



*INTRODUCING . . .*



# NY Bridge Plan

NY's Pre-Existing Condition Insurance Plan

Administered by **GHI**, an EmblemHealth Company

In March 2010, Congress passed the health care reform law, the Patient Protection and Affordable Care Act. The law created a temporary program until January 2014 that makes coverage available for individuals who have a pre-existing medical condition, have not had insurance for six months, and who are legal citizens or US residents.

This new program is called the Pre-Existing Condition Insurance Plan (PCIP) and will be available throughout the country. In New York State, the PCIP plan is the NY Bridge Plan, administered by GHI, an EmblemHealth company.

PCIP plans will operate until the year 2014. At that time other provisions of health care reform will go into effect and state health benefit exchanges will be available for individuals to purchase coverage.

The NY Bridge Plan provides “a bridge” of health insurance from October 1, 2010 until January 1, 2014 for uninsured New Yorkers with pre-existing medical conditions.

**HIGHLIGHTS OF THE  
NY BRIDGE PLAN  
COVERED SERVICES**

\$20 Office Visit  
Copay

\$500 Inpatient  
Per Occurrence  
Copay

\$100 Emergency  
Room Copay

Preventive Care

Pharmacy Benefits

Vision Care

## NY Bridge Plan: Comprehensive Health Coverage for Eligible New Yorkers Through an Extensive Network of ... at Special Rates

### NY BRIDGE PLAN

... is New York State's Pre-existing Condition Insurance Plan (PCIP), providing individual coverage to eligible New Yorkers with a pre-existing health condition who have not had health coverage for at least six months. Once a person is enrolled, there is no waiting period and coverage for medical services begins immediately. This program is administered by Group Health Incorporated (GHI), a state-wide insurance carrier providing quality health insurance to New Yorkers since 1937.

### COMPREHENSIVE HEALTH COVERAGE

The NY Bridge Plan covers a broad range of services, including primary and specialty care, inpatient and outpatient hospital care, and prescription drugs, as well as assistance from professional nurses and caseworkers to help members manage chronic conditions and maintain overall health.

### FOR ELIGIBLE NEW YORKERS

To be eligible to apply, you must:

- Be a legal US resident
- Be a resident of New York State
- Have one or more pre-existing medical condition(s) listed in this brochure, and
- Not have had health care coverage for the last six months.

There is no minimum age to qualify — even newborns may be enrolled if they meet the eligibility requirements. However, once you turn 65 years of age and have Medicare coverage, you will no longer be eligible for the NY Bridge Plan. Applicants who transfer from another state's PCIP program will be eligible if they are a resident of New York with no more than a 180-day break in coverage from their prior PCIP coverage.

# Quality Doctors and Hospitals



## THROUGH AN EXTENSIVE NETWORK OF QUALITY DOCTORS AND HOSPITALS

The NY Bridge Plan is an Exclusive Provider Option (EPO), which means that you must use doctors and health care providers who are in the GHI EPO network, except in cases of emergency or when care is not available through a participating provider.

The GHI network provides access to:

- 100,000 quality doctors
- More than 172,000 provider locations in the tristate area, and
- Most of the region's leading hospitals.

To see if a doctor is in the NY Bridge Plan network, check the doctor search at: [www.nybridgeplan.com](http://www.nybridgeplan.com), or call **1-877-444-9622**.

## ... AT SPECIAL RATES

With the NY Bridge Plan, your eligibility is not based on income. In fact, the NY Bridge Plan offers premium rates that are significantly lower than other individual coverage, plus low copayments and no deductibles. Premium rates are standardized depending on where you live:

- Upstate New York counties — \$362 per month
- Downstate New York counties — \$421 per month

These rates are for individuals only, as there is no family or dependent coverage offered with the NY Bridge Plan. If other family members qualify, they may also apply for coverage separately. Accepted members will be billed individually and be fully responsible for paying the monthly premium.

### PROOF OF PRE-EXISTING MEDICAL CONDITION

With your NY Bridge Plan application, you will be asked to provide one of the following as proof of at least one pre-existing medical condition listed in this brochure:

- Letter from a health care provider that specifies that you have one of the eligible medical conditions.
- Current medical records that specify that you have one of the eligible medical conditions.
- Copy of online personal health record with your name on it that specifies that you have one of the eligible medical conditions.



## APPLY TODAY: ENROLLMENT IS ON A FIRST-COME, FIRST-SERVED BASIS

Eligible applicants will be notified in the order that their applications are received. Completed and approved applications received by the 15th of the month will be effective the first day of the next month. For those received after the 15th, coverage would be effective the first day of the month after the following month. If the NY Bridge Plan reaches capacity, a waiting list will be established.

