



Individual and Family Plans Made Simple






Welcome!

Everyone needs health insurance. That's why getting it should be easy. But if you're an individual who's not eligible for coverage through an employer, or can't afford what you're being offered, finding the right plan for your needs can be hard.

We all want and deserve to be taken care of in sickness and in health. A quality health insurance plan can give you peace of mind knowing you're covered for routine checkups and for care when you're not well.

That's why we created this guide — to help you understand your options and find what works for your needs and budget.



Quality health
coverage
options and
affordable
pricing

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WHAT IS INDIVIDUAL HEALTH INSURANCE AND AM I ELIGIBLE?

There are two kinds of health insurance plans: group plans and individual plans. In most cases, people can enroll in a group health plan either as an employee of a company that offers group coverage or as a family member of that employee. But what if the plan being offered through work is too expensive for you? Or if you work on your own or are unemployed? There are many reasons why an individual or family plan may be right for you.

Consider enrolling in an individual plan if any of these describe you:

- **Freelancer.**
- **Retired but not eligible for Medicare.**
- **Part-time worker.**
- **Had a sudden loss of income.**
- **Lost group coverage.**
- **Can't afford my company plan.**
- **Can't afford COBRA.**
- **Need coverage for my child or other family members.**
- **Unemployed.**
- **Can't stay on my parent's plan.**



If one of the above describes you, or you have a unique situation and need help finding a health plan, call us at **800-447-6231** (TTY: **711**) or visit **emblemhealth.com/individualsandfamilies**.



HELPFUL DEFINITIONS

A **premium** is the amount you pay for your insurance every month.

A **deductible** is the amount you pay before your plan starts to pay. Once you meet your deductible each year, you will then pay any coinsurance or copayments owed for the care you receive.

A **copayment** (also called a copay) is a fixed dollar amount you pay for covered health services, like seeing a doctor or getting a drug at the pharmacy.

Coinsurance is a percentage of the cost that you pay for health services. You and your plan both share the cost.

A **network** is a group of health care professionals or facilities (also called providers) that contract with a health plan to provide covered products and services to members.

Preventive care is care you get when you are well, including checkups and routine screenings.*

Telemedicine is a benefit that offers care through an app or a video call on your phone or computer. Telemedicine is provided by an outside service that contracts with your plan.**

Telehealth is care by video on your phone or computer that you arrange with a network doctor who offers it. Telehealth is covered the same way in-person visits are covered, depending on your plan.

NY State of Health Marketplace at nystateofhealth.ny.gov is the website where you can shop and enroll in individual and family plans.

A **formulary** is a plan's drug list. Different plans have different lists of covered prescription drugs.

*Preventive services are not subject to cost-sharing (copayments, deductibles, or coinsurance) when performed by a network provider and provided in accordance with the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA), or if the items or services have an "A" or "B" rating from the U.S. Preventive Services Task Force (USPSTF), or if the immunizations are recommended by the Advisory Committee on Immunization Practices (ACIP).

**Telemedicine is provided by Teladoc® and not appropriate for all covered services. Restrictions apply and not all services are available 24/7.

THINGS TO CONSIDER WHEN SHOPPING FOR A PLAN

The Three Ps

Remembering these three things that begin with the letter P is a helpful way to focus on the main things to consider when shopping for a health insurance plan. They are:



PREMIUMS

How much do you have to pay each month for your plan?



PRESCRIPTIONS

What kind of coverage can you get for the drugs you take? Check a plan's drug list (also called a formulary) to make sure any medicines you take regularly are covered.



PROVIDERS

Does the plan have a network of providers (doctors and hospitals) in your area?

Are your doctors in the network? You can search a plan's network to see who participates.



Coverage Beyond the Doctor's Office

Health insurance is not just about going for checkups. It can help you stay healthy in many different ways. EmblemHealth offers individual and family plans that include:



Pediatric Dental Care



24/7 Nurse Hotline



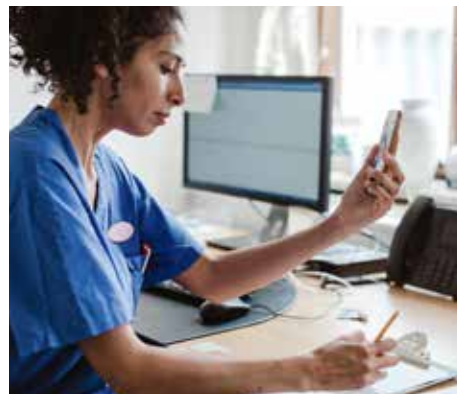
Telemedicine



Maternity Program



Diabetes Prevention



Telehealth

WHY CHOOSE US?

