



FIDELIS CARE®

	Fidelis Care** Essential Plan 4	Fidelis Care** Essential Plan 3	Fidelis Care Essential Plan 2	Fidelis Care Essential Plan 1
BENEFITS/Eligibility	Below 100% of FPL ALIESSA	100% to 138% of FPL ALIESSA	138% – 150% of FPL	150% - 200% FPL
Monthly Premium	\$0	\$0	\$0	\$20
Deductible per Individual (Family deductible is 2x Individual)	\$0	\$0	\$0	\$0
Max. Out of Pocket per Individual (Family Max. is 2x Individual)	\$200	\$200	\$200	\$2,000
Preventive Care*	\$0	\$0	\$0	\$0 Cost Sharing
Primary Care Doctor Visit	\$0 Copay	\$0 Copay	\$0 Copay	\$15 Copay
Specialist Doctor Visit	\$0 Copay	\$0 Copay	\$0 Copay	\$25 Copay
Annual Physical Exam	\$0	\$0	\$0	\$0
Clinical/Diagnostic Lab X-ray/MRI/CT Scan/ PET Scan	\$0 Copay per visit	\$0 Copay per visit	\$0 Copay per visit	\$25 Copay per visit
Radiation Therapy	\$0 Copay per visit	\$0 Copay per visit	\$0 Copay per visit	\$15 Copay per visit
Outpatient Facility - Surgery	\$0 Copay	\$0 Copay	\$0 Copay	\$50 Copay
Surgeon	\$0 Copay	\$0 Copay	\$0 Copay	\$50 Copay
Inpatient Hospital – Acute Inpatient Hospital – Mental Health and Substance Use	\$0 per admission	\$0 per admission	\$0 per admission	\$150 per admission
Outpatient Mental Health and Substance Use Services	\$0 Copay	\$0 Copay	\$0 Copay	\$15 Copay
Skilled Nursing Facility	\$0 per admission	\$0 per admission	\$0 per admission	\$150 per admission
Emergency Room	\$0 Copay	\$0 Copay	\$0 Copay	\$75 Copay
Urgent Care	\$0 Copay	\$0 Copay	\$0 Copay	\$25 Copay
Ambulance	\$0 Copay	\$0 Copay	\$0 Copay	\$75 Copay
PT/OT/ST	\$0 Copay	\$0 Copay	\$0 Copay	\$15 Copay
Chiropractic Services	\$0 Copay	\$0 Copay	\$0 Copay	\$25 Copay
Eye Exams	\$0 Copay	\$0 Copay	Not Covered	Not Covered
Dental	\$0 Copay	\$0 Copay	Not Covered	Not Covered
Durable Medical Equipment(DME)	\$0 Copay	\$0 Copay	\$0 Copay	5% Cost Sharing
Diabetic Supplies	\$0	\$0	0% Cost Sharing	\$15 Copay, 30 Day Supply
Hearing Aids (External)	0% coinsurance	0% Coinsurance	0% Coinsurance	5% Coinsurance
Eyewear	0% coinsurance	0% Coinsurance	Not Covered	Not Covered
Prescription Drugs: Generic – Tier 1 Preferred Brand – Tier 2 Non Preferred Brand – Tier 3 Mail Order	\$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 15th of the month will be effective the first of the following month. Applications after the 15th 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

1-888-FIDELIS (1-888-343-3547)
TTY: 1-800-421-1220 • fideliscare.org



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