30 Not subject to deductible	3 free visits \$40 thereafter Not subject to deductible	\$30 Not subject to deductible	3 free visits \$30 thereafter Not subject to deductible	3 free visits \$45 thereafter Not subject to deductible
Specialist visit	\$35 copay	\$35 Not subject to deductible	\$50 Not subject to deductible	\$60 Not subject to deductible	\$60 Not subject to deductible	\$60 Not subject to deductible	\$50 Not subject to deductible	\$65 Not subject to deductible
Emergency room visit (Waived if admitted)	\$200 copay	\$200 after deductible	\$300 after deductible	\$500 after deductible	\$300 after deductible	\$300 after deductible	\$300 after deductible	\$0 after deductible
Urgent care visit	\$75	\$75 Not subject to deductible	\$75 Not subject to deductible	\$75 Not subject to deductible	\$75 Not subject to deductible	\$75 Not subject to deductible	\$75 Not subject to deductible	\$75 Not subject to deductible
Pediatric/Adult vision exams, lenses, frames	\$0/10%/10%	\$0/10%/10% Not subject to deductible	\$0/20%/20% Not subject to deductible	\$0/30%/30% Not subject to deductible	\$0/20%/20% Not subject to deductible	\$0/20%/20% Not subject to deductible	\$0/20%/20% Not subject to deductible	\$0/20%/20% Not subject to deductible
Pediatric/Adult dental	\$15 copay	\$15 Not subject to deductible	\$30 Not subject to deductible	\$30 Not subject to deductible	\$40 Not subject to deductible	\$30 Not subject to deductible	\$30 Not subject to deductible	\$45 Not subject to deductible
Generic prescription drugs (Mail order is 1.5 times higher than the price of a regular prescription.)	\$15 copay	\$15 Not subject to deductible	\$10 copay	\$15 Not subject to deductible	\$15 copay	\$15 Not subject to deductible	\$20 Not subject to deductible	\$25 Not subject to deductible
Acupuncture	\$0	\$0 Not subject to deductible	\$0 Not subject to deductible	\$0 Not subject to deductible	\$0 Not subject to deductible	\$0 Not subject to deductible	\$0 Not subject to deductible	\$0 Not subject to deductible

An extended dependent coverage rider is available for purchase, extending the age limit to 29 for all eligible dependents.

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.

The benefits described here are only brief highlights of the covered services and benefits available. Some covered services and/or benefits may have annual day or visit limits and/or maximums. The terms, limitations, conditions, and exclusions of the insurance contract and certificate will govern.

Benefit Highlights

(Continued)

