

Making the Most of Your Health Plan

Wellness Resources and Services for
Magen David Yeshivah

Effective Date: January 1, 2027

EmblemHealth®

EmblemHealth®

55 Water Street, New York, NY 10041-8190

Welcome to EmblemHealth!

As a New York-based health insurance company for more than 80 years, we've built a solid reputation for offering quality coverage and large networks of highly rated doctors and hospitals. Throughout our many years of service and all the changes in the industry, our mission has remained the same: To help our members stay healthy and live better.

Take a Look Inside

You'll find everything you need to get started: A summary of benefits, an enrollment form, and lots of information about what EmblemHealth offers, including:

- **An overview** about the type of EmblemHealth plan(s) offered to you.
- **Details about plan network(s) — the group of health care professionals and hospitals** that contract with us to offer you care and services.
- **Special discounts and innovative wellness programs.**
- **AdvantageCare Physicians (ACPNY)** — they're part of our networks and one of the largest primary and specialty physician group practices in the New York metropolitan area.
- **Neighborhood Care** offices offering in-person customer service and wellness support, including free exercise classes.

Please contact your Benefits Administrator for any additional information, or questions you may have.

We're honored to become your partner in care!

Sincerely,



Daniel Sauer
Large Group Sales and Account Management
EmblemHealth

EmblemHealth Plan, Inc., Health Insurance Plan of Greater New York (HIP), EmblemHealth Insurance Company and EmblemHealth Services Company, LLC are EmblemHealth companies.
EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.



Come Join Us

You're being offered a quality EPO plan from EmblemHealth.

How EPO Plans Work

EPO plans offer in-network benefits only. If you see a health care professional who's not in the EPO network, you may have to pay all the costs for that care yourself (except if it's for emergency hospital care). An EPO plan doesn't require you to choose a PCP. And you don't need a referral (approval) to see a specialist. It's still a good idea to pick one in-network doctor who can get to know the whole you and oversee your total care.

Our EPO Network

Our network is a group of doctors, hospitals, and other health care providers who have a contract to provide care through our EPO. See the network flyer in this kit to learn more about the network that's part of this plan. The network flyer also contains instructions on how to search for doctors and providers in the network.

Types of Care

Preventive care: Routine checkups and screenings are considered preventive care. This kind of care is usually covered at no cost to you. Preventive care includes well visits, mammograms, colonoscopies, immunizations, and other screenings that your doctor deems necessary.

Non-preventive care: For care that is not preventive care, e.g., a visit when you're sick or an appointment with a specialist, you may have a copay and/or a deductible. A copay is a set amount you will pay each time you go to the doctor. A deductible is the amount you will have to pay before your plan starts paying.

Answers to Your Questions

We're committed to offering great benefits and outstanding customer service. If you have any questions, please feel free to go to **emblemhealth.com** for more information. We look forward to welcoming you soon as a new EmblemHealth member.

PLAN OVERVIEW

Plan Name: InBalance EPO
Product Type: Large Group
Network: 2027 Bridge Network
National Coverage: Yes, through Cigna Healthcare PPO Network
Primary Care Physician (PCP): No
Referrals Required (Approvals): No
Out-of-Network Benefits: No
Effective Date: January 1, 2027

Learn the ABCs of EPOs

Understanding health insurance should be simple. Yet there are always so many industry terms you need to know. Here are some definitions to make things easier:

- **EPO** — Exclusive provider organization
- **PCP** — Primary care physician
- **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 usually after the deductible, when your insurance plan begins to pay.
- **Network** — A group of health care professionals and facilities that contract with EmblemHealth. They provide covered products and services to members. For plans with only in-network coverage, unless it's an emergency, members need to use the plan 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 office visits, shots, screenings, and tests. These services can prevent illnesses or find conditions before they become serious.

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PLAN OVERVIEW

Plan Name: ConsumerDirect EPO
Product Type: Large Group
Network: 2027 Bridge Network
National Coverage: Yes, through Cigna Healthcare PPO Network
Primary Care Physician (PCP): No
Referrals Required (Approvals): No
Out-of-Network Benefits: No
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The EmblemHealth Bridge Program

Coverage Beyond New York

EmblemHealth's Bridge Program is our best solution for nationwide access at competitive rates.

Plans Designed To Meet the Needs of Our Clients and Members

EmblemHealth has been building strong partnerships in the tristate area for more than 80 years. Bridge offers enhanced local coverage with national reach.

The Power of Bridge

Get the broadest coverage area available through EmblemHealth. With Bridge, members can get the care they need where they need it, seamlessly. Included are local centers of excellence, such as Hospital for Special Surgery, Memorial Sloan Kettering Cancer Center, and New York Presbyterian. Nationwide access outside New York is offered in collaboration with the Cigna Healthcare® PPO Network*.

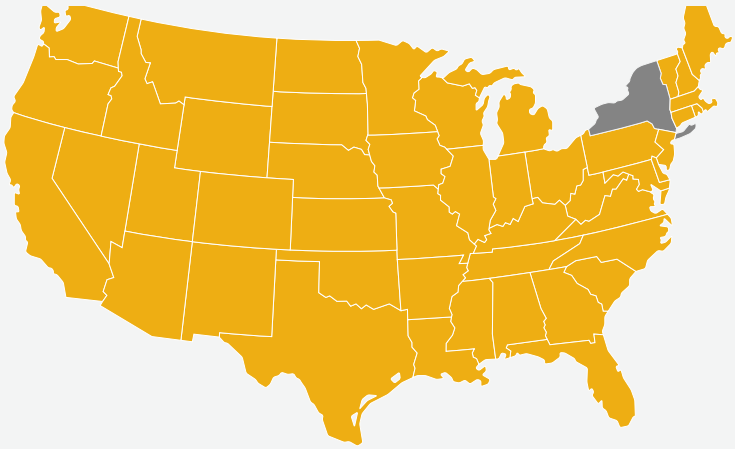
The Bridge Program offers**:

69,000+ health care professionals

15,000+ primary care providers (PCPs)

57,000+ specialists

185+ hospitals



To find in-network doctors, please go to:
emblemhealth.com/ehpi-bridge

*The Cigna Healthcare® PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna Healthcare PPO for Shared Administration.
** This information as of August 2026. The above counts do not include the Cigna Healthcare® PPO Network.

The counts listed for the Bridge Program are unique health care providers and locations. Hospitals and providers who have multiple locations are counted once. Some providers may be double boarded and counted twice. Please use Find a Doctor on emblemhealth.com for a full list of providers and locations.

National network access dependent upon group eligibility. Reach out to your designated EmblemHealth account manager for details.

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Cigna Healthcare® is an independent company and not affiliated with EmblemHealth. Access to the Cigna Healthcare PPO Network is available through the contractual relationship between EmblemHealth and Cigna Healthcare. All Cigna Healthcare products are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company. The Cigna Healthcare name, logo, and other marks are owned by Cigna Intellectual Property, Inc.

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Quality National Coverage

Cigna Healthcare® PPO Network*

At EmblemHealth, access to care is a top priority. If members need care while living or traveling outside the network area, the **Cigna Healthcare® PPO Network**, can deliver the care they need. Cigna Healthcare boasts a wide network, name recognition, and competitive discounts offering deep, directly negotiated discounts that lower medical out-of-pocket costs.

