



Shop and Save on New York State Health Insurance

CALL US TOLL FREE:
1-888-215-4045

This file was downloaded from **Vista Health Solutions**, your trusted partner in Health Insurance. For the past 20 years we have been helping thousands of people to make the best choice in the complicated market of the New York state individual and group Health Insurance. [Learn more...](#)

Our 5-star* service is available for everyone to find the best suiting and most affordable health insurance package. Don't miss the opportunity to maximize your health insurance tax deductions, save up to thousands per year on health insurance premiums, or even get health insurance for free.



20 Years On The Market

We assisted thousands to get most affordable health insurance plans and highest tax credits.



Lowest Rates by Law

Our Health Insurance rates are state regulated. No one can offer a lower price.



Get Right to the Results

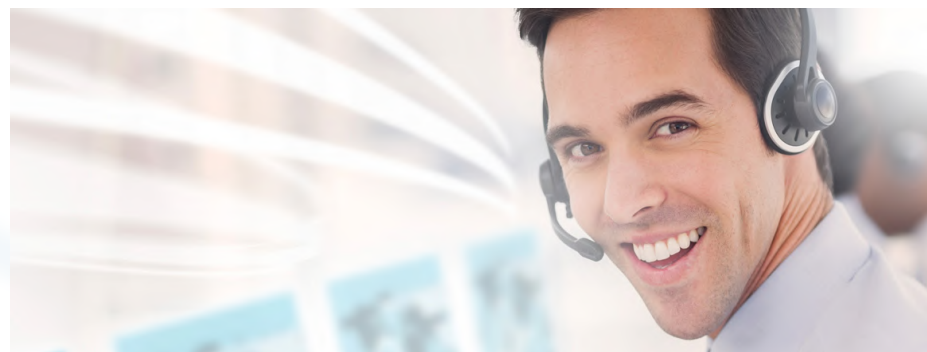
Our quick and easy AI-assisted search and compare tools help you assess the best options.



Your Privacy Is Safe

Get Health Insurance quotes without the need to register or provide any personal information.

You don't need to become an expert on health insurance to find the best option. Our agents are online to guide you through a tedious process of health insurance application. And our free online health insurance quote engine is the fastest and simplest, you are just 2 steps away from the results. See if you qualify for the New York State's free health insurance plan now!



Save time and money

Find out what health insurance packages and savings are available to you, it's totally free!

Get Quotes Now

SUMMARY OF BENEFITS

Essential Plan 2 Plus

| COST-SHARING | COMMENTS / LIMITATIONS | IN-NETWORK |
|---|---|-----------------------------|
| Deductible Individual | | \$0 per plan year |
| Family | | Not Applicable |
| Prescription Drug Deductible | | \$0 per plan year |
| Out-of-Pocket Maximum Individual | | \$200 per plan year |
| Family | | Not Applicable |
| OFFICE VISITS | | |
| Primary Care Physician Office Visit | | \$0 copayment |
| Specialist Care Physician Office Visit | PCP referral required | \$0 copayment |
| Telemedicine Physician | | \$0 copayment |
| Dietician | | \$0 copayment |
| PREVENTIVE CARE SERVICES | | |
| Adult Annual Physical Checkup and Adult Immunizations | | Covered in full |
| Routine Gynecological Services/Well Woman Exams, Mammography Screenings | | Covered in full |
| Vasectomy | | See surgical services below |
| All other preventive services required by USPSTF and HRSA | | Covered in full |
| EMERGENCY CARE | | |
| Emergency Room Department | Cost-sharing waived if admitted to hospital | \$0 copayment |
| Urgent Care Center | | \$0 copayment |
| Ambulance | | \$0 copayment |
| PROFESSIONAL SERVICES and OUTPATIENT CARE | | |
| Advanced Imaging | Referral required | \$0 copayment |
| Allergy Care | | \$0 copayment |
| Performed in PCP Office | | \$0 copayment |
| Performed in Specialist Office | PCP referral required | \$0 copayment |
| Ambulatory Surgical Facility | Preauthorization required | \$0 copayment |
| Anesthesia Services (all settings) | | Covered in full |
| Cardiac and Pulmonary Rehabilitation | Preauthorization required | \$0 copayment |
| Chemotherapy (all settings) | Referral required to see specialist | \$0 copayment |
| Chiropractic Services | | \$0 copayment |
| Diagnostic Testing | | \$0 copayment |
| Performed in PCP Office | | \$0 copayment |

| | | |
|---|---|--|
| Performed in Specialist Office | PCP referral required | \$0 copayment |
| Dialysis | Referral required to see specialist | \$0 copayment |
| Habilitation and Rehabilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy) | Preauthorization required. Combined 60 visits/condition/plan year, combined therapies | \$0 copayment |
| Home Health Care | Preauthorization required. 40 visits per plan year | \$0 copayment |
| Laboratory Procedures Performed in PCP Office | | \$0 copayment |
| Performed in Specialist Office | | \$0 copayment |
| Maternity and Newborn Care Inpatient Hospital and Birthing Center) | Preauthorization required | \$0 copayment |
| Prenatal Care | | \$0 copayment |
| Postnatal Care | | Included in physician and midwife services for delivery cost-sharing |
| Preadmission Testing | Preauthorization required | \$0 copayment |

