

DC 37 MED-TEAM



The DC 37 Med-Team health insurance plan is offered to DC 37 Med-Team active employees and non-Medicare eligible retirees. You may choose in-network or out-of-network providers. There is no payroll deduction for this plan.



SOME ADVANTAGES OF THE DC 37 MED-TEAM HEALTH INSURANCE PLAN:

- You can get care with participating providers using the Bridge network, (This includes Qualcare, as well as access to the FHN network).
- You can receive benefits for covered services even when you choose out-of-network doctors. Remember that your out-of-pocket costs are lowest when you receive care in-network.
- You never need a physician referral to see a specialist.
- No copays are required for in-network office visits and diagnostic tests like X-rays or lab work for unmarried dependent children through the end of the month in which they reach age 26.
- There are educational programs for eligible members to learn to manage chronic conditions such as asthma and diabetes.
- Through the personalized my GHI section of GHI's website, www.emblemhealth.com/city, you can find a doctor, check you benefits and claim status, order ID cards, keep an online personal health record and more.
- There are discounts on health care products and services and the latest news on consumer health and medical issues on GHI's website www.emblemhealth.com/city.
- Vision Plan- exams/eyeglasses

Hospitals: The DC 37 Med-Team Program also provides in-network benefits utilizing the Bridge network (this includes QualCare, as well as access to the FHN network).

At a Glance	
Plan Type:	PPO
Geographic Service Area	The DC 37 Med-Team health insurance plan is offered to DC 37 Med-Team active employees and non-Medicare eligible retirees.
Does this plan use a network of providers?	Yes. Visit the Web site www.emblemhealth.com/city or call 1-800-624-2414 for a list of participating providers.
Do I need a referral to see a specialist?	No
Contact Information	DC 37 Med-Team 125 Barclay Street New York, NY 10007 1-800-624-2414 (Representatives are available Monday through Friday, 8:00 a.m. to 8:00 p.m. (Please identify yourself as a DC 37 member.)
Web Site	Emblemhealth.com/city

Plan Features	Cost
What is the overall deductible for this plan?	For out-of-network providers is \$1,000 individual / \$3,000 family. Does not apply to preventive care and generic drugs. Out-of-network co-insurance and co-payment don't count toward the deductible.
What is the out-of-pocket limit on my expenses (applies to in-network services only)?	For 7/01/24 – 6/30/25 – the limit is \$7,150 Individual/\$14,300 Family
What are the costs for preventive services? Visit emblemhealth.com/city for a full list of preventive services.	Preventive services are available with \$0 copayments when using a participating provider. After deductible is met 30% co-insurance when using a non-participating provider.
What are the costs when you visit a health care provider's office or clinic?	<ul style="list-style-type: none"> • Primary care visit to treat an injury or illness: \$25 co-pay/visit • Specialist visit: \$25 co-pay/visit • Other practitioner office visit Chiropractor: \$25 co-pay/visit • Preventive care/screening/immunization: No charge • After deductible is met 30% co-insurance when using a non-participating provider.
What are the costs if you have a test?	<ul style="list-style-type: none"> • Diagnostic test (x-ray, blood work): \$25 co-pay/visit • Hi-tech Radiology (CT/PET scans, MRIs): \$50 co-pay/visit • After deductible is met 30% co-insurance when using a non-participating provider.
What are the costs if you have outpatient surgery?	<p>Facility fee (e.g., ambulatory surgery center): \$50 After deductible is met 30% co-insurance for non-participating provider Prior approval required</p> <p>Physician/surgeon fees: \$25 charge After deductible is met 30% co-insurance for non-participating provider</p>
What are the costs if you need immediate medical attention?	<p>Emergency room services: \$150 co-pay/visit After deductible is met 30% co-insurance for non-participating provider</p> <p>Emergency medical transportation: Not covered Ground 100% UCR/air 100%</p> <p>Covered at 100% of usual and customary allowance</p>
What are the costs if you have a hospital stay?	<p>Facility fee (e.g., hospital room): \$250 copay per continuous stay After deductible is met 30% co-insurance for non-participating provider Prior approval required</p> <p>Physician/surgeon fee: No charge After deductible is met 30% co-insurance for non-participating provider</p>
What are the costs if you are pregnant?	<p>Prenatal and postnatal care: No charge After deductible is met 30% co-insurance for non-participating provider</p> <p>Delivery and all inpatient services: No charge After deductible is met 30% co-insurance for non-participating provider</p> <p>Limited to 48 hours for natural delivery and 96 hours for caesarean delivery. Prior approval required.</p>

WHAT ARE THE COSTS IF YOU HAVE MENTAL HEALTH, BEHAVIORAL HEALTH, OR SUBSTANCE ABUSE NEEDS?

Service	Cost
Mental/Behavioral health Outpatient services	<ul style="list-style-type: none"> • \$25 co-pay/visit • After deductible is met 30% co-insurance for non-participating provider
Mental/Behavioral health Inpatient services	<ul style="list-style-type: none"> • \$250 per continuous stay • After deductible is met 30% co-insurance for non-participating provider • Prior approval required
Substance abuse Outpatient services	<ul style="list-style-type: none"> • \$25 co-pay/visit • After deductible is met 30% co-insurance for non-participating provider
Substance abuse Inpatient services	<ul style="list-style-type: none"> • \$250 per continuous stay • After deductible is met 30% co-insurance for non-participating provider • Par only. Rehab not covered

WHAT ARE THE COSTS IF YOU NEED HELP RECOVERING OR HAVE OTHER SPECIAL HEALTH NEEDS?

Service	Cost
Home health care	<ul style="list-style-type: none">• No charge• After deductible is met 30%co-insurnace for non-participating provider• Coverage limited to 200 visits/year• Prior approval required
Skilled nursing care	<ul style="list-style-type: none">• No charge• After deductible is met 30% co-insurance for non-participating provider• Coverage limited to 60 days/year• Prior approval required
Durable medical equipment (DME)	<ul style="list-style-type: none">• No charge• Not covered for non-participating provider• Prior approval required for over \$2,000
Hospice service	<ul style="list-style-type: none">• No charge• Not covered for non-participating provider• Coverage limited to 210 days lifetime• Prior approval required

PRESCRIPTION DRUGS

WHAT IS THE COST IF YOU NEED DRUGS TO TREAT YOUR ILLNESS OR CONDITION?

The DC 37 Health and Security Plan provides prescription drug benefits.

Please refer to the Summary of Benefits and Coverage (SBC) for additional information and to see what this plan covers and any cost-sharing responsibilities.