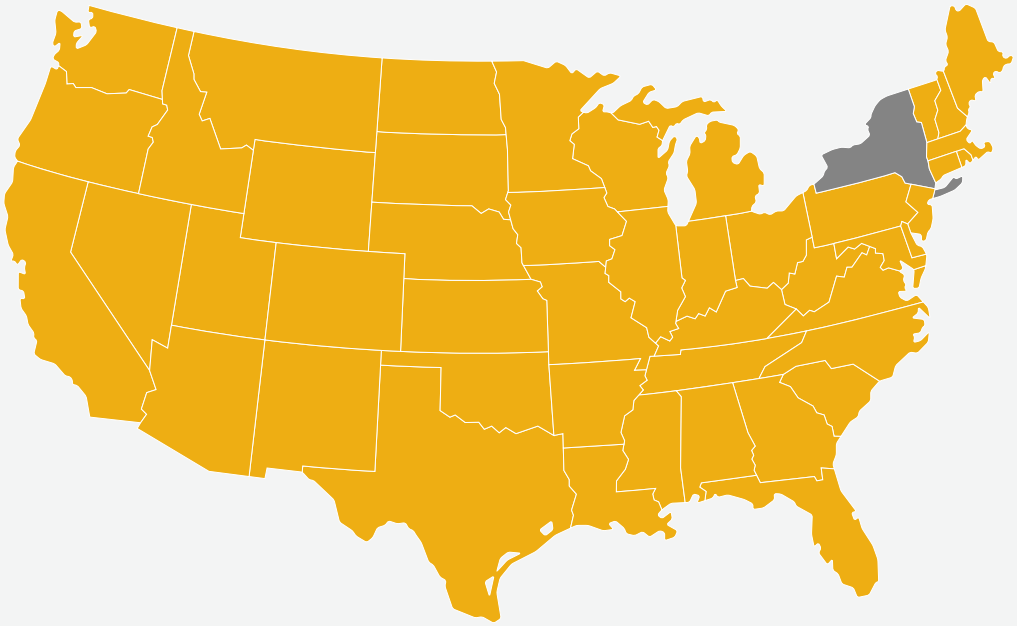
Cigna Healthcare PPO includes**:

1,000,000+ health care professionals

285,000+ primary care providers (PCPs)

998,000+ specialists

6,000+ hospitals



If members need to find a Cigna Healthcare® PPO Network doctor, they can visit emblemhealth.com and click on "Find Care" under "Find a Doctor."

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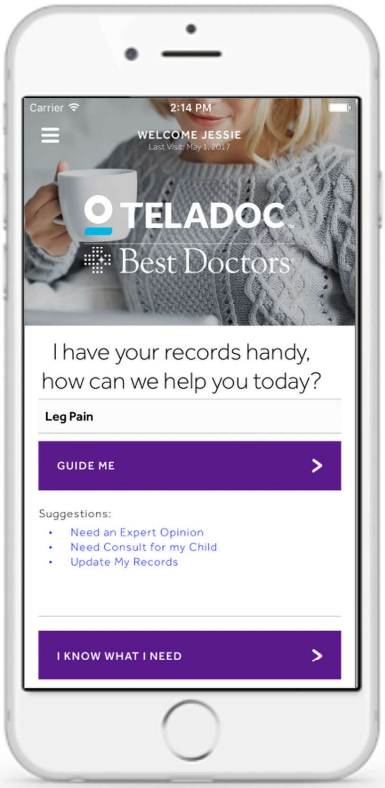
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You can access medical care through your phone, computer, or mobile device.

Teladoc®: Your Virtual Office Visit

Use telemedicine to get non-urgent medical care. It's convenient, immediate, and available 24 hours a day, 365 days a year.

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

Use telemedicine when:

- You feel sick and don't want to leave home.
- You just moved and don't know local doctors.
- Your doctor isn't available.
- You're out of town and need a doctor's advice.
- You have a busy schedule.

Don't use telemedicine when:

- You need emergency care.
- You need a biometric screening, such as a BMI or blood pressure check.
- Your care requires a review of your health records or x-rays.

What types of non-urgent conditions are right for telemedicine?

- Cough
- Fever
- Headache
- Flu
- Bronchitis
- Pinkeye
- Sore throat
- Sinusitis
- Painful urination

Remember: Telemedicine does not replace the care of your regular doctor. Only your doctor can provide the full range of care to meet your health needs.

This benefit will be provided at low or no copay. Please check your Summary of Benefits for more information.

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HUSK MARKETPLACE



Achieving optimal health and wellness doesn't have to be complicated and expensive. With HUSK Marketplace, EmblemHealth members have access to exclusive best-in-class pricing with some of the biggest brands in fitness and wellness.

Gym & Fitness Center Memberships

HUSK Marketplace members have access to exclusive savings and flexible membership options at thousands of fitness facilities. From national chains to specialty studios, HUSK has something for every type of workout.

On-Demand Fitness

Enjoy the benefits of group exercise classes in the comfort of your own home. HUSK offers a variety of membership options for streaming workouts that allow you to take your workout to the next level no matter where you are.

Home Equipment & Tech

Whatever your fitness level is, HUSK offers exclusive discounts on exercise equipment and wearable fitness trackers to help support you and your goals in your personal wellness journey.

GET STARTED

Sign up for HUSK Marketplace as of 1/1/2024 at:
marketplace.huskwellness.com/emblemhealth

QUESTIONS?

Email customerservices@huskwellness.com or call (888) 654-7708

HUSK | EmblemHealth®

The Husk Rewards Fitness Reimbursement Program is an easy-to-use and flexible program that allows you to earn reimbursement for making healthy choices!



As of 1/1/2024 EmblemHealth members are eligible to earn $200 in reimbursement per 6 month period (1/1 – 6/30 and 7/1 – 12/31) each calendar year for completing 50 workouts. Covered spouses/domestic partners and dependents are also eligible to earn $100 per 6 month period.

Get Started

As of 1/1/2024, go to emblemhealth.rewards.huskwellness.com to create your account and start a submission for reimbursement. Simply click the "Register" button and enter the required information to create your account.

Exercise

Complete 50 workouts within a 6-month period at a fitness center of your choice. You may combine workouts from more than one fitness center to reach the workout requirement.

Submit

To request reimbursement, login to your account and click the "Fitness Center Membership Fees" tile. Upload your supporting documentation showing your 50 completed workouts in the 6 month period. You will also be prompted to enter the account number and routing number for the bank account that you would like to use to receive your reimbursement.

Reimbursement

Reimbursement will be issued via direct deposit to the bank account* that you provide when you submit a request.

*If you do not have a bank account, please reach out to support@huskwellness.com for alternative payment options.

QUESTIONS?

Email support@huskwellness.com or call (888) 654-7708

10-11860

EmblemHealth®

When it comes to care, **EmblemHealth has a Community 'Advantage'**



EmblemHealth offers members affordable health coverage with access to convenient, high-quality care options. That's why you have access to AdvantageCare Physicians (ACPNY). ACPNY's extensive medical care and related services ensure you have the ***advantage*** you need to stay healthy.

AdvantageCare Physicians

ACPNY is a primary and specialty care practice serving half a million patients across all five New York boroughs and Long Island. ACPNY focuses on the needs of each individual patient — their mental and physical needs, and the lifestyle factors that impact their health. It's a "whole you" approach that helps patients pursue better health and gives them easy access to care. Many offices also have convenient on-site lab and radiology services.

The ACPNY Difference: A True Partner in Care

The ACPNY care approach puts you at the center of your health care journey. ACPNY's goal is to make the experience easier for you by offering a range of flexible appointment types, convenient locations, and coordination of care with specialty partners and preferred hospitals.

Your ACPNY Care Team works together to ensure seamless continuity of care. Their guidance includes help with refilling prescriptions, getting test results, scheduling your next visit, and much more.

WHAT IS "WHOLE YOU" CARE?

Personalized Care Team: Your Primary Care Provider leads a Care Team dedicated to understanding your whole health picture — an approach designed to achieve better health outcomes.

Specialty Care Providers: We offer a range of specialists that work closely with your Care Team for a seamless approach to care.

EmblemHealth Neighborhood Care: Get direct access to valuable community services at EmblemHealth Neighborhood Care. Many ACPNY offices share locations with them.

Care From Home: Essential care from your providers — via video, telephone, or message — means you can get the care you need, right from the comfort and convenience of your own home.

The **myACPNY Patient Portal:** Stay connected to your care and information no matter where you are, or which office you visit.

The **acpny.com Website**: Here for you 24/7 to find providers and office locations, make appointments, learn about health conditions, and get the latest updates on your care.