DISCOVER THE EMBLEMHEALTH DIFFERENCE



EmblemHealth is one of America's largest nonprofit health insurance companies. As a nonprofit, we answer to our members — not to shareholders. We are committed to offering excellent service and plan choices to fit a wide range of needs and budgets.

We Are New Yorkers, Too

We serve more than three million people in the New York tristate area. And everything we do is backed by more than 80 years of success headquartered right here in the city. Many of our employees live and work here, and know what it takes to offer quality care and service. Plus, our long history translates into the strong relationships and contracts needed to consistently offer highly-rated doctors, hospitals, and other providers you can depend on.

We Are In Your Backyard — And Have Your Back

EmblemHealth members enjoy a community advantage. Every day, we go above and beyond health care to serve our communities in different ways. Our popular **Neighborhood Care** centers offer local services, including free fitness and wellness classes, one-on-one help understanding your plan, connections to community resources, and much more.

AdvantageCare Physicians* (ACPNY) is in-network for all EmblemHealth members. Through its 30+ locations across New York's five boroughs and Long Island, ACPNY offers patients "whole you" care with primary care and family health — including pediatrics and women's health — as well as specialty care.

* AdvantageCare Physicians is part of the EmblemHealth family of companies.

LEARN MORE

VISIT US ONLINE AT [EMBLEMHEALTH.COM/INDIVIDUALSANDFAMILIES](https://www.emblemhealth.com/individualsandfamilies)

DIFFERENT KINDS OF PLANS FOR INDIVIDUALS AND FAMILIES

Individuals and families can choose from different plans available on the NY State of Health Marketplace and directly through EmblemHealth. EmblemHealth offers these types of plans:

Essential Plan

If you meet income and household qualifications, you may be able to join the Essential Plan.* If you qualify, you pay a \$0 monthly premium. An EmblemHealth representative can help you enroll in our Essential Plan. Plan features include:

- \$0 premium and deductible.
- Doctor and specialist visits with a \$0 copay** and no referral needed.
- Preventive care with no cost-sharing, including routine exams and screenings.
- Dental and vision benefits included at no additional cost.

Standard Plans

You can enroll in Standard plans directly on the marketplace, or we can help you enroll in an EmblemHealth Standard plan. Standard plans offer coverage for:

- Preventive care with no copay.
- Telemedicine.
- Prescription drug coverage.
- Hospitalization, and more.

No matter which plan you choose, EmblemHealth's individual and family plans will help you stay healthy and get the care you need when you need it.

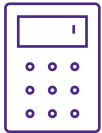
*Visit nystateofhealth.ny.gov/individual to find out if you qualify.

**For Essential Plans 2, 3 and 4.



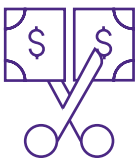
HELP PAYING FOR THE COST OF HEALTH INSURANCE

You must enroll on the marketplace to receive:



TAX CREDITS

The U.S. government gives some people tax credits to help pay the monthly costs of their health plan. The marketplace is where you can learn if you qualify for these credits. It is the only place you can enroll in a plan and use tax credits to help pay the costs.



COST-SHARING REDUCTION

If you meet the income requirements, you may be eligible for a discount that lowers the amount you have to pay for deductibles, copays, and coinsurance. You must be eligible and enroll in what's called a "silver" category plan on the marketplace to get this pricing.



PLAN OPTIONS

Some plan options are only available on the marketplace, including Medicaid, Child Health Plus, or the Essential Plan. For any of these plans, you must enroll on the marketplace. If you are eligible for tax credits, you will want to enroll via the marketplace.

READY TO ENROLL IN AN INDIVIDUAL OR FAMILY PLAN? WE CAN HELP.

Getting health insurance should be easy and hassle-free. But with an application to fill out and many options to choose from, it can be confusing. EmblemHealth is here to help you every step of the way, even on the marketplace. So, don't hesitate to call us. Here are your enrollment options:

- ✔ Call us at **800-447-6231** (TTY: **711**), 8 a.m. to 8 p.m., Monday through Friday, to get answers on how to enroll in an EmblemHealth individual or family plan.
- ✔ Visit **emblemhealth.com**. Use our shopping tool to find plan and price information and get a quote. Once you have found the right plan, you can enroll on the site.
- ✔ Visit the NY State of Health Marketplace at **nystateofhealth.ny.gov** and look for EmblemHealth plans.



