ISO Essential Plan

$0 comprehensive health insurance coverage for students in New York State

ISO Student Health Insurance + nystateofhealth™ The Official Health Plan Marketplace

FREQUENTLY ASKED QUESTIONS

Learn more about the Essential Plan, in cooperation with the New York State of Health.

What is the Essential Plan?

The Essential Plan is a free New York health insurance program for low-income state residents such as international students, visitors, permanent residents, and United States citizens.

Why is it free?

The Essential Plan is funded by the New York State government to provide low or limited income New York State residents access to comprehensive health care.

Is this public charge and will it affect my permanent residency application?

No, as of 2021, this rule is no longer in effect. Enrollment in the Essential will will not affect your permanent residency application.

Can I waive my school's health insurance?

Yes, the Essential Plan is a comprehensive policy with $0 deductible and 100% coverage. In fact, this policy offers higher coverage compared to many university health plans. ISO can assist you throughout the waiver process.

What are the eligibility requirements?

You must meet all of the following criteria to enroll:

- ☑ Valid visa holder (F1, J1, etc.), migrants, asylees, DACA, or permanent residents & U.S. Citizens
- ☑ New York State Resident
- ☑ 21-64 years old
- ☑ Income under $39,125 annually

Apply today by visiting www.isoa.org/EssentialPlan

WHAT ARE THE BENEFITS?

The Essential Plan provides coverage at **100%** for the following services.

Access over 1 million major doctors, hospitals, and urgent cares across New York State under the Essential Plan network

Doctor visits

Primary care physicians, urgent cares and specialists

Hospital

Emergency room, ambulance, hospitalization

Preventive

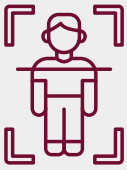
Check ups & vaccinations - HPV, TDAP, MMR, etc.

Prescription

Necessary medication, including birth control

Lab & testings

X-rays, MRI, CT, and other diagnostic testing



Mental health

Therapy, substance abuse, psych consults

Dental

Routine cleanings and dental treatments

Vision

Vision care, contacts and prescription glasses

View pages 4-8 for a comprehensive list of benefits.

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EmblemHealth Essential Plan 4
Summary of Benefits
Enhanced Care Prime Network - No Referral Required

P1EPPB014 / MB000016

Deductible and Out-of-Pocket Maximum	**In-Network (INET)** **Member Pays**
Plan deductible	$0
Separate Prescription Drug Deductible	None
Out-of-Pocket Maximum	$0
Benefits	**In-Network (INET)** **Member Pays**
Provider Office Visits	
Mental Health and Substance Abuse Office Visits	Office Visits: No Charge All Other Outpatient Services: No Charge
ABA Treatment for Autism Spectrum Disorder Preauthorization required.	No Charge
Primary Care Provider Office Visits (includes services for illness, injury, follow-up care and consultations)	No Charge
Specialist Office Visits	No Charge
Telemedicine Services Teladoc P360 covers visits with PCPs, Dermatologists and Mental Health professionals at no cost.	No Charge
Preventive Office Visits	
Adult/Pediatric Preventive Visits	No Charge
Prenatal Care	No Charge
Routine Gynecological Services/Well Woman Exams, Mammography Screenings*	No Charge
Well-Baby and Well-Child Care, including Immunizations*	No Charge
All other preventive services*	No Charge

This EmblemHealth Plan is underwritten by Health Insurance Plan of Greater New York (HIP). The above benefits and services do not require referrals by an Enhanced Care Prime network primary care physician. Preauthorization will still be required for noted benefits.