Continued on back

AdvantageCare Physicians Medical Office Locations

*As of January 2026. Consult **acpny.com** for the most current information.*

MANHATTAN

Chambers Street
115 Chambers St.
Flatiron District
21 East 22nd St.
Harlem
215 West 125th St.
Lincoln Square
154 West 71st St.
Upper East Side
215 East 95th St.
Washington Heights
4337 Broadway

BROOKLYN

Bay Ridge
740 64th St.
Bedford
233 Nostrand Ave.
Brooklyn Heights
195 Montague St.
Crown Heights
546 Eastern Parkway
Downtown Brooklyn
447 Atlantic Ave.
East New York
101 Pennsylvania Ave.
Flatbush
1000 Church Ave.
Kings Highway Midwood
1715 E. 13th St.

QUEENS

Astoria
31-75 23rd St.
Cambria Heights
206-20 Linden Blvd.
Elmhurst
88-31 55th Ave.
Flushing Annex
41-61 Kissena Blvd.
Flushing North
140-15 Sanford Ave.
Forest Hills
96-10 Metropolitan Ave.
Jamaica Estates
180-05 Hillside Ave.
Richmond Hill
125-06 101st Ave.
Rochdale Village
169-59 137th Ave.

LONG ISLAND

Babylon
300 Bay Shore Rd.
Bethpage
1055 Stewart Ave.
Lake Success /
New Hyde Park
1991 Marcus Ave.
Ronkonkoma
640 Hawkins Ave.
Uniondale
70 Charles Lindbergh Blvd.
Valley Stream
260 West Sunrise Hwy.

STATEN ISLAND

Annadale
4771 Hylan Blvd.
Clove Road
1050 Clove Rd.

BRONX

East 149th Street
326 E 149th St. #8
Southern Boulevard
932 Southern Blvd.
Westchester Avenue
2044 Westchester Ave.



To learn more or schedule an appointment, visit acpny.com or call 646-680-4227.

AdvantageCare PHYSICIANS™

Caring for the Whole You.

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Your Local Health Ally

Our Locations

BRONX
Fordham Road
Southern Boulevard

BROOKLYN
Bensonhurst
Brooklyn Heights
Crown Heights
East New York

MANHATTAN
Chinatown
Duane Street
Harlem

QUEENS
Cambria Heights
Elmhurst
Flushing
Jackson Heights

STATEN ISLAND
Annadale
Clove Road

EmblemHealth Neighborhood Care is here to help you take control of your health — from staying active to understanding your insurance benefits. That's why Neighborhood Care offers free:

- Fitness classes, nutrition workshops, health education, and family-friendly events.
- Connection to community resources, such as transportation and affordable food.
- Help choosing the right health coverage plan.
- One-on-one support to help EmblemHealth members understand plan benefits, find care, and more.

OPEN TO EVERYONE. We're a resource for the entire community. Stop by and visit us, no appointment required.

GET IN TOUCH. Visit **emblemhealth.com/neighborhood** or call **800-274-2950** (TTY: **711**).

EmblemHealth®
NEIGHBORHOOD CARE

SCAN HERE

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After You Join

Once you become an EmblemHealth member, you'll get everything you need to make the most of your health and wellness benefits.

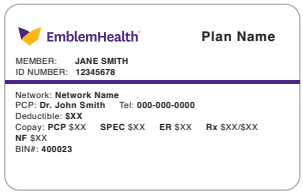


Your member ID card is the key to your health care.

When you join, you'll receive your member ID card in the mail. You can also get your digital ID card on the myEmblemHealth mobile app and save it to your Google or Apple digital wallet.

Look for your:

- EmblemHealth member ID number.
- Cost-sharing amounts (what you pay for services).
- Important phone numbers.



Choose a primary care provider (PCP)

Even if your plan doesn't require a PCP, seeing the same doctor regularly helps them get to know you and your health history — so you can get more personalized care when you need it.

Click "Find Care" in the myEmblemHealth mobile app to find an in-network PCP close to home.

Get started on your path to wellness

Download the new myEmblemHealth app and take our health questionnaire to get personalized recommendations for programs, activities, and content to support your well-being.*

Members also have access to Vitality WellSpark wellness programs with a range of features like coaching, wellness sessions, and health tracking.**

Find Vitality WellSpark through your mobile app by clicking on the "Health and Wellness" section.

Go paperless

Get your documents online as soon as they're available when you go paperless. You can do it right in the app in "Settings."

Explanations of Benefits are available under the Claims section in the myEmblemHealth mobile app.

We look forward to welcoming you as a new member and supporting your health and wellness goals.

Your Health, In Your Hands

Once you're a member, download the myEmblemHealth app. Discover health programs and resources tailored to your goals, check plan benefits and spending, and more.

*Some mobile app features not available for certain plans.

**Vitality WellSpark's services do not replace the care you receive from your doctor. Offerings vary by plan. This program is not available to all members. Covered children must be 18 years or older and meet additional requirements for eligibility.

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Member Tools and Resources

EmblemHealth invests in the latest technology to help our members make the most of their plan. It's all designed to fit your life — fast, convenient, personalized, and easy to use.

Your health in your hands: The new myEmblemHealth mobile app

We've redesigned our app to bring your health insurance plan and wellness tools together in one convenient, personalized experience.*

With the new app, you get:

- **A digital member ID card** with the option to save it to your phone's digital wallet.
- **An interactive health questionnaire** to personalize your wellness journey.
- **Recommendations for programs, activities, and content** to support your well-being.
- **Easy access** to your benefits and plan spending.
- **And much more!**



Get the app
Download from the Google Play or Apple App Stores and get started right away.

Find Care Tool

Finding the right care, including a primary care provider (PCP), is one of the most important things you can do for your health. Our Find Care tool in the myEmblemHealth app makes it easy to search for in-network doctors and hospitals.

With Find Care, you can:

- Navigate quickly and easily with a new streamlined design.
- Find care options on the go — anytime, anywhere.
- Search for nearby doctors with GPS technology.
- View detailed doctor credentials.
- Use advanced filters like wheelchair access and languages spoken.
- Compare up to three doctors at once and view all available office locations.

At EmblemHealth, your health is our highest priority. We want our members to be aware of how our policies impact where they get care. Visit our Site of Service Policy webpage at **emblemhealth.com/policies** to learn more about these policies and your appeal rights.

*Not all app features available to all members.

EMB_BR_FLY_73144_Member_Portal_Find_Care_CCEK 11/26

EmblemHealth

InBalance EPO

Magen David Yeshiva
Effective Date: January 1, 2027

Benefit Summary
Bridge with Cigna

COST SHARING HIGHLIGHTS		IN NETWORK	OUT of NETWORK	LIMITATIONS
Benefit Period		Calendar Year	Not Applicable	
Medical Deductible		$750 Individual / $1,500 Family	Not Applicable	
Medical Coinsurance		20%	Not Applicable	
Out-of-Pocket Limit		$4,000 Individual / $8,000 Family	Not Applicable	
PCP Office Visits		$20 Copayment	Not Covered	
Specialist Office Visits		$40 Copayment	Not Covered	
Hospital Admission		20% coinsurance, after deductible	Not Covered	Preauth Required
Emergency Room		$400 Copayment	Use In Network cost sharing	ER cost sharing waived if admitted
Prescription Drug Deductible		Not Applicable	Not Applicable	
Retail Prescription Drugs (30-day supply)	Tier 1	$15 Copayment	Not Covered	
	Tier 2	$35 Copayment	Not Covered	
	Tier 3	$75 Copayment	Not Covered	
Mail Order Prescription Drugs (90-day supply)	Tier 1	$30 Copayment	Not Covered	
	Tier 2	$70 Copayment	Not Covered	
	Tier 3	$150 Copayment	Not Covered	
MATERNITY AND NEW BORN CARE		**IN NETWORK**	**OUT of NETWORK**	**LIMITATIONS**
Prenatal and Postnatal Care		Covered in full	Not Covered	As required by USPSTF and HRSA guidelines
Inpatient Hospital Services and Birthing Center		20% coinsurance, after deductible	Not Covered	One (1) home care visit Covered, at no cost, if discharged early
Physician and Midwife Services for Delivery		20% coinsurance, after deductible	Not Covered	
Breast Pump		Covered in full	Not Covered	Covered for duration of breast feeding
INPATIENT HOSPITAL SERVICES		**IN NETWORK**	**OUT of NETWORK**	**LIMITATIONS**
Inpatient Hospital Services		20% coinsurance, after deductible	Not Covered	Preauth Required
Inpatient Habilitation & Rehabilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)		20% coinsurance, after deductible	Not Covered	60 days-Hab. 60 days-Rehab. Combined therapies. Per calendar year, Preauth Required
Skilled Nursing Facility		20% coinsurance, after deductible	Not Covered	60 days per calendar year Preauth Required
Hospice Care		20% coinsurance, after deductible	Not Covered	210 days per calendar year Preauth Required