WHEN TO ENROLL

Each year, you can enroll in a health plan during the annual Open Enrollment Period. This is when most individuals and families can enroll in a new health care plan. If you miss the Open Enrollment Period, you may have to wait until the next Open Enrollment Period to sign up. But there are exceptions. See the timeline below.

Nov. 16, 2023, to Jan. 31, 2024 (in New York State) OPEN ENROLLMENT PERIOD

Learn about, shop for, and enroll in plans for the upcoming year.

Feb. 1, 2024, to Nov. 15, 2024 SPECIAL ELECTION PERIOD

You can enroll in a health plan at any time of the year if you experience a life-changing event, such as getting married, having a baby, losing your health coverage for certain reasons, or experiencing a loss of income. **If you qualify for Medicaid, Child Health Plus, or the Essential Plan, you can enroll at any time throughout the year.**

WHAT YOU'LL NEED TO ENROLL

When you're ready to enroll, you may need to provide some information for you and each member of your household, such as:

- Social Security Numbers (or document numbers for legal immigrants).
- Employer and income information (for example, from your pay stubs, W-2 forms, or Wage and Tax Statements).
- Policy numbers for any current health insurance plans covering members of your household.
- Email address.





What Happens After You Enroll

After you enroll in an individual or family plan, you'll receive a bill for your monthly premium. For your coverage to begin, you must pay the bill by the 10th of the month your enrollment becomes effective.

Please note that if you don't pay your premium on time, you will not be considered a member of the plan and any services you receive will not be covered.

Soon after you enroll, you'll receive your member ID card. We encourage all members to set up an account on our member portal, my.emblemhealth.com, and select a primary care provider (PCP). If you experience a change in your employment, a loss of income, marriage, divorce, or the birth or adoption of a child, you may be eligible to change your coverage.

An EmblemHealth enrollment specialist can help answer questions and get you the coverage you need.

Got questions? We've got answers.
It's easy to reach us for more information.



PHONE

800-447-6231 (TTY: 711)

8 a.m. to 8 p.m., Monday through Friday



WEBSITE

emblemhealth.com/individualsandfamilies

24 hours a day, 7 days a week



LEARN MORE

VISIT US ONLINE AT **[EMBLEMHEALTH.COM/INDIVIDUALSANDFAMILIES](https://emblemhealth.com/individualsandfamilies)**



We're here to help you find the best coverage for your needs.

Call EmblemHealth to find your plan.

We can also walk you through the process of enrolling in an EmblemHealth plan on the NY State of Health Marketplace.

For more details, call us at **800-447-6231** (TTY: 711).

Visit us online at emblemhealth.com/individualsandfamilies.

This brochure provides only general information about EmblemHealth individual plans. Coverage is subject to all terms, conditions, limitations, and exclusions set forth in the contract.

Refer to policy forms: 155-23-IONHIXMillenniumPSchedule (04/23), 155-23-IONHIXMillenniumBSchedule (04/23), 155-23-IONHIXMillenniumGSchedule (04/23), 155-23-IONHIXMillenniumSSchedule (04/23), 155-23-IONHIXMillenniumS100Schedule (04/23), 155-23-IONHIXMillenniumS150Schedule (04/23), 155-23-IONHIXMillenniumS200Schedule (04/23), 155-23-IONHIXMillenniumCSchedule (04/23), 155-23-IONHIXSelectPSchedule (04/23), 155-23-IONHIXSelectBSchedule (04/23), 155-23-IONHIXSelectGSchedule (04/23), 155-23-IONHIXSelectSSchedule (04/23), 155-23-IONHIXSelectS100Schedule (04/23), 155-23-IONHIXSelectS150Schedule (04/23), 155-23-IONHIXSelectS200Schedule (04/23), 155-23-IONHIXSelectCSchedule (04/23)

The EmblemHealth plans advertised are underwritten by Health Insurance Plan of Greater New York (HIP), an EmblemHealth company.

ATTENTION: If you speak other languages, language assistance services, free of charge, are available to you. Call 877-411-3625 (TTY: 711). ATENCIÓN: Si usted habla español, tiene a su disposición, gratis, servicios de ayuda para idiomas. Llame al 877-411-3625 (TTY/TDD: 711). 注意: 如果您講中文, 我們免費提供相關的語言協助服務。請致電 877-411-3625 TTY: 711.