Benefits	In-Network (INET) Member Pays
***When preventive services are not provided in accordance with the comprehensive guidelines supported by USPSTF or HRSA**	No Charge
Vasectomy	See surgical services
All other preventive services required by USPSTF and HRSA	No Charge
Outpatient Diagnostic Services	
Advanced Radiology (CT/PET Scan, MRI) Preauthorization required.	No Charge
Laboratory Services Preauthorization for Outpatient services.	No Charge
Non-Advanced Radiology (X-ray, Diagnostic) Preauthorization may be required.	No Charge
Preadmission Testing Preauthorization required.	No Charge
Second Opinions on the Diagnosis of Cancer, Surgery and Other	No Charge
Prescription Drugs – Retail Pharmacy (cost share based on 30 day supply per prescription) Preauthorization is not required for a Covered Prescription Drug used to treat a substance use disorder, including a prescription drug to manage opioid withdrawal and/or stabilization and for opioid overdose reversal.	
Preferred Generic Tier 1	$0 copayment
Non-preferred Generic Tier 2	$0 copayment
Preferred Brand Tier 3	$0 copayment
Prescription – Mail Order Pharmacy (up to a 90 day supply per prescription)	
Preferred Generic Tier 1	$0 copayment
Non-preferred Generic Tier 2	$0 copayment
Preferred Brand Tier 3	$0 copayment
Outpatient Rehabilitative and Habilitative Services	

Benefits	In-Network (INET) Member Pays
Physical and Occupational Therapy 60 visits per condition/plan year, combined therapies. Preauthorization required.	No Charge
Other Services	
Anesthesia Services	No Charge
Cardiac and Pulmonary Rehabilitation Preauthorization required.	No Charge
Chemotherapy	No Charge
Chiropractic Services	No Charge
Diabetic Equipment and Supplies 90-day supply mail-order available. Preauthorization required.	No Charge, per 30-day supply
Dialysis Preauthorization may be required.	No Charge
Durable Medical Equipment (DME)	No Charge
External Hearing Aids Single purchase once every 3 years. Preauthorization required.	No Charge
Home Health Care 40 visits per plan year. Preauthorization required.	No Charge
Outpatient Services (in a hospital or ambulatory facility) Preauthorization required.	No Charge
Inpatient Services	
Inpatient hospital services include mental health, substance abuse, maternity, hospice, skilled nursing facility and all IP settings Preauthorization required, except for emergency admissions.	No Charge
Inpatient Rehabilitation Services 60 days per condition/plan year, combined therapies. Preauthorization required.	No Charge

Benefits	In-Network (INET) Member Pays
Inpatient Habilitation Services 60 days per condition/plan year, combined therapies. Preauthorization required.	No Charge
Emergency and Urgent Care	
Ambulance Services	No Charge
Emergency Room Waived if admitted to Hospital.	No Charge
Urgent Care Centers	No Charge
Dental Care	
Preventive Dental Care 1 dental exam and cleaning per 6-month period.	No Charge
Routine Dental Care Full mouth x-rays or panoramic x-rays at 36-month intervals and bitewing x-rays at 6-month intervals.	No Charge
Major Dental Care Preauthorization required.	No Charge
Vision Care	
Contact Lens 1 set of prescribed lenses and frames per 12-month period.	No Charge
Prescription Eye Glasses 1 set of prescribed lenses and frames per 12-month period.	No Charge
Routine Eye Exam 1 exam per 12-month period.	No Charge
Additional Covered Services	
Allergy Testing	No Charge
Gym Reimbursement Gym reimbursement benefit does not apply towards the deductible or out-of-pocket maximum.	$200 per 6-month calendar year period

Important information

EmblemHealth Plans are underwritten by Health Insurance Plan of Greater New York (HIP). Except for emergency care, the above benefits and services are covered only when provided by an Enhanced Care Prime network physician and/or approved in advance by the EmblemHealth Care Management Program.

Participating physicians and providers have contracted with EmblemHealth to provide care to our members; they are not employees, agents, servants or representatives of EmblemHealth. 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.

Refer to policy form number 155-23-EPP4Aliessa (1/23), et al.

Certain services must be approved in advance by EmblemHealth.

Dialysis performed by non- participating providers is limited to 10 visits per calendar year. Preauthorization required.