EmblemHealth

InBalance EPO

Magen David Yeshiva
Effective Date: January 1, 2027

Benefit Summary
Bridge with Cigna

OUTPATIENT HOSPITAL SERVICES	IN NETWORK	OUT of NETWORK	LIMITATIONS
Preadmission Testing	20% coinsurance, after deductible	Not Covered	Preauth Required
Ambulatory Surgery Center Facility	20% coinsurance, after deductible	Not Covered	Preauth Required
Outpatient Hospital Surgery Facility	20% coinsurance, after deductible	Not Covered	Preauth Required
Home Health Care	20% coinsurance, after deductible	Not Covered	40 visits per calendar year Preauth Required
PHYSICIAN SURGICAL SERVICES	**IN NETWORK**	**OUT of NETWORK**	**LIMITATIONS**
Inpatient Hospital Surgery	20% coinsurance, after deductible	Not Covered	Preauth Required
Outpatient Hospital Surgery	20% coinsurance, after deductible	Not Covered	Preauth Required
Surgery performed at Ambulatory Facility	20% coinsurance, after deductible	Not Covered	Preauth Required
Surgery performed in a PCP Office	20% coinsurance, after deductible	Not Covered	Preauth Required
Surgery performed in a Specialist Office	20% coinsurance, after deductible	Not Covered	Preauth Required
OUTPATIENT MEDICAL CARE	**IN NETWORK**	**OUT of NETWORK**	**LIMITATIONS**
PCP Office Visits	$20 Copayment	Not Covered	
Specialists Office Visits	$40 Copayment	Not Covered	
Chiropractic Services	$40 Copayment	Not Covered	
General Medical Provided by a Telemedicine Physician	Covered in full	Not Covered	
PCP, Mental Health, Dermatology Provided by a Telemedicine Physician	Covered in full	Not Covered	
Acupuncture	$20 Copayment	Not Covered	20 visits per calendar year
Preventive Care (Well-child visits, adult annual physicals, well woman exams, prostate screenings, preventive services required by USPTF and HRSA)	Covered in full	Not Covered	
Allergy Testing and Treatment			
• Performed in a PCP Office	$20 Copayment	Not Covered	
• Performed in a Specialist Office	$40 Copayment	Not Covered	

OUTPATIENT MEDICAL CARE	IN NETWORK	OUT of NETWORK	LIMITATIONS
Laboratory Procedures*			
• Performed in a PCP Office	Covered in full	Not Covered	
• Performed in a Specialist Office	Covered in full	Not Covered	
• Performed in a Freestanding Facility	Covered in full	Not Covered	
• Performed as Outpatient Hospital Services	20% coinsurance, after deductible	Not Covered	Preauth Required
Diagnostic Testing*			
• Performed in a PCP Office	Covered in full	Not Covered	
• Performed in a Specialist Office	Covered in full	Not Covered	
• Performed as Outpatient Hospital Services	20% coinsurance, after deductible	Not Covered	Preauth Required
Diagnostic Radiology*			
• Performed in a PCP Office	Covered in full	Not Covered	
• Performed in a Specialist Office	Covered in full	Not Covered	
• Performed in a Freestanding Facility	Covered in full	Not Covered	
• Performed as Outpatient Hospital Services	20% coinsurance, after deductible	Not Covered	Preauth Required
Advanced Imaging Services (PET scans, MRI, nuclear medicine, CAT scans)			
• Performed in a Specialist Office	Covered in full	Not Covered	Preauth Required
• Performed in a Freestanding Facility	Covered in full	Not Covered	Preauth Required
• Performed as Outpatient Hospital Services	20% coinsurance, after deductible	Not Covered	Preauth Required
Therapeutic Radiology Services*			
• Performed in a Specialist Office	20% coinsurance, after deductible	Not Covered	
• Performed in a Freestanding Facility	20% coinsurance, after deductible	Not Covered	

• Performed as Outpatient Hospital Services	20% coinsurance, after deductible	Not Covered	Preauth Required
OUTPATIENT MEDICAL CARE	**IN NETWORK**	**OUT of NETWORK**	**LIMITATIONS**
Outpatient Habilitation and Rehabilitation (Physical Therapy, Occupational Therapy or Speech Therapy)			60 visits-Hab. 60 visits-Rehab. Combined therapies. Per calendar year
• Performed in a PCP Office	$20 Copayment	Not Covered	Preauth Required
• Performed in a Specialist Office	$40 Copayment	Not Covered	Preauth Required
• Performed as Outpatient Hospital Services	20% coinsurance, after deductible	Not Covered	Preauth Required
Cardiac Rehabilitation			Specialist and Outpatient Hospital Services limited to 32 visits, combined. Per calendar year
• Performed in a Specialist Office	$40 Copayment	Not Covered	
• Performed as Outpatient Hospital Services	20% coinsurance, after deductible	Not Covered	
• Performed as Inpatient Hospital Services	20% coinsurance, after deductible	Not Covered	Preauth Required
Infusion Therapy			
• Performed in a PCP Office	$20 Copayment	Not Covered	
• Performed in a Specialist Office	$40 Copayment	Not Covered	
• Performed as Outpatient Hospital Services	20% coinsurance, after deductible	Not Covered	Preauth Required
• Home Infusion Therapy	20% coinsurance, after deductible	Not Covered	Preauth Required
Chemotherapy and Immunotherapy			
• Performed in a PCP Office	20% coinsurance, after deductible	Not Covered	
• Performed in a Specialist Office	20% coinsurance, after deductible	Not Covered	
• Performed as Outpatient Hospital Services	20% coinsurance, after deductible	Not Covered	
Dialysis Treatment			
• Performed in a PCP Office	20% coinsurance, after deductible	Not Covered	
• Performed in a Specialist Office	20% coinsurance, after deductible	Not Covered	

• Performed in a Freestanding Facility	20% coinsurance, after deductible	Not Covered	Preauth Required
• Performed as Outpatient Hospital Services	20% coinsurance, after deductible	Not Covered	Preauth Required
OUTPATIENT MEDICAL CARE	**IN NETWORK**	**OUT of NETWORK**	**LIMITATIONS**
ABA Treatment for Autism Spectrum Disorder	$20 Copayment	Not Covered	Preauth Required
Assistive Communication Devices for Autism Spectrum Disorder	20% coinsurance, after deductible	Not Covered	Preauth Required
Second Opinions on the diagnosis of cancer, surgery and other	$40 Copayment	Not Covered	Cancer second opinion covered out of network at in network cost sharing
Diabetic Equipment and Supplies	$20 Copayment	Not Covered	Up to a 90-day supply Preauth Required
Insulin	Covered in full	Not Covered	Up to a 90-day supply Preauth Required
Diabetes Education	$20 Copayment	Not Covered	
Vasectomy	See Surgical Services Cost-Sharing	Not Covered	
Infertility Diagnosis and Treatment	Subject To Applicable cost sharing	Not Covered	Three (3) IVF Cycles, per lifetime Preauth Required
Durable Medical Equipment and Braces	20% coinsurance, after deductible	Not Covered	Preauth Required
Prosthetics and Shoe Inserts	20% coinsurance, after deductible	Not Covered	Preauth Required
Medical Supplies	20% coinsurance, after deductible	Not Covered	Preauth Required
Cochlear Implants	20% coinsurance, after deductible	Not Covered	One (1) per ear per calendar year Preauth Required
MENTAL HEALTH	**IN NETWORK**	**OUT of NETWORK**	**LIMITATIONS**
Mental Health Care			Unlimited days/visits
• Inpatient	20% coinsurance, after deductible	Not Covered	Preauth Required except for emergency
• Office Visits	$20 Copayment	Not Covered	
• Other Outpatient Services	Covered in Full	Not Covered	Preauth Required
SUBSTANCE USE	**IN NETWORK**	**OUT of NETWORK**	**LIMITATIONS**
Substance Use Services			Unlimited days/visits