To learn more, call **1-877-444-9622** or go to **[www.nybridgeplan.com](http://www.nybridgeplan.com)**.

As a new member, you will receive a welcome call explaining member benefits, followed by a consultation with a nurse to help you assess your health care needs, establish a care management plan, and find the right network doctor or medical provider.

### READY TO ENROLL?

Eligibility Specialists are available to answer your questions and to offer enrollment assistance. Call the NY Bridge Plan toll free from 8:30 am to 5:30 pm, Monday through Friday at **1-866-NY-EZ-APP (1-866-693-9277) TDD 1-877-448-4975**.

PCIP is partially funded by the federal government and subject to federal regulations established under the Patient Protection and Affordable Care Act. New York State has designated GHI to administer PCIP in New York. PCIP is not commercial health insurance underwritten by GHI.

## NY BRIDGE PLAN COUNTIES

Downstate Counties	Upstate Counties
Bronx	Albany
Dutchess	Allegany
Kings	Broome
Nassau	Cattaraugus
New York	Cayuga
Orange	Chautauqua
Putnam	Chemung
Queens	Chenango
Richmond	Clinton
Rockland	Columbia
Suffolk	Cortland
Sullivan	Delaware
Ulster	Erie
Westchester	Essex
	Franklin
	Fulton
	Genesee
	Greene
	Hamilton
	Herkimer
	Jefferson
	Lewis
	Livingston
	Madison
	Monroe
	Montgomery
	Niagara
	Oneida
	Onondaga
	Ontario
	Orleans
	Oswego
	Otsego
	Rensselaer
	Saratoga
	Schenectady
	Schoharie
	Schuyler
	Seneca
	St. Lawrence
	Steuben
	Tioga
	Tompkins
	Warren
	Washington
	Wayne
	Wyoming
	Yates

## **NY BRIDGE PLAN**

### **PRE-EXISTING MEDICAL CONDITIONS THAT QUALIFY FOR ENROLLMENT**

**Brain/Nervous System:** Alzheimer's, Dementia, CVA/Stroke, Multiple Sclerosis, Epilepsy, Muscular Dystrophy, Tabes Dorsalis, Cerebral Palsy, Huntington's Chorea, Parkinson's Disease, Guillain-Barré Syndrome, Amyotrophic Lateral Sclerosis (ALS), Ataxia, Paraplegia, Quadriplegia

**Cancer/Tumors:** Hodgkin's Disease, Leukemia, Metastatic or any other malignant cancer

**Congenital Anomalies/Abnormalities:** Heart/Lung/Kidney Malformation, Tetralogy of Fallot, ASD

**Digestive:** Ulcer, Crohn's Disease, Ulcerative Colitis; Diseases of the Intestines, Pancreas, Liver or Gallbladder; Hepatitis, Cirrhosis, Wilson's Disease

**Eyes, Ears, Nose and Throat:** Macular Degeneration, Diabetic Retinopathy, Post Corneal Transplant, Cholesteatoma, Nasal and Paranasal sinus cancers, conditions of the Esophagus, Laryngeal Papillomatosis

**Heart and Circulatory System:** Bleeding/Clotting disorders, e.g., Hemophilia, Sickle Cell, Thrombocytopenia, Phlebitis, Thrombosis or Raynaud's; High Blood Pressure, Hypertension, Heart murmur, Heart attack, Cardiac Bypass Surgery, Heart Valve Replacement, Pacemaker, Cardiomyopathy, Coronary Heart Disease, Rheumatic Heart Disease, Anemia; Thalassemia, Cooley's or Mediterranean

**Metabolic and Endocrine:** Diabetes, Cystic Fibrosis, Addison's Disease, Lupus, Scleroderma, Still's Disease, AIDS, HIV

**Musculoskeletal:** Rheumatoid Arthritis, Fibromyalgia, Paralysis, Scoliosis/Kyphosis, Amputation/Prosthesis, End Stage Osteoarthritis with major joint involvement, Severe Arthritis with major involvement

**Nervous/Mental/Behavioral:** Panic Disorders, Depression, Bipolar Disorder, Schizophrenia, Obsessive Compulsive Disorder, Eating Disorders, Anorexia or Bulimia; and Alcohol/Chemical Dependency

**Pregnancy/High-Risk Pregnancy/Complications of Pregnancy**

**Premature Infants** (six-month period with no creditable coverage not a requirement for newborns under 6 months of age to meet Program eligibility)

**Respiratory:** COPD, Tuberculosis, Emphysema, Silicosis (Black Lung), Asthma, Status Asthmaticus, Sarcoidosis, Chronic Lung Conditions

