



# 2016 EMBLEMHEALTH EPO DIRECT PAYMENT PLANS



**EmblemHealth**<sup>®</sup>  
WHAT CARE FEELS LIKE.

# EMBLEMHEALTH EPO DIRECT PAYMENT PLANS — A TRADITION OF SERVICE

For more than 75 years, EmblemHealth companies have offered quality, affordable health insurance to New Yorkers. It's what we do. By choosing an EmblemHealth EPO High Deductible Direct Pay plan\*, you have the opportunity to enroll in a plan designed to meet your health care needs.

EmblemHealth ensures each network physician is board-certified or board-eligible and demonstrates appropriate credentials. Our rigorous screening process helps ensure network quality standards.

## How do I sign up?

Enrolling in an EPO High Deductible Direct Pay plan is easy. Simply complete the enclosed EPO application and return it, along with payment, to EmblemHealth.

If you have any questions about these programs, our representatives can be reached at **1-888-290-9950**, seven days a week, 8:00 am to 8:00 pm. TTY/TDD users may call **711**.

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

## The EmblemHealth Advantage

We know our members want quality, affordable health care coverage and we do our best to meet your needs. In 2016 we are offering four “metal” plans: EPO High Deductible Platinum, EPO High Deductible Gold, EPO High Deductible Silver and EPO High Deductible Bronze. These plans cover the same benefits but with different cost-sharing.

### Important to Know

- **PCP Not Required** — You are not required to select a Primary Care Physician (PCP). You can see any in-network, participating provider, including specialists.
- **Referrals Not Required** — You do not need a referral to see a doctor. You are free to schedule an appointment with any in-network doctor - including specialists - without a referral from a primary care physician.
- **Quality Network** — With an EmblemHealth Direct Pay plan, you have in-network coverage only. Network doctors and other health care practitioners give you and your family access to health services anywhere in New York State.
- **Availability** — Available for purchase in New York State
- **Preventive Services Covered in Full** — You can get preventive care services at no cost. Preventive care is covered in full and not subject to any deductible as long as you use a participating provider. These services include certain routine physicals, screening, immunizations, mammograms, gynecological exams, well-baby care, prostate screening and prescription contraceptives for women.
- **Prescription Drug Benefits** — Prescription drug coverage is included in these plans. You may request a copy of our drug formulary. Our drug formulary is also available on our website at [emblemhealth.com](http://emblemhealth.com). All prescription drug benefits must be obtained through our network pharmacies. The pharmacist will apply any plan deductibles or coinsurance to the prescription cost. These plans have a three tier plan design. Your out of pocket cost may vary depending on whether you receive a prescription drug in Tier 1, Tier 2 or Tier 3.
- **Deductible** — A deductible is the portion of eligible costs you must pay during a calendar year before EmblemHealth begins paying for any covered services, except preventive care. For family coverage, the family deductible may be met by one person or by two or more family members combined.
- **Out-of-Pocket Maximum** — The maximum dollar amount per calendar year you will have to pay for covered services.
- **Coinsurance** — The coinsurance is a percentage of the eligible cost which you are required to pay after the deductible is met. Coinsurance is paid directly to the provider.



## Plan Details

Our metal plans are designed to provide you cost options that best fit your needs. Refer to the chart below for each plan's cost-sharing amounts. Refer to the benefit summary for benefit information. Benefits are the same for all plans.

PLAN NAME	EPO HD PLATINUM	EPO HD GOLD	EPO HD SILVER	EPO HD BRONZE
Annual Deductible Individual / Family	\$900 / \$1,800	\$1,800 / \$3,600	\$2,000 / \$4,000	\$6,300 / \$12,600
Annual Out-of-Pocket Maximum Individual / Family	\$900 / \$1,800	\$2,200 / \$4,400	\$6,350 / \$12,700	\$6,300 / \$12,600
Coinsurance	0%	10%	20%	0%