• Inpatient	20% coinsurance, after deductible	Not Covered	Preauth Required except for emergency
• Office Visits	$20 Copayment	Not Covered	
• Other Outpatient Services	Covered in full	Not Covered	Preauth Required
EMERGENCY CARE	**IN NETWORK**	**OUT of NETWORK**	**LIMITATIONS**
Urgent Care Center	$40 Copayment	Not Covered	
Emergency Room	$400 Copayment	Use In Network cost sharing	ER cost sharing waived if admitted
Pre-Hospital Emergency Medical Services (Ambulance Services)	20% coinsurance, after deductible	Use In Network cost sharing	
Non-Emergency Ambulance Services	20% coinsurance, after deductible	Not Covered	Preauth Required
VISION CARE	**IN NETWORK**	**OUT of NETWORK**	**LIMITATIONS**
Eye Exams	Not Covered	Not Covered	
Eyeglass Frames	Not Covered	Not Covered	
Eyeglass Lenses	Not Covered	Not Covered	
OPTIONAL BENEFITS	**IN NETWORK**	**OUT of NETWORK**	**LIMITATIONS**
Prescription Hearing Aids	Covered in full	Not Covered	Single purchase, once every 3 years, per ear
Preventive Dental Care	Not Covered	Not Covered	
Gym Reimbursement	$200 per six (6) month calendar year period	$200 per six (6) month calendar year period	
WellSpark Wellness Program	Program A	Not Covered	
FOOTNOTES			

For plans with services subject to a deductible, the deductible must be met before copay/coinsurance applies. Certain preventive care services are excluded from the deductible. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.

Covered drugs are dispensed in accordance with EmblemHealth's Drug Formulary.

*Some services may require preauthorization. Please discuss with your EmblemHealth Participating Physician.

Except for emergency care, the above benefits and services are covered only when provided by an EmblemHealth Participating Physician.

EmblemHealth Participating Physicians and Providers have contracted with EmblemHealth to provide care to our members; they are not employees, agents, servants or representatives of EmblemHealth.

Underwritten by EmblemHealth Plan, Inc. Refer to policy form HCR-EXP-EPO2024SB, et al. This summary is provided for information only; it does not contain complete details of the Plan which are available only in the Contract or Certificate of Coverage and Schedule of Benefits, and it does not constitute an Agreement.

EmblemHealth

InBalance EPO

Magen David Yeshiva
Effective Date: January 1, 2027

Benefit Summary
Bridge with Cigna

COST SHARING HIGHLIGHTS		IN NETWORK	OUT of NETWORK	LIMITATIONS
Benefit Period		Calendar Year	Not Applicable	
Medical Deductible		$2,000 Individual / $4,000 Family	Not Applicable	
Medical Coinsurance		30%	Not Applicable	
Out-of-Pocket Limit		$7,000 Individual / $14,000 Family	Not Applicable	
PCP Office Visits		$30 Copayment	Not Covered	
Specialist Office Visits		$60 Copayment	Not Covered	
Hospital Admission		30% coinsurance, after deductible	Not Covered	Preauth Required
Emergency Room		$400 Copayment	Use In Network cost sharing	ER cost sharing waived if admitted
Prescription Drug Deductible		Not Applicable	Not Applicable	
Retail Prescription Drugs (30-day supply)	Tier 1	$15 Copayment	Not Covered	
	Tier 2	$35 Copayment	Not Covered	
	Tier 3	$75 Copayment	Not Covered	
Mail Order Prescription Drugs (90-day supply)	Tier 1	$30 Copayment	Not Covered	
	Tier 2	$70 Copayment	Not Covered	
	Tier 3	$150 Copayment	Not Covered	
MATERNITY AND NEW BORN CARE		**IN NETWORK**	**OUT of NETWORK**	**LIMITATIONS**
Prenatal and Postnatal Care		Covered in full	Not Covered	As required by USPSTF and HRSA guidelines
Inpatient Hospital Services and Birthing Center		30% coinsurance, after deductible	Not Covered	One (1) home care visit Covered, at no cost, if discharged early
Physician and Midwife Services for Delivery		30% coinsurance, after deductible	Not Covered	
Breast Pump		Covered in full	Not Covered	Covered for duration of breast feeding
INPATIENT HOSPITAL SERVICES		**IN NETWORK**	**OUT of NETWORK**	**LIMITATIONS**
Inpatient Hospital Services		30% coinsurance, after deductible	Not Covered	Preauth Required
Inpatient Habilitation & Rehabilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)		30% coinsurance, after deductible	Not Covered	60 days-Hab. 60 days-Rehab. Combined therapies. Per calendar year, Preauth Required
Skilled Nursing Facility		30% coinsurance, after deductible	Not Covered	60 days per calendar year Preauth Required
Hospice Care		30% coinsurance, after deductible	Not Covered	210 days per calendar year Preauth Required

EmblemHealth

InBalance EPO

Magen David Yeshiva
Effective Date: January 1, 2027

Benefit Summary
Bridge with Cigna

OUTPATIENT HOSPITAL SERVICES	IN NETWORK	OUT of NETWORK	LIMITATIONS
Preadmission Testing	30% coinsurance, after deductible	Not Covered	Preauth Required
Ambulatory Surgery Center Facility	30% coinsurance, after deductible	Not Covered	Preauth Required
Outpatient Hospital Surgery Facility	30% coinsurance, after deductible	Not Covered	Preauth Required
Home Health Care	30% coinsurance, after deductible	Not Covered	40 visits per calendar year Preauth Required
PHYSICIAN SURGICAL SERVICES	**IN NETWORK**	**OUT of NETWORK**	**LIMITATIONS**
Inpatient Hospital Surgery	30% coinsurance, after deductible	Not Covered	Preauth Required
Outpatient Hospital Surgery	30% coinsurance, after deductible	Not Covered	Preauth Required
Surgery performed at Ambulatory Facility	30% coinsurance, after deductible	Not Covered	Preauth Required
Surgery performed in a PCP Office	30% coinsurance, after deductible	Not Covered	Preauth Required
Surgery performed in a Specialist Office	30% coinsurance, after deductible	Not Covered	Preauth Required
OUTPATIENT MEDICAL CARE	**IN NETWORK**	**OUT of NETWORK**	**LIMITATIONS**
PCP Office Visits	$30 Copayment	Not Covered	
Specialists Office Visits	$60 Copayment	Not Covered	
Chiropractic Services	$60 Copayment	Not Covered	
General Medical Provided by a Telemedicine Physician	Covered in full	Not Covered	
PCP, Mental Health, Dermatology Provided by a Telemedicine Physician	Covered in full	Not Covered	
Acupuncture	$20 Copayment	Not Covered	20 visits per calendar year
Preventive Care (Well-child visits, adult annual physicals, well woman exams, prostate screenings, preventive services required by USPTF and HRSA)	Covered in full	Not Covered	
Allergy Testing and Treatment			
• Performed in a PCP Office	$30 Copayment	Not Covered	
• Performed in a Specialist Office	$60 Copayment	Not Covered	

