



As a GHI HMO member, you and each member of your family will choose a PCP from GHI HMO's list of participating providers. For adults, the PCP will specialize in either internal medicine or family practice and, for children, specialization will be in either pediatrics or family practice. Your PCP will coordinate all health care services, including referrals, which must be arranged for and authorized by your PCP.

At a Glance	
Plan Type:	HMO
Geographic Service Area	GHI HMO's service area includes the counties of Albany, Bronx, Broome, Columbia, Delaware, Dutchess, Fulton, Greene, Kings, Montgomery, New York, Orange, Otsego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington, and Westchester in New York.
Does this plan use a network of providers?	Yes. See www.Emblemhealth.com/city or call 1-877-244-4466 for a list of participating providers.
Do I need a referral to see a specialist?	Yes, written approval is required to see a specialist.
Contact Information	EmblemHealth Customer Service Interview Unit 55 Water Street, 1 st Floor New York, NY 1004-8910 1-877-244-4466
Web Site	Emblemhealth.com/city

Plan Features	Cost
What is the overall deductible for this plan?	<ul style="list-style-type: none"> • \$0
What are the costs when you visit a health care provider's office or clinic?	<ul style="list-style-type: none"> • Primary care visit to treat an injury or illness: \$15 co-pay/visit Not covered for non-participating provider • Specialist visit: \$15 co-pay/visit Not covered for non-participating provider • Other practitioner office visit (Chiropractor): \$15 co-pay/visit Not covered for non-participating provider • Preventive care/screening/immunization: No charge Not covered for non-participating provider
What are the costs if you have a test?	Diagnostic test (x-ray, blood work): No charge Not covered for non-participating provider Imaging (CT/PET scans, MRIs): \$15 co-pay/test Not covered for non-participating provider
What are the costs if you have outpatient surgery?	Facility fee (e.g., ambulatory surgery center): No charge Not covered for non-participating provider Prior approval required Physician/surgeon fees: No charge Not covered for non-participating provider Prior approval required
What are the costs if you need immediate medical attention?	Emergency room services: \$35 co-pay/visit \$35 co-pay/visit to non-participating provider Co-pay waived if admitted Emergency medical transportation: No charge No charge to non-participating provider Urgent Care: \$15 co-pay/visit Not covered for non-participating provider
What are the costs if you have a hospital stay?	Facility fee (e.g., hospital room): No charge per continuous confinement Prior approval required Not covered for non-participating provider Physician/surgeon fee: No charge

	Not covered for non-participating provider
What are the costs if you are pregnant?	<p>Prenatal and postnatal care: No charge Not covered for non-participating provider</p> <p>Delivery and all inpatient services: No charge per continuous stay Limited to 48 hours for natural delivery and 96 hours for caesarean delivery. Not covered for non-participating provider</p> <p>Prior approval required</p>

WHAT ARE THE COSTS IF YOU HAVE MENTAL HEALTH, BEHAVIORAL HEALTH, OR SUBSTANCE ABUSE NEEDS?

Service	Cost
Mental/Behavioral health Outpatient services	<ul style="list-style-type: none"> • \$15 co-pay/visit • Prior approval may be required • Not covered for non-participating provider
Mental/Behavioral health Inpatient services	<ul style="list-style-type: none"> • No charge per continuous confinement • Prior approval required • Not covered for non-participating provider
Substance abuse Outpatient services	<ul style="list-style-type: none"> • \$15 co-pay/visit • Prior approval may be required • Not covered for non-participating provider
Substance abuse Inpatient services	<ul style="list-style-type: none"> • No charge per continuous confinement • Prior approval required • Not covered for non-participating provider

WHAT ARE THE COSTS IF YOU NEED HELP RECOVERING OR HAVE OTHER SPECIAL HEALTH NEEDS?

Service	Cost
Home health care	<ul style="list-style-type: none"> • No charge • Not covered for non-participating provider
Skilled nursing care	<ul style="list-style-type: none"> • No charge • Prior approval required • Not covered for non-participating provider
Durable medical equipment (DME)	<ul style="list-style-type: none"> • 20% coinsurance • Prior approval required • Not covered for non-participating provider • \$1500 annual maximum
Hospice service	<ul style="list-style-type: none"> • No charge • Not covered for non-participating provider • Limited to 210 days

OPTIONAL RIDER

WHAT IS THE COST IF YOU NEED DRUGS TO TREAT YOUR ILLNESS OR CONDITION?

	Retail	Mail Order
Generic drugs*	\$8 co-pay/30 day supply	\$16 co-pay/90 day supply
Preferred brand drugs	\$16 co-pay/30 day supply	\$32 co-pay/90 day supply
Non-preferred brand drugs	\$30 co-pay/30day supply	\$50 co-pay/90 day supply
Specialty drugs**	Generic drugs	Not covered
	Preferred brand drugs	Not covered
	Non-preferred brand drugs	Not covered
Members requesting a brand name drug must pay the difference between the brand name drug and the generic drug when available, plus the generic co-payment.		

*Must be dispensed by a Participating Pharmacy.

**Must be dispensed by a Specialty Pharmacy. Written referral required.

Please refer to the Summary of Benefits and Coverage (SBC) for additional information and to see what this plan covers and any cost-sharing responsibilities.