**Skin:** Melanoma, Eczema, Psoriasis, second- or third-Degree Burns

**Urinary:** Polycystic Kidney Disease

**Transplants:** Major Organ Transplants; Heart, Lung, Kidney, Liver

**Major Trauma:** Resulting injuries

**Any pre-existing condition not listed will be subject to medical review. Applicant will be required to submit medical records for consideration.**

# NY BRIDGE PLAN BENEFITS

The NY Bridge Plan covers a broad range of health benefits with no deductibles.



an EmblemHealth company

	PRE-CERTIFICATION REQUIRED	LIMITATIONS	IN-NETWORK
<b>INPATIENT HOSPITAL SERVICES PERFORMED AND BILLED BY A HOSPITAL</b>			
Inpatient Hospital Coverage	YES		\$500 Copay Per Admission
Skilled Nursing Facility Care	YES		Covered In Full
Inpatient Admission for Medical Rehabilitation (i.e. PT, Physical Medicine and Rehabilitation)	YES	30 days per calendar year	\$500 Copay Per Admission
Hospice Care — Inpatient and Outpatient	YES	210 days per lifetime	Covered In Full
<b>OUTPATIENT HOSPITAL SERVICES PERFORMED AND BILLED BY A HOSPITAL OR FACILITY</b>			
Pre-Admission Testing			Covered In Full
Ambulatory Surgery Facility Charge	YES		\$250 Copay Per Visit
Home Health Care Services	YES	200 visits per calendar year	Covered In Full
Diagnostic Lab/Radiology	YES	Pre-cert required for Radiology services	Covered In Full
Preventive Mammography and Pap Smear & Prostate Screening			Covered In Full
<b>MEDICAL SERVICES PERFORMED AND BILLED BY A PHYSICIAN OR OTHER MEDICAL PROVIDER</b>			
Office Visit Copayment, including Outpatient Clinic Visits			\$20 Copay Per Visit
Specialist Office Visits			\$20 Copay Per Visit
Maternity Pre- and Postnatal Care			Covered In Full
Annual Physical Check-up			Covered In Full
Preventive Mammography and Pap Smear & Prostate Screening			Covered In Full
Chiropractic Care			\$20 Copay Per Visit
Physical Therapy, Osteopathic Manipulation, Occupational Therapy		30 visits per calendar year	\$20 Copay Per Visit
Speech Therapy		10 visits per calendar year	\$20 Copay Per Visit
Outpatient Surgery			Covered In Full
Inpatient Surgery			Covered In Full
Durable Medical Equipment	(Precert required when the amt is over \$2000)		Covered In Full
Diagnostic Lab <sup>1</sup>		Provider's office/ Freestanding Facility	Covered In Full
Diagnostic Radiology <sup>1</sup>	YES	Provider's office/ Freestanding Facility Pre-cert required in network only	Covered In Full
<b>WELL BABY AND CHILD CARE</b>			
Well Baby and Well Child Care, Including Immunizations			Covered In Full
<b>EMERGENCY COVERAGE</b>			
Emergency Room Care Facility Copay		ER Copay waived if admitted	\$100 Copay Per Visit – In or Out of Network
Emergency Ground Ambulance			Covered up to 100% of Usual and Customary
<b>INPATIENT MENTAL HEALTH &amp; CHEMICAL DEPENDENCY</b>			
Inpatient Mental Health	YES	30 days per calendar year, no limits for biologically based mental illnesses	\$500 Copay Per Admission
Chemical Dependency: Detoxification	YES	7 days per calendar year	\$500 Copay Per Admission
Chemical Dependency: Rehabilitation	YES	30 days per calendar year	\$500 Copay Per Admission
<b>OUTPATIENT MENTAL HEALTH &amp; CHEMICAL DEPENDENCY</b>			
Outpatient Chemical Dependency	YES	60 visits per calendar year, up to 20 family visits	Covered In Full
Outpatient Mental Health	YES	30 visits per calendar year, no limits for biologically based mental illnesses	\$20 Copay Per Visit
<b>VISION</b>			
Eye Exam		Davis Vision Providers Only One Eye Exam Every 24 months	\$20 Copay Per Visit
<b>PRESCRIPTION COVERAGE</b>			
Prescription Drugs			\$0 Retail Copay for Generics \$10 Retail Copay for Formulary Brand \$0 Mail Order Copay for Generic \$20 Mail Order Copay for Formulary Brand Mandatory Generic and Mail Order Apply

<sup>1</sup> Nonparticipating providers (anesthesiologist, radiologist, pathologist, asst surgeon) in a network hospital, facility, OPD, ambulatory facility or office is covered up to Submitted Charges. The benefits described here in are only brief highlights of the coverage available. The benefits described herein will be fully compliant with the September 23, 2010 effective PPACA provisions.