OUTPATIENT MEDICAL CARE	IN NETWORK	OUT of NETWORK	LIMITATIONS
Laboratory Procedures*			
• Performed in a PCP Office	Covered in full	Not Covered	
• Performed in a Specialist Office	Covered in full	Not Covered	
• Performed in a Freestanding Facility	Covered in full	Not Covered	
• Performed as Outpatient Hospital Services	30% coinsurance, after deductible	Not Covered	Preauth Required
Diagnostic Testing*			
• Performed in a PCP Office	Covered in full	Not Covered	
• Performed in a Specialist Office	Covered in full	Not Covered	
• Performed as Outpatient Hospital Services	30% coinsurance, after deductible	Not Covered	Preauth Required
Diagnostic Radiology*			
• Performed in a PCP Office	Covered in full	Not Covered	
• Performed in a Specialist Office	Covered in full	Not Covered	
• Performed in a Freestanding Facility	Covered in full	Not Covered	
• Performed as Outpatient Hospital Services	30% coinsurance, after deductible	Not Covered	Preauth Required
Advanced Imaging Services (PET scans, MRI, nuclear medicine, CAT scans)			
• Performed in a Specialist Office	Covered in full	Not Covered	Preauth Required
• Performed in a Freestanding Facility	Covered in full	Not Covered	Preauth Required
• Performed as Outpatient Hospital Services	30% coinsurance, after deductible	Not Covered	Preauth Required
Therapeutic Radiology Services*			
• Performed in a Specialist Office	30% coinsurance, after deductible	Not Covered	
• Performed in a Freestanding Facility	30% coinsurance, after deductible	Not Covered	

• Performed as Outpatient Hospital Services	30% coinsurance, after deductible	Not Covered	Preauth Required
OUTPATIENT MEDICAL CARE	**IN NETWORK**	**OUT of NETWORK**	**LIMITATIONS**
Outpatient Habilitation and Rehabilitation (Physical Therapy, Occupational Therapy or Speech Therapy)			60 visits-Hab. 60 visits-Rehab. Combined therapies. Per calendar year
• Performed in a PCP Office	$30 Copayment	Not Covered	Preauth Required
• Performed in a Specialist Office	$60 Copayment	Not Covered	Preauth Required
• Performed as Outpatient Hospital Services	30% coinsurance, after deductible	Not Covered	Preauth Required
Cardiac Rehabilitation			Specialist and Outpatient Hospital Services limited to 32 visits, combined. Per calendar year
• Performed in a Specialist Office	$60 Copayment	Not Covered	
• Performed as Outpatient Hospital Services	30% coinsurance, after deductible	Not Covered	
• Performed as Inpatient Hospital Services	30% coinsurance, after deductible	Not Covered	Preauth Required
Infusion Therapy			
• Performed in a PCP Office	$30 Copayment	Not Covered	
• Performed in a Specialist Office	$60 Copayment	Not Covered	
• Performed as Outpatient Hospital Services	30% coinsurance, after deductible	Not Covered	Preauth Required
• Home Infusion Therapy	30% coinsurance, after deductible	Not Covered	Preauth Required
Chemotherapy and Immunotherapy			
• Performed in a PCP Office	30% coinsurance, after deductible	Not Covered	
• Performed in a Specialist Office	30% coinsurance, after deductible	Not Covered	
• Performed as Outpatient Hospital Services	30% coinsurance, after deductible	Not Covered	
Dialysis Treatment			
• Performed in a PCP Office	30% coinsurance, after deductible	Not Covered	
• Performed in a Specialist Office	30% coinsurance, after deductible	Not Covered	

• Performed in a Freestanding Facility	30% coinsurance, after deductible	Not Covered	Preauth Required
• Performed as Outpatient Hospital Services	30% coinsurance, after deductible	Not Covered	Preauth Required
OUTPATIENT MEDICAL CARE	**IN NETWORK**	**OUT of NETWORK**	**LIMITATIONS**
ABA Treatment for Autism Spectrum Disorder	$30 Copayment	Not Covered	Preauth Required
Assistive Communication Devices for Autism Spectrum Disorder	30% coinsurance, after deductible	Not Covered	Preauth Required
Second Opinions on the diagnosis of cancer, surgery and other	$60 Copayment	Not Covered	Cancer second opinion covered out of network at in network cost sharing
Diabetic Equipment and Supplies	$30 Copayment	Not Covered	Up to a 90-day supply Preauth Required
Insulin	Covered in full	Not Covered	Up to a 90-day supply Preauth Required
Diabetes Education	$30 Copayment	Not Covered	
Vasectomy	See Surgical Services Cost-Sharing	Not Covered	
Infertility Diagnosis and Treatment	Subject To Applicable cost sharing	Not Covered	Three (3) IVF Cycles, per lifetime Preauth Required
Durable Medical Equipment and Braces	30% coinsurance, after deductible	Not Covered	Preauth Required
Prosthetics and Shoe Inserts	30% coinsurance, after deductible	Not Covered	Preauth Required
Medical Supplies	30% coinsurance, after deductible	Not Covered	Preauth Required
Cochlear Implants	30% coinsurance, after deductible	Not Covered	One (1) per ear per calendar year Preauth Required
MENTAL HEALTH	**IN NETWORK**	**OUT of NETWORK**	**LIMITATIONS**
Mental Health Care			Unlimited days/visits
• Inpatient	30% coinsurance, after deductible	Not Covered	Preauth Required except for emergency
• Office Visits	$30 Copayment	Not Covered	
• Other Outpatient Services	Covered in Full	Not Covered	Preauth Required
SUBSTANCE USE	**IN NETWORK**	**OUT of NETWORK**	**LIMITATIONS**
Substance Use Services			Unlimited days/visits

• Inpatient	30% coinsurance, after deductible	Not Covered	Preauth Required except for emergency
• Office Visits	$30 Copayment	Not Covered	
• Other Outpatient Services	Covered in full	Not Covered	Preauth Required
EMERGENCY CARE	**IN NETWORK**	**OUT of NETWORK**	**LIMITATIONS**
Urgent Care Center	$60 Copayment	Not Covered	
Emergency Room	$400 Copayment	Use In Network cost sharing	ER cost sharing waived if admitted
Pre-Hospital Emergency Medical Services (Ambulance Services)	30% coinsurance, after deductible	Use In Network cost sharing	
Non-Emergency Ambulance Services	30% coinsurance, after deductible	Not Covered	Preauth Required
VISION CARE	**IN NETWORK**	**OUT of NETWORK**	**LIMITATIONS**
Eye Exams	Not Covered	Not Covered	
Eyeglass Frames	Not Covered	Not Covered	
Eyeglass Lenses	Not Covered	Not Covered	
OPTIONAL BENEFITS	**IN NETWORK**	**OUT of NETWORK**	**LIMITATIONS**
Prescription Hearing Aids	Covered in full	Not Covered	Single purchase, once every 3 years, per ear
Preventive Dental Care	Not Covered	Not Covered	
Gym Reimbursement	$200 per six (6) month calendar year period	$200 per six (6) month calendar year period	
WellSpark Wellness Program	Program A	Not Covered	
FOOTNOTES			

For plans with services subject to a deductible, the deductible must be met before copay/coinsurance applies. Certain preventive care services are excluded from the deductible. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.

Covered drugs are dispensed in accordance with EmblemHealth's Drug Formulary.

*Some services may require preauthorization. Please discuss with your EmblemHealth Participating Physician.

Except for emergency care, the above benefits and services are covered only when provided by an EmblemHealth Participating Physician.

EmblemHealth Participating Physicians and Providers have contracted with EmblemHealth to provide care to our members; they are not employees, agents, servants or representatives of EmblemHealth.

Underwritten by EmblemHealth Plan, Inc. Refer to policy form HCR-EXP-EPO2024SB, et al. This summary is provided for information only; it does not contain complete details of the Plan which are available only in the Contract or Certificate of Coverage and Schedule of Benefits, and it does not constitute an Agreement.