	COMMENTS/LIMITATIONS	IN-NETWORK
<b>Benefit Highlights</b>		
Primary Care Physician Office Visit		Coinsurance after deductible
Specialist Office Visit		Coinsurance after deductible
Emergency Room Facility	Copay waived if admitted to hospital	Coinsurance after deductible
Urgent Care Facility	In-Network coverage only	Coinsurance after deductible
Ambulatory Surgery Facility		Coinsurance after deductible
<b>Inpatient Hospital Services Performed and Billed by a Physician</b>		
Inpatient Hospital Admission	365 days per calendar year	Coinsurance after deductible
Skilled Nursing Facility Care	365 days per calendar year	Coinsurance after deductible
Inpatient Rehabilitation	One consecutive 60-day period per condition per calendar year	Coinsurance after deductible
Hospice Care	210 days per lifetime	Coinsurance after deductible
<b>Outpatient Hospital Services Performed and Billed by a Hospital or Facility</b>		
Pre-admission Testing		Coinsurance after deductible
Ambulatory Surgery Facility (Freestanding and outpatient hospital)		Coinsurance after deductible
Home Health Care Services	60 visits per calendar year	Coinsurance after deductible
Diagnostic Laboratory and Radiology	Advanced radiology requires prior approval	Coinsurance after deductible
Chemotherapy		Coinsurance after deductible
<b>Medical Services Performed and Billed by a Physician or Other Medical Provider</b>		
Primary Care Physician Office Visit		Coinsurance after deductible
Specialist Office Visit		Coinsurance after deductible
Maternity Pre- and Postnatal Care		Covered in Full
Chiropractic Care		Coinsurance after deductible
Allergy Care		Coinsurance after deductible
Physical & Occupational Therapy Rehabilitative and Habilitative	120 visits per calendar year	Coinsurance after deductible
Speech Therapy Rehabilitative and Habilitative	60 visits per calendar year	Coinsurance after deductible
Surgery: Inpatient/Outpatient		Coinsurance after deductible
Surgery: Office		Coinsurance after deductible
Pediatric Vision - Exams	One exam per 12 month period. Coverage up to age 19 end of month	Coinsurance after deductible
Pediatric Vision - Lenses & Frames	One set of lenses & frames or contacts per 12 month period. Coverage up to age 19 end of month	Coinsurance after deductible
Diagnostic Laboratory and Radiology	Advanced radiology requires prior approval	Coinsurance after deductible
<b>Medical Supplies/Devices/DME</b>		
Durable Medical Equipment (DME)	Prior approval required for item is > \$2,000	Coinsurance after deductible
Hearing Aids	Single purchase, one or both ears, (including repair/ replacement) every three years.	Coinsurance after deductible
Prosthetic Devices-external	One (1) device per limb per lifetime	Coinsurance after deductible

	COMMENTS/LIMITATIONS	IN-NETWORK
<b>Preventive Care</b>		
Well-Baby and Well-Child Care, including Immunizations		Covered in Full
Annual Physical Checkup		Covered in Full
Preventive Mammography, Pap Smear, Prostate and Bone Density Screening		Covered in Full
Colonoscopy Screenings		Covered in Full
<b>Emergency Room Coverage</b>		
Emergency Room Facility	Copay waived if admitted to hospital	Coinsurance after deductible
Emergency Room Professional		Coinsurance after deductible
Ambulance		Coinsurance after deductible
<b>Inpatient Mental Health and Substance Use</b>		
Inpatient Mental Health		Coinsurance after deductible
Inpatient Substance Use Services: Detoxification and Rehabilitation		Coinsurance after deductible
<b>Outpatient Mental Health and Substance Use</b>		
Outpatient Mental Health		Coinsurance after deductible
Outpatient Substance Use Services	Includes 20 family counseling visits	Coinsurance after deductible
<b>Prescription Drugs</b>		
Retail	30-day supply	Coinsurance after deductible
Mail Order	90-day supply	Coinsurance after deductible
<b>Exercise Facility Incentive</b>		
Gym Reimbursement	Incentive only available to Subscriber and Subscriber's Covered Spouse. Incentive is not applied to Out-of-pocket Maximum or Deductible	Subscriber reimbursed up to \$200 for completion of 50 exercise facility visits in each six month period. Covered Spouse reimbursed up to \$100 per six-month period and 50 exercise facility visits.

The EmblemHealth EPO is underwritten by Group Health Incorporated ("GHI") and provides in-network benefits only. Except for emergency care, no out-of-network services are covered. Participating Providers have contracted with GHI to provide care to our members; they are not employees, agents, servants or representatives of GHI. 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 the Certificate of Coverage/Insurance, and it does not constitute an Agreement. Refer to GHI policy form number DPC-OX-102, et al.

The benefits described herein are only highlights of the coverage available. The terms, limitations, conditions and exclusions of the insurance contract and certificate will govern. Certain services must be approved in advance by EmblemHealth.

Deductible applies to medical, hospital and prescription drugs.

