

**Medical:**

PPO (PPO4)  
Category GZC

**Summary of Benefits and Coverage (SBC) ?**

**Hospital:**

PPO (PPO4)

**Dental:**

DENTAL (PREFERRED)

**Deductible Requirement:**

Contract Deductible	\$1,000.00
Amount Used	\$0.00
Amount Remaining	\$1,000.00

**Pharmacy Information**

EmblemHealth works with Express Scripts, Inc. (ESI) to manage pharmacy benefits.

**Continue to Pharmacy**

- **Medical/Hospital**
  - **Dental**
- **Specialty Services**

**Benefit Summary**

<b>Requirement</b>	<b>Comments</b>	<b>In Network</b>	<b>Out of Network</b>
Individual Deductible			\$1,000.00
Family Deductible			\$2,000.00
Coinsurance		0%	20%

**Wellness Care**

Well Child Care	Covered In Full	Deductible and Coinsurance
Annual Physical Exam	Covered In Full	Deductible and Coinsurance
Mammography Screening	\$25 Copay	Deductible and Coinsurance
Pap Smear Screening	Covered In Full	Deductible and

Coinsurance

## Medical Services Performed and Billed by Provider

Home and Office Visit		\$25 Copay	Deductible and Coinsurance
Chiropractic Care <a href="#">See Benefit Usage</a>	Pre-Certification	\$25 Copay	Deductible and Coinsurance
Allergy Visits <a href="#">See Benefit Usage</a>	16 Visits Per Year	\$25 Copay	Deductible and Coinsurance
Physical Therapy/Occupational Therapy <a href="#">See Benefit Usage</a>	8 Visits Per Year	\$25 Copay	Deductible and Coinsurance
Speech Therapy <a href="#">See Benefit Usage</a>	16 Visits Per Year	\$25 Copay	Deductible and Coinsurance
Diagnostic Lab		\$25 Copay	Deductible and Coinsurance
Diagnostic Radiology		\$25 Copay	Deductible and Coinsurance
High Tech Radiology			
Surgery			
Surgery In Hospital		Covered In Full	Deductible and Coinsurance
Surgery Out-of-Hospital		Covered In Full	Deductible and Coinsurance
Anesthesia		Covered In Full	Deductible and Coinsurance
In Hospital Care		Covered In Full	Deductible and Coinsurance
Vision Service		Not Covered	Not Covered
Routine Podiatric Care	4 Visits Per Year	\$25 Copay	Deductible and Coinsurance
Home IV Therapy <a href="#">See Benefit Usage</a>		Not Covered	Not Covered
Durable Medical Equipment <a href="#">See Benefit Usage</a>		\$1000 Deductible per Year and Subject to Coinsurance	\$1000 Deductible per Year and Subject to Coinsurance
Private Duty Nursing <a href="#">See Benefit Usage</a>	Pre-Certification	80% Of Charge	80% Of Charge

## Hospital Inpatient Services Performed and Billed by

## Hospital

Inpatient Acute Care <a href="#">See Benefit Usage</a>	120 Days Per Calendar Year; Pre-Certification Required	\$200.00 Copay by Visit	Allowed Charge and Subject to Coinsurance
Medical Rehabilitation <a href="#">See Benefit Usage</a>	30 Days Per Calendar Year; Pre-Certification Required	\$200.00 Copay by Visit	Allowed Charge and Subject to Coinsurance

## Emergency Services

Emergency Room		\$50.00 Copay by Visit	\$50.00 Copay by Visit
----------------	--	------------------------	------------------------

## Other Services

Skilled Nursing <a href="#">See Benefit Usage</a>		Not Covered	Not Covered
Hospice	120 Days Life Time	Covered in Full	Allowed Charge and Subject to Coinsurance
Home Health Care <a href="#">See Benefit Usage</a>	40 Visits Per Calendar Year	Covered in Full	Allowed Charge and Subject to Coinsurance

## Outpatient Mental Health & Substance Abuse

Substance Abuse Treatment <a href="#">See Benefit Usage</a>	365 Visits Per Calendar Year	\$25.00 Copay by Visit	Allowed Charge and Subject to Coinsurance
Outpatient Mental Health		Covered In Full	Deductible and Coinsurance

## Inpatient Mental Health & Substance Abuse

Inpatient Mental Health <a href="#">See Benefit Usage</a>	120 Days Per Calendar Year	\$200.00 Copay by Visit	Allowed Charge and Subject to Coinsurance
Substance Abuse Treatment			
Substance Abuse Treatment Detoxification	120 Days Per Calendar Year	\$200.00 Copay by Visit	Allowed Charge and Subject to Coinsurance
Substance Abuse	120 Days Per Calendar	\$200.00 Copay by	Allowed Charge

Treatment Rehabilitation Year  
[See Benefit Usage](#)

Visit

and Subject to  
Coinsurance

## Prescription Coverage

Prescription Drug

Covered Through Not Covered  
Pharmacy  
Services

The benefits described here are only brief highlights of the coverage available. The terms, limitations, conditions, and exclusions of the applicable insurance contract and certificate will govern. Benefits and rates are subject to change.