



FIDELIS CARE®

	Fidelis Care Essential Plan 2 Plus Vision & Dental	Fidelis Care Essential Plan 1 Plus Vision & Dental	Fidelis Care Essential Plan 2	Fidelis Care Essential Plan 1
BENEFITS/Eligibility	Single person with annual income between \$17,236 and \$18,735	Single person with annual income between \$18,735 and \$24,980	Single person with annual income between \$17,236 and \$18,735	Single person with annual income between \$18,735 and \$24,980
Deductible per Individual (Family deductible is 2x Individual)	\$0	\$0	\$0	\$0
Max. Out of Pocket per Individual (Family Max. is 2x Individual)	\$200	\$2,000	\$200	\$2,000
Preventive Care*	\$0	\$0 Cost Sharing	\$0	\$0 Cost Sharing
Primary Care Doctor Visit	\$0 Copay	\$15 Copay	\$0 Copay	\$15 Copay
Specialist Doctor Visit	\$0 Copay	\$25 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	\$25 Copay per visit	\$0 Copay per visit	\$25 Copay per visit
Radiation Therapy	\$0 Copay per visit	\$15 Copay per visit	\$0 Copay per visit	\$15 Copay per visit
Outpatient Facility - Surgery	\$0 Copay	\$50 Copay	\$0 Copay	\$50 Copay
Surgeon	\$0 Copay	\$50 Copay	\$0 Copay	\$50 Copay
Inpatient Hospital – Acute Inpatient Hospital – Mental Health and Substance Use	\$0 per admission	\$150 per admission	\$0 per admission	\$150 per admission
Outpatient Mental Health and Substance Use Services	\$0 Copay	\$15 Copay	\$0 Copay	\$15 Copay
Skilled Nursing Facility	\$0 per admission	\$150 per admission	\$0 per admission	\$150 per admission
Emergency Room	\$0 Copay	\$75 Copay	\$0 Copay	\$75 Copay
Urgent Care	\$0 Copay	\$25 Copay	\$0 Copay	\$25 Copay
Ambulance	\$0 Copay	\$75 Copay	\$0 Copay	\$75 Copay
PT/OT/ST	\$0 Copay	\$15 Copay	\$0 Copay	\$15 Copay
Chiropractic Services	\$0 Copay	\$25 Copay	\$0 Copay	\$25 Copay
Eye Exams	\$0 Copay	\$15 Copay	Not Covered	Not Covered
Dental	\$0 Copay	\$15 Copay	Not Covered	Not Covered
Durable Medical Equipment(DME)	\$0 Copay	5% Cost Sharing	\$0 Copay	5% Cost Sharing
Diabetic Supplies	0% Cost Sharing	\$15 Copay, 30 Day Supply	0% Cost Sharing	\$15 Copay, 30 Day Supply
Hearing Aids (External)	0% Coinsurance	5% Coinsurance	0% Coinsurance	5% Coinsurance
Eyewear	0% Coinsurance	5% Coinsurance	Not Covered	Not Covered
Prescription Drugs: Generic – Tier 1 Preferred Brand – Tier 2 Non Preferred Brand – Tier 3 Mail Order	\$1 Copay \$3 Copay \$3 Copay 90 Day Supply, 2.5x Copay	\$6 Copay \$15 Copay \$30 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 some preventive care visits and services, as defined under section 2713 of the Affordable Care Act, there is 100% coverage with no cost sharing.

-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 the Essential Plan or a Qualified Health Plan 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 an Essential Plan is continuous throughout the year.

-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 Plus Vision & Dental: Beginning January 1, 2020 Fidelis will offer two new plans available to individuals eligible for Essential plans 1 or 2 which include vision and dental coverage. These benefits are in addition to the comprehensive coverage provided under the standard versions of these products, and carry a modest premium responsibility.

Fidelis Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Fidelis Care cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Fidelis Care 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統年齡、殘障或性別而歧視任何人

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-343-3547 (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1-888-343-3547 (TTY: 711)。

1-888-FIDELIS (1-888-343-3547)

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Essential Plans

New Dental and Vision Coverage Options



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