Out-of-pocket max includes deductible, copays and coinsurance. Gym Reimbursement benefit does not apply towards the OOP max.

## EPO Direct Pay Plan Rates

Listed below are the monthly premium rates.

Rates are effective 1/1/2016 through 12/31/2016

		EPO HD Platinum	EPO HD Gold	EPO HD Silver	EPO HD Bronze
<b>Downstate (NYC)</b>	Individual	\$852.26	\$716.19	\$609.27	\$513.32
	Individual & Spouse	\$1704.52	\$1432.38	\$1,218.54	\$1,026.64
	Parent & Child(ren)	\$1,448.84	\$1,217.52	\$1,035.76	\$872.64
	Family	\$2,428.94	\$2,041.14	\$1,736.42	\$1,462.96
	Child Only	\$351.13	\$295.07	\$251.02	\$211.49
<b>Long Island</b>	Individual	\$918.01	\$771.45	\$656.27	\$552.92
	Individual & Spouse	\$1,836.02	\$1,542.90	\$1,312.54	\$1,105.84
	Parent & Child(ren)	\$1,560.62	\$1,311.47	\$1,115.66	\$939.96
	Family	\$2,616.33	\$2,198.63	\$1,870.37	\$1,575.82
	Child Only	\$378.22	\$317.84	\$270.38	\$227.80
<b>Albany</b>	Individual	\$796.85	\$669.64	\$569.66	\$479.95
	Individual & Spouse	\$1,593.7	\$1,339.28	\$1,139.32	\$959.90
	Parent & Child(ren)	\$1,354.65	\$1,138.39	\$968.42	\$815.92
	Family	\$2,271.02	\$1,908.47	\$1,623.53	\$1,367.86
	Child Only	\$328.30	\$275.89	\$234.70	\$197.74
<b>Buffalo</b>	Individual	\$737.26	\$619.56	\$527.05	\$444.05
	Individual & Spouse	\$1,474.52	\$1,239.12	\$1,054.10	\$888.12
	Parent & Child(ren)	\$1,253.34	\$1,053.25	\$895.99	\$754.90
	Family	\$2,101.19	\$1,765.75	\$1,502.09	\$1,265.57
	Child Only	\$303.75	\$255.26	\$217.14	\$182.95
<b>Mid-Hudson</b>	Individual	\$873.13	\$733.74	\$624.18	\$525.89
	Individual & Spouse	\$1,746.26	\$1,467.48	\$1,248.36	\$1,051.78
	Parent & Child(ren)	\$1,484.42	\$1,247.36	\$1,061.11	\$894.01
	Family	\$2,488.42	\$2,091.16	\$1,778.91	\$1,498.79
	Child Only	\$359.73	\$302.30	\$257.16	\$216.67
<b>Rochester</b>	Individual	\$720.23	\$605.24	\$514.88	\$433.79
	Individual & Spouse	\$1,440.46	\$1,210.48	\$1,029.76	\$867.58
	Parent & Child(ren)	\$1,224.39	\$1,028.91	\$875.30	\$737.44
	Family	\$2,052.66	\$1,724.93	\$1,467.41	\$1,236.30
	Child Only	\$296.73	\$249.36	\$212.13	\$178.72
<b>Syracuse</b>	Individual	\$771.34	\$648.19	\$551.42	\$464.59
	Individual & Spouse	\$1,542.68	\$1,296.38	\$1,102.84	\$929.18
	Parent & Child(ren)	\$1,311.28	\$1,101.92	\$937.41	\$789.80
	Family	\$2,198.32	\$1,847.34	\$1,571.55	\$1,324.08
	Child Only	\$317.79	\$267.05	\$227.19	\$191.41
<b>Utica</b>	Individual	\$805.42	\$676.84	\$575.78	\$485.11
	Individual & Spouse	\$1,610.84	\$1,353.68	\$1,151.56	\$970.22
	Parent & Child(ren)	\$1,369.21	\$1,150.63	\$978.83	\$824.69
	Family	\$2,295.45	\$1,928.99	\$1,640.97	\$1,382.56
	Child Only	\$331.83	\$278.86	\$237.22	\$199.87

**Albany:** Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schoharie, Schtly, Warren, Washington

**Buffalo:** Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming

**Mid-Hudson:** Delaware, Dutchess, Orange, Putnam, Sullivan, Ulster

**Downstate (NYC):** Bronx, Kings, New York, Queens, Richmond, Rockland, Westchester

Rochester Livingston, Monroe, Ontario, Seneca, Wayne, Yates

**Syracuse:** Broome, Cayuga, Chemung, Cortland, Onondaga, Schuyler, Steuben, Tioga, Tompkins

**Utica/Watertown:** Chenango, Clinton, Essex, Franklin, Hamilton, Herkimer, Jefferson, Lewis, Madison, Oneida, Oswego, Otsego, St. Lawrence