PROFESSIONAL SERVICES and OUTPATIENT CARE (Continued)

| | | |
|---|---------------------------|---------------|
| Diagnostic Radiology Services Performed in PCP Office | | \$0 copayment |
| Performed in Specialist Office | PCP referral required | \$0 copayment |
| Second Opinions on the Diagnosis of Cancer, Surgery and Other | Referral required | \$0 copayment |
| Surgical Services Surgical Services in In-Patient/Out-Patient Facility | Preauthorization required | \$0 copayment |
| PCP Office Surgery | | \$0 copayment |
| Specialist Office Surgery | | \$0 copayment |

ADDITIONAL SERVICES, EQUIPMENT and DEVICES

| | | |
|--|--|----------------|
| Diabetic Equipment, Supplies and Insulin | Preauthorization required for insulin pump. 30-day; Up to a 90-day supply | \$0 copayment |
| Durable Medical Equipment | Preauthorization required. One external prosthetic device per limb per lifetime. No orthotics | 0% coinsurance |
| External Hearing Aids | Preauthorization required. Single purchase, one or both ears, (including repair/replacement) every 3 years | 0% coinsurance |
| Inpatient Hospice Care | Preauthorization required. 210 days per plan year | \$0 copayment |

INPATIENT SERVICES and FACILITIES

| | | |
|---|---|---------------|
| Inpatient Hospital Service | Preauthorization required, except for emergency admissions | \$0 copayment |
| Skilled Nursing Facility Care | Preauthorization required. 200 days per plan year | \$0 copayment |
| Inpatient Rehabilitation Services (Physical, Speech and Occupational Therapy) | Preauthorization required. 60 days per plan year, combined therapies. Speech and physical therapy are only covered following a hospital stay or surgery | \$0 copayment |

MENTAL HEALTH & SUBSTANCE USE DISORDER SERVICES

| | | |
|------------------------------|--|---------------|
| Inpatient Mental Health Care | Preauthorization required, except for emergency admissions | \$0 copayment |
|------------------------------|--|---------------|

| | | |
|--|--|---|
| Outpatient Mental Health Care | | \$0 copayment |
| Inpatient Substance Use Services | Preauthorization required, except for emergency admissions or for Participating OASAS-certified Facilities | \$0 copayment |
| Outpatient Substance Use Services | Up to 20 visits per plan year may be used for family counseling | \$0 copayment |
| PRESCRIPTION DRUGS | | |
| Retail Pharmacy | 30 day supply | |
| Tier 1 | | \$1 copayment |
| Tier 2 | | \$3 copayment |
| Tier 3 | | \$3 copayment |
| Mail Order Pharmacy | 90 day supply | |
| Tier 1 | | \$2.50 copayment |
| Tier 2 | | \$7.50 copayment |
| Tier 3 | | \$7.50 copayment |
| WELLNESS BENEFIT | | |
| Gym Reimbursement | Gym reimbursement benefit does not apply towards the OOP max | Reimbursed up to \$200 for completion of 50 exercise facility visits in each six month period |
| VISION CARE | | |
| Exams | One exam per 12 month period per plan year | \$0 copayment |
| Lenses and Frames | One set of lenses & frames per plan year | 0% coinsurance |
| Contact Lenses | One set of contacts per plan year. Referral Required | 0% coinsurance |
| DENTAL CARE | | |
| Preventive Dental Care | One dental exam and cleaning per 6 month period | \$0 copayment |
| Routine Dental Care | Full mouth x-rays or panoramic x-rays at 36-month intervals and bitewing xrays at 6 to 12 month intervals | \$0 copayment |
| Major Dental (Endodontics, Periodontics, and Prosthodontics) | Referral required | \$0 copayment |

This summary is provided for information only; it does not contain complete details or limitations of the Plan which are available only in the Contract or Certificate of Coverage/Insurance, and it does not constitute an agreement.

Second opinions on diagnosis of cancer are covered at Participating Cost Sharing for Non-Participating Specialist when a Referral is obtained.