



Office Visit Copay \$40
 Diagnostic Copay \$40
 ER Copay \$100

Hospital Copay \$500
 Ambulatory Copay \$250

OPTION #3

EmblemHealth EPO

Plan 6P

Pre-certification

Limitations

In-network

Inpatient Hospital Services performed and billed by a hospital			
Inpatient Hospital Coverage	YES	365 days per confinement	IP Hospital Copay
Skilled Nursing Facility Care	YES	2 days care in SNF=1 day hospital care	\$200 day / \$600 max
Inpatient Admission for Medical Rehabilitation (i.e. PT, Physical Medicine and Rehabilitation)	YES	30 days per calendar year	IP Hospital Copay
Hospice Care - inpatient and outpatient	YES	210 days per lifetime	Covered in Full

Failure to Pre-certify will result in a 50% maximum penalty up to \$1000 day , \$2000 max per confinement

Outpatient Hospital Services performed and billed by a hospital or facility			
Pre-Admission Testing			Covered in Full
Ambulatory Surgery facility charge (free standing)	YES		Ambulatory Surgery Copay
Ambulatory Surgery facility charge (OPD hospital)	YES		Ambulatory Surgery Copay
Home Health Care Services	YES	200 visits per calendar year	Covered in Full
Diagnostic Lab /Radiology	YES	Pre-cert required for Radiology services	Diagnostic Copay, No copay for unmarried dependent children and unmarried dependent students.
Preventive Mammography and Pap Smear & Prostate Screening			Covered in Full

Failure to Pre-certify will result in a 50% maximum penalty

Medical Services performed and billed by a Physician or other Medical Provider			
Office visits and diagnostic Copayment for dependent child(ren)/students			No copay for unmarried dependent children and unmarried dependent students.
Office visit copayment, including Outpatient clinic visits			OV Copay Charge per visit
Specialist Office Visits			OV Copay Charge per visit.No copay for unmarried dependent children and unmarried dependent students
Maternity Pre-Postnatal Care			Covered in Full
Annual Physical Check-up (Adult)			Covered in Full
Preventive Mammography and Pap Smear & Prostate Screening			Covered in Full
Chiropractic Care			OV Copay Charge per visit.No copay for unmarried dependent children and unmarried dependent students
Physical Therapy, Osteopathic Manipulation, Occupational Therapy		30 visits per calendar year	OV Copay Charge per visit.No copay for unmarried dependent children and unmarried dependent students
Speech Therapy		10 Visits per calendar year	OV Copay Charge per visit.No copay for unmarried dependent children and unmarried dependent students
Outpatient Surgery		Office	Covered in Full
		OP hospital	Covered in Full
		Ambulatory freestanding	Covered in Full
Inpatient Surgery			Covered in Full
DME:	(Precert required when the amt is > \$2000)	\$10,000 Calendar year max	Covered in Full,up to Calendar year max
Diagnostic Lab ¹		Providers office/ Free Standing Facility	Diagnostic Copay, No copay for unmarried dependent children and unmarried dependent students.
Diagnostic Radiology ¹	YES	Providers office/ Free Standing Facility Pre-cert required in-network only	Diagnostic Copay, No copay for unmarried dependent children and unmarried dependent students.

Failure to Pre-certify will result in a 50% maximum penalty

Well baby and Child Care			
Well baby and Well Child Care, including Immunizations		up to age 19	Covered in full

Emergency Coverage			
Emergency Room Care facility copay		ER Copay , waived if admitted	ER Facility Copay
Emergency Ground Ambulance			Covered up to 100% of U & C

Inpatient Mental Health & Chemical Dependency			
Inpatient Mental Health	YES	30 days /cal.yr, no limits for biological based	IP Hospital Copay
Chemical Dependency: Detoxification	YES	7 days per calendar year	IP Hospital Copay
Chemical Dependency: Rehabilitation	YES	30 days cal yr	IP Hospital Copay

Outpatient Mental Health & Chemical Dependency			
Outpatient Chemical Dependency	YES	60 visits per calendar year, up to 20 family visits	Covered in full
Outpatient Mental Health	YES	30 visits per calendar year, no limits for biological based	OV Copay Charge per visit.No copay for unmarried dependent children and unmarried dependent students

Failure to Pre-certify will result in a 50% maximum penalty

Vision			
Exam		Davis Vision Providers Only Eligibility : All ages	One eye exam biennial, (once every 24 months) for all ages. \$10 OV copay Adults, no copay for dependent child(ren) and unmarried dependent students. only
Frames, Lenses, Contacts		Eligibility : Children under the age of 19	Lenses, Frames, contacts (in lieu of frames and lenses), one biennial, (once every 24 months for children under the age of 19. \$20 copay
Prescription Coverage			\$0/\$30/\$50 - \$0 deductible - no retail max

¹ Non participating providers (anesthesiologist, radiologist, pathologist, asst surgeon) in a network Hospital, Facility, OPD, ambulatory facility or office is covered up to 100% of HIAA at the 90th%ile .

The benefits described here in are only brief highlights of the coverage available. The terms, limitations, conditions, and exclusions of the insurance contract and certificate will govern.