**Long Island:** Nassau, Suffolk

All rates and benefits are underwritten by Group Health Incorporated (GHI). Refer to GHI policy form numbers DPC-OX-102 Platinum, DPC-OX-102 Gold, DPC-OX-102 Silver, DPC-OX-102 Bronze, DPC-OXC-102, et al.

## EPO Direct Pay Plan Age 29 Rider

Listed below are the monthly premium rates with **age 29 rider** extends coverage for young adults through age 29 (up to 30th birthday).

		EPO HD Platinum Age 29	EPO HD Gold Age 29	EPO HD Silver Age 29	EPO HD Bronze Age 29
<b>Downstate (NYC)</b>	Individual	\$894.87	\$752.00	\$639.73	\$538.99
	Individual & Spouse	\$1789.74	\$1,504.00	\$1,279.46	\$1,077.98
	Parent & Child(ren)	\$1,521.28	\$1,278.40	\$1,087.54	\$916.28
	Family	\$2,550.38	\$2,143.20	\$1,823.23	\$1,536.12
<b>Long Island</b>	Individual	\$963.91	\$810.02	\$689.08	\$580.57
	Individual & Spouse	\$1,927.82	\$1,620.04	\$1,378.16	\$1,161.14
	Parent & Child(ren)	\$1,638.65	\$1,377.03	\$1,171.44	\$986.97
	Family	\$2,747.14	\$2,308.56	\$1,963.88	\$1,654.62
<b>Albany</b>	Individual	\$836.69	\$703.12	\$598.14	\$503.95
	Individual & Spouse	\$1,673.38	\$1,406.24	\$1,196.28	\$1,007.90
	Parent & Child(ren)	\$1,422.37	\$1,195.30	\$1,016.84	\$856.72
	Family	\$2,384.57	\$2,003.89	\$1,704.70	\$1,436.26
<b>Buffalo</b>	Individual	\$774.12	\$650.54	\$553.40	\$466.26
	Individual & Spouse	\$1,548.24	\$1,301.08	\$1,106.80	\$932.52
	Parent & Child(ren)	\$1,316.00	\$1,105.92	\$940.78	\$792.64
	Family	\$2,206.24	\$1,854.04	\$1,577.19	\$1,328.84
<b>Mid-Hudson</b>	Individual	\$916.79	\$770.43	\$655.39	\$552.18
	Individual & Spouse	\$1,833.58	\$1,540.86	\$1,310.78	\$1,104.36
	Parent & Child(ren)	\$1,558.54	\$1,309.73	\$1,114.16	\$938.71
	Family	\$2,612.85	\$2,195.73	\$1,867.86	\$1,573.71
<b>Rochester</b>	Individual	\$756.24	\$635.50	\$540.62	\$455.48
	Individual & Spouse	\$1,512.48	\$1,271.00	\$1,081.24	\$910.96
	Parent & Child(ren)	\$1,285.61	\$1,080.35	\$919.05	\$774.32
	Family	\$2,155.28	\$1,811.18	\$1,540.77	\$1,298.12
<b>Syracuse</b>	Individual	\$809.91	\$680.60	\$578.99	\$487.82
	Individual & Spouse	\$1,619.82	\$1,361.20	\$1,157.98	\$975.65
	Parent & Child(ren)	\$1,376.85	\$1,157.02	\$984.28	\$829.29
	Family	\$2,308.24	\$1,939.71	\$1,650.12	\$1,390.29
<b>Utica</b>	Individual	\$845.69	\$710.68	\$604.57	\$509.37
	Individual & Spouse	\$1,691.38	\$1,421.36	\$1,209.14	\$1,018.74
	Parent & Child(ren)	\$1,437.67	\$1,208.16	\$1,027.77	\$865.93
	Family	\$2,410.22	\$2,025.44	\$1,723.02	\$1,451.70

**Albany:** Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schoharie, Schtady, Warren, Washington

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**Mid-Hudson:** Delaware, Dutchess, Orange, Putnam, Sullivan, Ulster

**Downstate (NYC):** Bronx, Kings, New York, Queens, Richmond, Rockland, Westchester

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