



**FIDELIS CARE®**

	<b>Fidelis Care** Essential Plan 4</b>	<b>Fidelis Care** Essential Plan 3</b>	<b>Fidelis Care Essential Plan 2</b>	<b>Fidelis Care Essential Plan 1</b>
<b>BENEFITS/Eligibility</b>	Single person with annual income below \$12,060 ALIESSA	Single person with annual income between \$12,060 AND \$16,643 ALIESSA	Single person with annual income between \$16,643 and \$18,090	Single person with annual income between \$18,091 and \$24,120
<b>Monthly Premium</b>	\$0	\$0	\$0	\$20
<b>Deductible per Individual (Family deductible is 2x Individual)</b>	\$0	\$0	\$0	\$0
<b>Max. Out of Pocket per Individual (Family Max. is 2x Individual)</b>	\$0	\$200	\$200	\$2,000
<b>Preventive Care*</b>	\$0	\$0	\$0	\$0 Cost Sharing
<b>Primary Care Doctor Visit</b>	\$0 Copay	\$0 Copay	\$0 Copay	\$15 Copay
<b>Specialist Doctor Visit</b>	\$0 Copay	\$0 Copay	\$0 Copay	\$25 Copay
<b>Annual Physical Exam</b>	\$0	\$0	\$0	\$0
<b>Clinical/Diagnostic Lab X-ray/MRI/CT Scan/ PET Scan</b>	\$0 Copay per visit	\$0 Copay per visit	\$0 Copay per visit	\$25 Copay per visit
<b>Radiation Therapy</b>	\$0 Copay per visit	\$0 Copay per visit	\$0 Copay per visit	\$15 Copay per visit
<b>Outpatient Facility - Surgery</b>	\$0 Copay	\$0 Copay	\$0 Copay	\$50 Copay
<b>Surgeon</b>	\$0 Copay	\$0 Copay	\$0 Copay	\$50 Copay
<b>Inpatient Hospital – Acute Inpatient Hospital – Mental Health and Substance Use</b>	\$0 per admission	\$0 per admission	\$0 per admission	\$150 per admission
<b>Outpatient Mental Health and Substance Use Services</b>	\$0 Copay	\$0 Copay	\$0 Copay	\$15 Copay
<b>Skilled Nursing Facility</b>	\$0 per admission	\$0 per admission	\$0 per admission	\$150 per admission
<b>Emergency Room</b>	\$0 Copay	\$0 Copay	\$0 Copay	\$75 Copay
<b>Urgent Care</b>	\$0 Copay	\$0 Copay	\$0 Copay	\$25 Copay
<b>Ambulance</b>	\$0 Copay	\$0 Copay	\$0 Copay	\$75 Copay
<b>PT/OT/ST</b>	\$0 Copay	\$0 Copay	\$0 Copay	\$15 Copay
<b>Chiropractic Services</b>	\$0 Copay	\$0 Copay	\$0 Copay	\$25 Copay
<b>Eye Exams</b>	\$0 Copay	\$0 Copay	Not Covered	Not Covered
<b>Dental</b>	\$0 Copay	\$0 Copay	Not Covered	Not Covered
<b>Durable Medical Equipment(DME)</b>	\$0 Copay	\$0 Copay	\$0 Copay	5% Cost Sharing
<b>Diabetic Supplies</b>	\$0	\$0	0% Cost Sharing	\$15 Copay, 30 Day Supply
<b>Hearing Aids (External)</b>	0% coinsurance	0% Coinsurance	0% Coinsurance	5% Coinsurance
<b>Eyewear</b>	0% coinsurance	0% Coinsurance	Not Covered	Not Covered
<b>Prescription Drugs: Generic – Tier 1 Preferred Brand – Tier 2 Non Preferred Brand – Tier 3 Mail Order</b>	\$0 Copay \$0 Copay \$0 Copay 90 Day Supply, \$0 Copay	\$1 Copay \$3 Copay \$3 Copay 90 Day Supply, 2.5x Copay	\$1 Copay \$3 Copay \$3 Copay 90 Day Supply, 2.5x Copay	\$6 Copay \$15 Copay \$30 Copay 90 Day Supply, 2.5x Copay

All products not available in all areas of NY State. Please check with your Fidelis Care representative or visit fideliscare.org for information on products available in your area.

\*For certain preventive care visits and services, as defined under section 2713 of the Affordable Care Act, there is 100% coverage with no cost sharing.

\*\*Available to those not eligible for Medicaid due to Immigration Status

**Summary Only:** This is a plan summary and is not intended to be comprehensive. Please review the Summary Plan Description and Plan Document to get all of the details for your plan of choice. In the event of differences between this summary and the Summary Plan Description or Plan Document, the Plan Document will govern.

**-Primary Care Doctor Selection Not Required:** Selection of a primary care doctor to enroll in a Health Benefit Exchange product is not required. However, we strongly encourage you to pick a primary care doctor to assist you in managing your health.

**-Network Only Benefits:** Members enrolled in one of these products must use a doctor or hospital that has a contract with Fidelis Care. These are known as “network providers.” There are no benefits paid for medical services delivered by out-of-network providers, except in the case of an emergency.

**-Enrollment Period:** Enrollment into the Essential Plans is continuous.

**-Effective Date of Coverage:** Applications prior to the 15<sup>th</sup> of the month will be effective the first of the following month. Applications after the 15<sup>th</sup> of the month will be effective the first of the second month after application. Enrollment into Essential Plans 3 & 4 will be retroactive to the first of the month in which the application was made.

# Essential Plans

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