EmblemHealth

ConsumerDirect EPO

Magen David Yeshiva
Effective Date: January 1, 2027

Benefit Summary
Bridge with Cigna

COST SHARING HIGHLIGHTS		IN NETWORK	OUT of NETWORK	LIMITATIONS
Benefit Period		Plan Year	Not Applicable	
Medical Deductible		$5,000 Individual / $10,000 Family	Not Applicable	
Medical Coinsurance		0%	Not Applicable	
Out-of-Pocket Limit		$5,000 Individual / $10,000 Family	Not Applicable	
PCP Office Visits		0% coinsurance, after deductible	Not Covered	
Specialist Office Visits		0% coinsurance, after deductible	Not Covered	
Hospital Admission		0% coinsurance, after deductible	Not Covered	Preauth Required
Emergency Room		0% coinsurance, after deductible	Use In Network cost sharing	ER cost sharing waived if admitted
Prescription Drug Deductible		Not Applicable	Not Applicable	
Retail Prescription Drugs (30-day supply)	Tier 1	0% coinsurance, after deductible	Not Covered	
	Tier 2	0% coinsurance, after deductible	Not Covered	
	Tier 3	0% coinsurance, after deductible	Not Covered	
Mail Order Prescription Drugs (90-day supply)	Tier 1	0% coinsurance, after deductible	Not Covered	
	Tier 2	0% coinsurance, after deductible	Not Covered	
	Tier 3	0% coinsurance, after deductible	Not Covered	
MATERNITY AND NEW BORN CARE		**IN NETWORK**	**OUT of NETWORK**	**LIMITATIONS**
Prenatal and Postnatal Care		Covered in full	Not Covered	As required by USPSTF and HRSA guidelines
Inpatient Hospital Services and Birthing Center		0% coinsurance, after deductible	Not Covered	One (1) home care visit Covered, at no cost, if discharged early
Physician and Midwife Services for Delivery		0% coinsurance, after deductible	Not Covered	
Breast Pump		Covered in full	Not Covered	Covered for duration of breast feeding
INPATIENT HOSPITAL SERVICES		**IN NETWORK**	**OUT of NETWORK**	**LIMITATIONS**
Inpatient Hospital Services		0% coinsurance, after deductible	Not Covered	Preauth Required
Inpatient Habilitation & Rehabilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)		0% coinsurance, after deductible	Not Covered	60 days-Hab. 60 days-Rehab. Combined therapies Per plan year
Skilled Nursing Facility		0% coinsurance, after deductible	Not Covered	120 days per plan year Preauth Required
Hospice Care		0% coinsurance, after deductible	Not Covered	210 days per lifetime Preauth Required

EmblemHealth

ConsumerDirect EPO

Magen David Yeshiva
Effective Date: January 1, 2027

Benefit Summary
Bridge with Cigna

OUTPATIENT HOSPITAL SERVICES	IN NETWORK	OUT of NETWORK	LIMITATIONS
Preadmission Testing	0% coinsurance, after deductible	Not Covered	Preauth Required
Ambulatory Surgery Center Facility	0% coinsurance, after deductible	Not Covered	Preauth Required
Outpatient Hospital Surgery Facility	0% coinsurance, after deductible	Not Covered	Preauth Required
Home Health Care	0% coinsurance, after deductible	Not Covered	100 visits per plan year Preauth Required
PHYSICIAN SURGICAL SERVICES	**IN NETWORK**	**OUT of NETWORK**	**LIMITATIONS**
Inpatient Hospital Surgery	0% coinsurance, after deductible	Not Covered	Preauth Required
Outpatient Hospital Surgery	0% coinsurance, after deductible	Not Covered	Preauth Required
Surgery performed at Ambulatory Facility	0% coinsurance, after deductible	Not Covered	Preauth Required
Surgery performed in a PCP Office	0% coinsurance, after deductible	Not Covered	Preauth Required
Surgery performed in a Specialist Office	0% coinsurance, after deductible	Not Covered	Preauth Required
OUTPATIENT MEDICAL CARE	**IN NETWORK**	**OUT of NETWORK**	**LIMITATIONS**
PCP Office Visits	0% coinsurance, after deductible	Not Covered	
Specialists Office Visits	0% coinsurance, after deductible	Not Covered	
Chiropractic Services	0% coinsurance, after deductible	Not Covered	
General Medical Provided by a Telemedicine Physician	0% coinsurance, after deductible	Not Covered	
PCP, Mental Health, Dermatology Provided by a Telemedicine Physician	0% coinsurance, after deductible	Not Covered	
Acupuncture	Not Covered	Not Covered	
Preventive Care (Well-child visits, adult annual physicals, well woman exams, prostate screenings, preventive services required by USPTF and HRSA)	Covered in full	Not Covered	
Allergy Testing and Treatment			
• Performed in a PCP Office	0% coinsurance, after deductible	Not Covered	
• Performed in a Specialist Office	0% coinsurance, after deductible	Not Covered	

EmblemHealth

ConsumerDirect EPO

Magen David Yeshiva
Effective Date: January 1, 2027

Benefit Summary
Bridge with Cigna

OUTPATIENT MEDICAL CARE	IN NETWORK	OUT of NETWORK	LIMITATIONS
Laboratory Procedures*			
• Performed in a PCP Office	0% coinsurance, after deductible	Not Covered	
• Performed in a Specialist Office	0% coinsurance, after deductible	Not Covered	
• Performed in a Freestanding Facility	0% coinsurance, after deductible	Not Covered	
• Performed as Outpatient Hospital Services	0% coinsurance, after deductible	Not Covered	Preauth Required
Diagnostic Testing*			
• Performed in a PCP Office	0% coinsurance, after deductible	Not Covered	
• Performed in a Specialist Office	0% coinsurance, after deductible	Not Covered	
• Performed as Outpatient Hospital Services	0% coinsurance, after deductible	Not Covered	Preauth Required
Diagnostic Radiology*			
• Performed in a PCP Office	0% coinsurance, after deductible	Not Covered	
• Performed in a Specialist Office	0% coinsurance, after deductible	Not Covered	
• Performed in a Freestanding Facility	0% coinsurance, after deductible	Not Covered	
• Performed as Outpatient Hospital Services	0% coinsurance, after deductible	Not Covered	Preauth Required
Advanced Imaging Services (PET scans, MRI, nuclear medicine, CAT scans)			
• Performed in a Specialist Office	0% coinsurance, after deductible	Not Covered	Preauth Required
• Performed in a Freestanding Facility	0% coinsurance, after deductible	Not Covered	Preauth Required
• Performed as Outpatient Hospital Services	0% coinsurance, after deductible	Not Covered	Preauth Required
Therapeutic Radiology Services*			
• Performed in a Specialist Office	0% coinsurance, after deductible	Not Covered	
• Performed in a Freestanding Facility	0% coinsurance, after deductible	Not Covered	

• Performed as Outpatient Hospital Services	0% coinsurance, after deductible	Not Covered	Preauth Required
OUTPATIENT MEDICAL CARE	**IN NETWORK**	**OUT of NETWORK**	**LIMITATIONS**
Outpatient Habilitation and Rehabilitation (Physical Therapy, Occupational Therapy or Speech Therapy)			60 visits PT/OT, 60 visits ST-Hab. 60 visits PT/OT, 60 visits ST-Rehab. PT/OT combined therapies. Per plan year
• Performed in a PCP Office	0% coinsurance, after deductible	Not Covered	Preauth Required
• Performed in a Specialist Office	0% coinsurance, after deductible	Not Covered	Preauth Required
• Performed as Outpatient Hospital Services	0% coinsurance, after deductible	Not Covered	Preauth Required
Cardiac Rehabilitation			Specialist and Outpatient Hospital Services limited to 32 visits, combined. Per plan year
• Performed in a Specialist Office	0% coinsurance, after deductible	Not Covered	
• Performed as Outpatient Hospital Services	0% coinsurance, after deductible	Not Covered	
• Performed as Inpatient Hospital Services	0% coinsurance, after deductible	Not Covered	Preauth Required
Infusion Therapy			
• Performed in a PCP Office	0% coinsurance, after deductible	Not Covered	
• Performed in a Specialist Office	0% coinsurance, after deductible	Not Covered	
• Performed as Outpatient Hospital Services	0% coinsurance, after deductible	Not Covered	Preauth Required
• Home Infusion Therapy	0% coinsurance, after deductible	Not Covered	Preauth Required
Chemotherapy and Immunotherapy			
• Performed in a PCP Office	0% coinsurance, after deductible	Not Covered	
• Performed in a Specialist Office	0% coinsurance, after deductible	Not Covered	
• Performed as Outpatient Hospital Services	0% coinsurance, after deductible	Not Covered	
Dialysis Treatment			
• Performed in a PCP Office	0% coinsurance, after deductible	Not Covered	
• Performed in a Specialist Office	0% coinsurance, after deductible	Not Covered	

