



# Essential Plan At a Glance

## WHO IS ELIGIBLE?

### INDIVIDUALS WHO ARE:

- New York State residents
- Able to meet the Essential Plan income requirements
- Lawfully present in the U.S.
- 19-64 years old
- Not eligible for Medicaid or Child Health Plus
- Not eligible for employer and other coverage

NY State of Health complies with applicable Federal civil rights laws and state laws, and does not discriminate on the basis of race, color, national origin, creed/religion, sex, age, marital/family status, arrest record, criminal conviction(s), gender identity, sexual orientation, predisposing genetic characteristics, military status, domestic violence victim status and/or retaliation.

## WHAT'S COVERED?

- Free preventive care
- Inpatient care
- Outpatient services
- Maternity and newborn care
- Emergency services
- Lab and imaging
- Prescription drugs
- Rehabilitative and habilitative services
- Mental health and substance use disorder services
- Wellness and chronic disease management services
- Vision and Dental

### CONTACT US:

[nystateofhealth.ny.gov](https://nystateofhealth.ny.gov) | 1-855-355-5777 or TTY 1-800-662-1220

Si usted habla un idioma diferente al inglés, **los servicios de asistencia de idioma están disponibles gratis para usted. Llame al 1-855-355-5777 (TTY: 1-800-662-1220).**

如果您使用的語言不是英語，您可以使用我們的免費語言支援服務。請致電 1-855-355-5777 (TTY: 1-800-662-1220)。

# HOW MUCH DOES THE ESSENTIAL PLAN COST?

**PREMIUMS:** The monthly premium is \$0 (free) for those who qualify.

**COST SHARING:** There is **NO DEDUCTIBLE**. Below are some examples of Essential Plan cost sharing levels.

COST SHARING FOR HEALTH CARE SERVICES	Annual individual income: below \$15,650-\$23,475	Annual individual income: \$23,476-\$39,125
Monthly Premium	\$0	\$0
Annual Deductible	None	None
Preventive Care	Free	Free
Primary Care Physician Visit	\$0	\$15
Specialist Visit	\$0	\$25
Inpatient Hospital Stay per admission	\$0	\$150
Behavioral Health Outpatient Visit	\$0	\$15
Behavioral Health Inpatient Visit per admission	\$0	\$150
Emergency Room	\$0	\$75
Urgent Care	\$0	\$25
Physical Therapy, Speech Therapy, Occupational Therapy	\$0	\$15

	Annual individual income: below \$15,650-\$23,475*	Annual individual income: \$23,476-\$39,125
Generic	\$1	\$6
Preferred Brand	\$3	\$15
Non-Preferred Brand	\$3	\$30

\*\$0 for individuals with income below \$15,650

	Annual individual income: below \$15,650-\$23,475	Annual individual income: \$23,476-\$39,125
Dental and Vision	\$0	\$0