



# GHI Comprehensive Benefits Plan (CBP)

With the GHI CBP Plan, you can control your costs by visiting a health care professional in our network.

- This plan covers most services in and out of our network. You can find more information in the “Your Out-of-Network Cost” section in the table below.
- This plan generally covers your medical and surgical services. Anthem BlueCross (formerly Empire BlueCross BlueShield) will generally cover services if you are hospitalized.
- When you get covered preventive services in our network, you will have a \$0 copay.\* These services include routine physicals, vaccinations, colonoscopies to check for colon cancer, and mammograms to check for breast cancer.
- You will also pay \$0 for birth control and other preventive medicines.\* Visit [emblemhealth.com/city](http://emblemhealth.com/city) for a full list.

If you are thinking about becoming a member, call us at **800-447-6929 (TTY: 711)**. If you are a current member, call us at **212-501-4444 (TTY: 711)**. Our hours are 8 a.m. to 6 p.m., Monday through Friday. A Customer Service representative will be happy to help you. You can also visit [emblemhealth.com/city](http://emblemhealth.com/city).

For more information about out-of-network reimbursements, optional riders, and other details, see the plan’s Certificate of Insurance at [emblemhealth.com/city](http://emblemhealth.com/city).

## Benefits Summary: GHI CBP

Medical Care	Your In-Network Copays	Your Out-of-Network Cost
Primary care provider (PCP) office visit**	\$15	Annual deductible: \$200 individual/\$500 family
Specialist office visit	\$30	Payment for services provided by out-of-network providers is made directly to you under the NYC Non-Participating Provider Schedule of Allowable Charges (“Schedule”). The reimbursement rates in the Schedule are not related to usual and customary rates or to what the provider may charge but are set at a fixed amount based on EHPI’s 1983 reimbursement rates. Most of the reimbursement rates have not increased since that time, and will likely be less (and in many instances substantially less) than the fee charged by the out-of-network provider. You will be responsible for any difference between the provider’s fee and the amount of the reimbursement; therefore, you may have a substantial out-of-pocket expense.
Diagnostic lab/x-ray	\$20	
High-tech radiology	\$50 copay at participating RadNet facilities, Zwanger-Pesiri Radiology, Memorial Sloan Kettering, New York-Presbyterian Health Systems, and Hospital for Special Surgery  \$100 copay at all other participating facilities in New York state  \$50 for participating out-of-state facilities	
Routine physical exam	\$0	
Physical therapy visits	\$20	
Well-child care	\$0	
Urgent care	\$100 at ProHealth and CityMD \$50 at all other participating facilities	
Outpatient mental health	\$15	\$500 copay per admission/\$1,250 maximum per calendar year, plus 20% coinsurance to max of \$2,000 per person per calendar year.
Inpatient mental health	\$300 copay per admission/\$750 maximum per calendar year	

\* Preventive services are covered in full only when provided in accordance with the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA), if the items or services have an “A” or “B” rating from the United States Preventive Services Task Force (USPSTF), if the immunizations are recommended by the Advisory Committee on Immunization Practices (ACIP), or when required by New York state law.

\*\* AdvantageCare Physicians have a \$0 copay.



This flyer provides general information about the City of New York CBP Plan, underwritten by EmblemHealth Plan, Inc. (EHPI). Coverage is subject to all terms, conditions, limitations, and exclusions set forth in the Certificate of Coverage. Refer to EHPI policy form EHPI-NYC-2022, et al.

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