• Performed in a Freestanding Facility	0% coinsurance, after deductible	Not Covered	Preauth Required
• Performed as Outpatient Hospital Services	0% coinsurance, after deductible	Not Covered	Preauth Required
OUTPATIENT MEDICAL CARE	**IN NETWORK**	**OUT of NETWORK**	**LIMITATIONS**
ABA Treatment for Autism Spectrum Disorder	0% coinsurance, after deductible	Not Covered	Preauth Required
Assistive Communication Devices for Autism Spectrum Disorder	0% coinsurance, after deductible	Not Covered	Preauth Required
Second Opinions on the diagnosis of cancer, surgery and other	0% coinsurance, after deductible	Not Covered	Cancer second opinion covered out of network at in network cost sharing
Diabetic Equipment and Supplies	0% coinsurance, after deductible	Not Covered	Up to a 90-day supply Preauth Required
Insulin and Oral Agents	0% coinsurance, after deductible	Not Covered	Up to a 90-day supply Preauth Required
Diabetes Education	0% coinsurance, after deductible	Not Covered	
Vasectomy	See Surgical Services Cost-Sharing	Not Covered	
Infertility Diagnosis and Treatment	Subject To Applicable cost sharing	Not Covered	Three (3) IVF Cycles, per lifetime Preauth Required
Durable Medical Equipment and Braces	0% coinsurance, after deductible	Not Covered	Preauth Required
Prosthetics and Shoe Inserts	0% coinsurance, after deductible	Not Covered	Preauth Required
Medical Supplies	0% coinsurance, after deductible	Not Covered	Preauth Required
Cochlear Implants	0% coinsurance, after deductible	Not Covered	One (1) per ear per plan year Preauth Required
MENTAL HEALTH	**IN NETWORK**	**OUT of NETWORK**	**LIMITATIONS**
Mental Health Care			Unlimited days/visits
• Inpatient	0% coinsurance, after deductible	Not Covered	Preauth Required except for emergency
• Office Visits	0% coinsurance, after deductible	Not Covered	
• Outpatient Services	0% coinsurance, after deductible	Not Covered	Preauth Required
SUBSTANCE USE	**IN NETWORK**	**OUT of NETWORK**	**LIMITATIONS**
Substance Use Services			Unlimited days/visits

• Inpatient	0% coinsurance, after deductible	Not Covered	Preauth Required except for emergency
• Office Visits	0% coinsurance, after deductible	Not Covered	
• Outpatient Services	0% coinsurance, after deductible	Not Covered	Preauth Required
EMERGENCY CARE	**IN NETWORK**	**OUT of NETWORK**	**LIMITATIONS**
Urgent Care Center	0% coinsurance, after deductible	Not Covered	
Emergency Room	0% coinsurance, after deductible	Use In Network cost sharing	ER cost sharing waived if admitted
Pre-Hospital Emergency Medical Services (Ambulance Services)	0% coinsurance, after deductible	Use In Network cost sharing	
Non-Emergency Ambulance Services	Not Covered	Not Covered	Preauth Required
VISION CARE	**IN NETWORK**	**OUT of NETWORK**	**LIMITATIONS**
Eye Exams	Not Covered	Not Covered	
Eyeglass Frames	Not Covered	Not Covered	
Eyeglass Lenses	Not Covered	Not Covered	
OPTIONAL BENEFITS	**IN NETWORK**	**OUT of NETWORK**	**LIMITATIONS**
Prescription Hearing Aids	0% coinsurance, after deductible	Not Covered	Single purchase, once every 3 years, per ear
Preventive Dental Care	Not Covered	Not Covered	
Gym Reimbursement	Not Covered	Not Covered	
FOOTNOTES			

For plans with services subject to a deductible, the deductible must be met before copay/coinsurance applies. Certain preventive care services are excluded from the deductible. If you have other family members on the plan, the overall family deductible must be met before the plan begins to pay.

The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.

Covered drugs are dispensed in accordance with EmblemHealth's Drug Formulary.
Some services may require preauthorization. Please discuss with your EmblemHealth Participating Physician.

Except for emergency care, the above benefits and services are covered only when provided by an EmblemHealth Participating Physician. EmblemHealth Participating Physicians and Providers have contracted with EmblemHealth to provide care to our members; they are not employees, agents, servants or representatives of EmblemHealth.

*Some services may require preauthorization. Please discuss with your EmblemHealth Participating Physician.

Underwritten by EmblemHealth Plan, Inc. Refer to policy form HCR-EXP-EPOHD2023SB, et al. This summary is provided for information only; it does not contain complete details of the Plan which are available only in the Contract or Certificate of Coverage and Schedule of Benefits, and it does not constitute an Agreement.

EmblemHealth®

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **877-411-3625** (TTY: **711**) or speak to your provider.

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al **877-411-3625** (TTY: **711**) o hable con su proveedor.

中文 (Simplified Chinese) 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 **877-411-3625**（文本电话：**711**）或咨询您的服务提供商。

РУССКИЙ (Russian) ВНИМАНИЕ: Если вы говорите на русском, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону **877-411-3625** (TTY: **711**) или обратитесь к своему поставщику услуг.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan **877-411-3625** (TTY: **711**) oswa pale avèk founisè w la.

한국어 (Korean) 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. **877-411-3625** (TTY: **711**) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Italiano (Italian) ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l' **877-411-3625** (tty: **711**) o parla con il tuo fornitore.

(**Yiddish**) **יידיש** נאטיץ: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פאר דיר פריי. צונעמען אידס און באדינונגס פאר פראַווייַדינג אינפאָרמאַציע אין צוטריטלעך פאָרמאַטירונגען זענען אויך בנימצא פריי. רופן **877-411-3625** (TTY: **711**) אָדער רעדן מיט דיין טרעגער.

EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

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বাংলা (Bengali) মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। **877-411-3625** (TTY: **711**) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

POLSKI (Polish) UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer **877-411-3625** (TTY: **711**) lub porozmawiaj ze swoim dostawcą.

العربية (Arabic)

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم **877-411-3625** (**711**) أو تحدث إلى مقدم الخدمة.

Français (French) ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le **877-411-3625** (TTY: **711**) ou parlez à votre fournisseur.

اردو (Urdu)

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ (TTY: **711**) **877-411-3625** پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa **877-411-3625** (TTY: **711**) o makipag-usap sa iyong provider.

Ελληνικά (Greek) ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το **877-411-3625** (TTY: **711**) ή απευθυνθείτε στον πάροχό σας.

SHQIP (Albanian) VINI RE: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi **877-411-3625** (TTY: **711**) ose bisedoni me ofruesin tuaj të shërbimit.

NOTICE OF NONDISCRIMINATION POLICY

Discrimination is Against the Law

EmblemHealth complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes. EmblemHealth does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

EmblemHealth:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
    - Qualified sign language interpreters.
    - Written information in other formats (large print, audio, accessible electronic formats, and other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
    - Qualified interpreters.
    - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services contact the Civil Rights Coordinator by calling Customer Service at **877-411-3625** (TTY: **711**).

If you believe that EmblemHealth has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Coordinator by writing to the EmblemHealth Grievance and Appeals Department, P.O. Box 2844, New York, NY 10116-2844; faxing them at **212-510-5320**; or calling Customer Service at **877-411-3625**. (Dial **711** for TTY services.) You can file a grievance in person, by mail, by fax, or through your secure member portal. If you need help filing a grievance, EmblemHealth's Grievance and Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **ocrportal.hhs.gov/ocr/portal/lobby.jsf** or by mail or phone at: **U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201**; **800-368-1019** (TTY: **800-537-7697**).

Complaint forms are available at **hhs.gov/ocr/office/file/index.html**.

This notice is available on EmblemHealth's website at **emblemhealth.com/legal/nondiscrimination**.

NOTES

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