Service	Silver Premier	Silver Premier 1	Silver Plus	Silver Plus 1	Silver Choice	Silver Value	Bronze Plus HSA	Bronze Value
Network	Prime with access to tristate	Prime with access to tristate	Prime with access to tristate	Prime with access to tristate	Select Care	Select Care	Prime with access to tristate	Select Care
Referrals needed	No	Yes	Yes	No	No	Yes	Yes	Yes
Annual medical deductible (Individual/Family)	\$3,300/ \$6,600	\$2,700/ \$5,400	\$2,550/ \$5,100	\$3,000/ \$6,000	\$2,800/ \$5,600	\$6,300/ \$12,600	\$5,500/ \$11,000	\$7,690/ \$15,380
Annual prescription deductible (Individual/Family)	\$0	\$200/\$400	\$0	\$200/\$400	Integrated	Integrated	Integrated	Integrated
Primary preventive care visit (Individual/Family): Annual and well-baby visit, mammogram, pap smear, and colonoscopy.	\$0 not subject to deductible	\$0 not subject to deductible	\$0 not subject to deductible	\$0 not subject to deductible	\$0 not subject to deductible	\$0 not subject to deductible	\$0 not subject to deductible	\$0 not subject to deductible
Primary care (Internal/general practitioner)	3 free visits \$30 thereafter Not subject to deductible	\$40 Not subject to deductible	3 free visits, \$40 after deductible	\$35 Not subject to deductible	3 free visits \$30 thereafter Not subject to deductible	3 free visits \$35 thereafter Not subject to deductible	50% after deductible	3 free visits 0% after deductible
Specialist visit	\$55 Not subject to deductible	\$70 Not subject to deductible	\$60 copay after deductible	\$55 Not subject to deductible	\$50 after deductible	\$70 Not subject to deductible	50% after deductible	0% after deductible
Emergency room visit (Waived if admitted)	\$500 after deductible	30% after deductible	\$500 after deductible	\$700 after deductible	\$500 after deductible	\$0 after deductible	50% after deductible	0% after deductible
Urgent care visit	\$75 Not subject to deductible	\$75 Not subject to deductible	\$75 Not subject to deductible	\$75 Not subject to deductible	\$75 Not subject to deductible	\$75 Not subject to deductible	50% after deductible	\$75 Not subject to deductible
Pediatric/Adult vision exams, lenses, frames	\$0/30%/30% Not subject to deductible	\$0/30%/30% Not subject to deductible	\$0/30%/30% Not subject to deductible	\$0/50%/50% Not subject to deductible	\$0/30%/30% Not subject to deductible	\$0/30%/30% Not subject to deductible	Pediatric only 50% after deductible	\$0/30%/30% Not subject to deductible
Pediatric/Adult dental	\$30 Not subject to deductible	\$40 Not subject to deductible	\$40 Not subject to deductible	\$35 Not subject to deductible	\$30 Not subject to deductible	\$35 Not subject to deductible	Pediatric only 50% after deductible	\$30 Not subject to deductible
Generic prescription drugs (Mail order is 1.5 times higher than the price of a regular prescription.)	\$15 copay	\$20 Not subject to deductible	\$20 copay	\$15 Not subject to deductible	\$15 Not subject to deductible	\$10 Not subject to deductible	\$10 after deductible	\$30 Not subject to deductible
Acupuncture	\$0 Not subject to deductible	\$0 Not subject to deductible	\$0 Not subject to deductible	\$0 Not subject to deductible	\$0 Not subject to deductible	\$0 Not subject to deductible	N/A	\$0 Not subject to deductible

Keep Everyone Smiling

Complete your benefit package with dental coverage. Each plan offers quality coverage with costs to fit your business needs.*

- **Pediatric Dental:** Comprehensive child dental benefits are offered as part of all small group plans for children up until the age of 19.
- **Adult Dental:** Basic adult dental benefits are offered in all non-standard small group plans. The Bronze HSA and Healthy NY plans offer only pediatric dental benefits.
- **EmblemHealth Preferred Dental Plan:** 100% coverage for all in-network preventive, basic, and major services. Our Preferred Network includes over 8,000 dentists and specialists in New York and New Jersey, plus access to a nationwide network.

*Contributory and voluntary plans for 2 - 50 eligible members.



Prime Network: Now Available Throughout the Tristate Region

We have expanded our small group Prime Network to include both the QualCare Network in New Jersey and the ConnectiCare Network in Connecticut. This is in addition to the current HIP Prime Network in New York.

Now, members have more convenience and freedom of choice when choosing a health care provider across the entire tristate region.

With our **Prime Network**, members can choose from over 90,000 private and group practice health professionals, 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.

The **ConnectiCare HMO Network** has 17,000 primary care providers and specialists, and 33 hospitals in all eight counties in the State of Connecticut.

The **QualCare HMO Network** includes 26,000 primary care providers and specialists, and 76 hospitals in all 21 counties across the State of New Jersey.

Unless it's an emergency, members may have to pay for medical services if they get treatment outside of our tristate network, or get treated by a doctor not in the EmblemHealth Prime Network.

Select Care Network

Our Select Care Network is part of the larger Prime Network. It includes over 31,000 health care professionals, facilities, and hospitals throughout 28 counties in New York State.

Find A Doctor

It's easy to find a doctor in our network. Members can simply go to emblemhealth.com/find-a-doctor.

AdvantageCare Physicians

EmblemHealth, one of the nation's largest nonprofit health insurers, and AdvantageCare Physicians, one of the largest primary and specialty physician group practices in the New York area, are partners in providing quality, personalized care to New Yorkers. Through AdvantageCare Physicians' 36 medical offices, EmblemHealth members have access to top primary care doctors, specialists, and a personal care team. For more information, visit emblemhealth.com and acpny.com, or call us at **646-680-3000**.

