

The Essential Plan Cost and Benefits

	Essential Plan 1 Annual individual income: \$17,656 - \$23,540	Essential Plan 2 Annual individual income: \$16,245 - \$17,655	Essential Plan 3** Annual individual income: \$11,770 - \$16,244	Essential Plan 4** Annual individual income: Below \$11,770
Premium (per month)	\$20	\$0	\$0	\$0
Deductible (per year)	\$0	\$0	\$0	\$0
Maximum out-of-pocket limit	\$2,000	\$200	\$200	\$200
Benefits				
Preventive care	\$0	\$0	\$0	\$0
Primary doctor	\$15	\$0	\$0	\$0
Specialist	\$25	\$0	\$0	\$0
Inpatient Facility (including behavioral health)	\$150 per admission	\$0 per admission	\$0 per admission	\$0 per admission
Outpatient behavioral health	\$15	\$0	\$0	\$0
Outpatient facility	\$50	\$0	\$0	\$0
Emergency room	\$75	\$0	\$0	\$0
Outpatient facility	\$50	\$0	\$0	\$0
Emergency room	\$75	\$0	\$0	\$0
Ambulance	\$75	\$0	\$0	\$0
Urgent care	\$25	\$0	\$0	\$0
Surgeon	\$50	\$0	\$0	\$0
Physical therapy, occupational therapy, speech therapy	\$15	\$0	\$0	\$0
Durable medical equipment and supplies	5% coinsurance	\$0	\$0	\$0
Hearing aids	5% coinsurance	\$0	\$0	\$0
Non-emergency transportation	Not covered	Not covered	\$0	\$0
Adult dental* (preventive, routine and major dental care)	N/A	N/A	\$0	\$0
Vision care – exams*	N/A	N/A	\$0	\$0
Vision care – lenses and frames*	N/A	N/A	\$0	\$0
Vision care – contact lenses*	N/A	N/A	\$0	\$0
Non-prescription drugs	Not covered	Not covered	\$1	\$0
Prescription drugs				
Tier 1	\$6	\$1	\$1	\$0
Tier 2	\$15	\$3	\$3	\$0
Tier 3	\$30	\$3	\$3	\$0

Income eligibility for families

	Essential Plan 1	Essential Plan 2	Essential Plan 3	Essential Plan 4
Family of 2	\$23,896 - \$31,860	\$21,983 - \$23,895	\$15,930 - \$21,982	Below \$15,930
Family of 3	\$30,135 - \$40,180	\$27,724 - \$30,134	\$20,090 - \$27,723	Below \$20,090
Family of 4	\$36,375 - \$48,500	\$33,465 - \$36,374	\$24,250 - \$33,464	Below \$24,250



Talk to a BlueCross BlueShield representative

Health insurance is complicated. We'll take the time to understand your needs and find the plan that works for your life, health, and budget. Just call us at 1-800-888-5407 to talk or meet one-on-one with a representative.

* Where dental and vision benefits are available for Essential Plan 1 and 2 members, enrollees pay extra for the benefits. All Essential Plan 3 and 4 enrollees have these benefits included.

** Availability based on immigration status and Medicaid eligibility.

BlueCross BlueShield of Western New York complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-888-5407 (TTY 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-888-5407 (TTY 711)。

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