With AdvantageCare Physicians, you have access to more than 100 primary care physicians and specialists, 150 nurses, and 65 advanced practice clinicians. Plus, all AdvantageCare Physicians are preferred doctors in our network, so you don't have to worry about out-of-network costs.

Helping Members Stay Healthy, Get Well, and Live Better

Helping our members stay healthy is one of our top priorities. Our preventive care and wellness programs help us do that. With our small group plans, members get access to:

- Discount programs on health-related products such as weight-loss programs, acupuncture, massages, and more.
- Payment towards a gym membership.
- Education and support managing certain health conditions.

Access to Doctors 24/7 Through Your Phone, Computer, or Mobile Device

With Telemedicine through Teladoc, members can get non-urgent medical care. It's convenient, immediate, and available 24 hours a day, 365 days a year.

Members can talk to doctors who practice primary care, family care, and more. Telemedicine doctors can even prescribe certain medicines.

Telemedicine through Teladoc is in-network care and there are no copays.

Remember: Telemedicine does not replace the care of a regular doctor.

In the Neighborhood

EmblemHealth Neighborhood Care provides in-person customer service, sales, and health and wellness support at eight locations across New York City. From enrollment seminars to assistance with translating paperwork, Neighborhood Care helps EmblemHealth members make the most of their benefits. For more information on Neighborhood Care's programs and community partnerships, visit emblemhealth.com/community.

Let's Be Clear!

Insurance-speak can sometimes be a little confusing. Here are the definitions of some words you'll see throughout this brochure:

Copay — The set dollar amount you pay for health services each time you use them.

Coverage — The benefits and services available to you from your health insurance plan.

Deductible — The amount you pay each year for health services before your plan starts to pay.

Coinsurance — The percentage you pay for health services after the deductible, when your insurance plan begins to pay.

Network — A group of health care professionals or facilities that contracts with EmblemHealth. They provide covered products and services to members. Unless it's an emergency, members need to use the Prime Network or Select Care Network to get services under their plan.

Premium — The amount you pay for your insurance every month.

Preventive services — Routine health care services, like annual visits, shots, screenings, and tests. These services can prevent illnesses or find conditions before they become serious.



Caring for Your Small Business

For more information, call your dedicated sales representative, or call Broker and Group Services at **866-614-6040 (TTY: 711)**.

Our hours are 9 am to 5 pm, Monday to Friday.

A sales representative will be happy to help.

You can also find more information at **www.emblemhealth.com**.



All small group metal plans are underwritten by HIP Health Plan of New York. Refer to the following HIP policy form numbers: Platinum Premier 155-OA-NSSGPlatinumPremierSch (04/18); Platinum Choice 155-OA-NSSGPlatinumChoiceSch (04/18); Gold Premier 155-OA-NSSGGoldPremierSch (04/18); Gold Premier 1 155-OA-NSSGGoldPremier1Sch (04/18); Gold Plus 155-23-NSSGGoldPlusSch (04/18); Gold Plus 1 155-23-NSSGGoldPlus1Sch (04/18); Gold Choice 155-OA-NSSGGoldChoiceSch (04/18); Gold Value 155-23-NSSGGoldValueSch (04/18); Silver Premier 155-OA-NSSGSilverPremierSch (04/18); Silver Premier 1 155-23-NSSGSilverPremier1Sch (04/18); Silver Plus 155-23-NSSGSilverPlusSch (04/18); Silver Plus 1 155-OA-NSSGSilverPlus1Sch (04/18); Silver Choice 155-OA-NSSGSilverChoiceSch (04/18); Silver Value 155-23-NSSGSilverValueSch (04/18); Bronze Plus HSA 155-23-SGBronzePlusHSASch (04/18); Bronze Value 155-23-NSSGBronzeValueSch (04/18).

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.

EmblemHealth dental insurance plans are underwritten by GHI. Refer to GHI policy form numbers PLD-1104-D, PLD-1103-G et al. for the insured dental benefits.