



Important information

Your subscriber contract has changed. The below information will amend your subscriber contract

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Renewability. The renewal date for this Contract is twelve months from the effective date of coverage. This Contract will automatically renew each year on the renewal date, unless otherwise terminated by Us as permitted by this Contract or by You upon 30 days' prior written notice to Us. If You become pregnant while covered under this Contract, You will have coverage for the duration of the pregnancy, along with one year of postpartum coverage. The 12-month postpartum coverage period will start on the last day of Your pregnancy and end on the last day of the 12th month.

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Section V Who is Covered

A. Who Is Covered Under This Contract

You, the Subscriber to whom this Contract is issued, are covered under this Contract. You must live or reside in Our Service Area to be covered under this Contract. You must have a household income of 138% or below and be a Lawfully Present Immigrant who is not eligible for Medicaid. If you are enrolled in Medicare or Medicaid, or affordable Employer Sponsored Health Insurance, are under 21 years old, or greater than 64 years old, You are not eligible to purchase this Contract.

You must report changes that could affect your eligibility throughout the year, including whether You become pregnant. If You become pregnant while covered under this Contract, You may remain enrolled in accordance with section 369-ii of the New York Social Service Law. If you remain in Essential Plan, You will have coverage for the duration of the pregnancy, along with one year of postpartum coverage. The 12-month postpartum coverage period will start on the last day of Your pregnancy and end on the last day of the 12th month. You may also become eligible to obtain Medicaid if You have a household income below 223% of the Federal Poverty Level. If You want Medicaid coverage instead of Essential Plan, You should contact NYSOH.

Section IX

Outpatient and Professional Services

(for other than Mental Health and Substance Use)

N. Maternity and Newborn Care

We Cover services for maternity care provided by a Physician or midwife, nurse practitioner, Hospital or birthing center. We Cover prenatal care (including one (1) visit for genetic testing), postnatal care, delivery, and complications of pregnancy. In order for services of a midwife to be Covered, the midwife must be licensed pursuant to Article 140 of the New York Education Law, practicing consistent with Section 6951 of the New York Education Law and affiliated or practicing in conjunction with a Facility licensed pursuant to Article 28 of the New York Public Health Law. We will not pay for duplicative routine services provided by both a midwife and a Physician. See the Inpatient Services section of this Contract for Coverage of inpatient maternity care.

We Cover breastfeeding support, counseling and supplies, including the cost of renting or the purchase of one (1) breast pump per pregnancy, one (1) per calendar year for the duration of breast feeding from a Participating Provider or designated vendor.

We Cover eight (8) prenatal or postpartum visits per pregnancy.

Copays are waived for pregnant women during the pregnancy and for 12-months postpartum.

Section XXII

Termination of Coverage

This Contract may be terminated as follows:

A. Automatic Termination of This Contract

This Contract shall automatically terminate

1. Upon Your death.
2. When You turn 65, Your coverage will end at the end of the month in which you turn 65 or become Medicare eligible, whichever is earlier.
3. When You become Medicaid eligible or enroll in the Medicaid Program, Your coverage will end at the end of the month in which You are determined to be Medicaid eligible. This Contract shall not automatically terminate if You become Medicaid eligible because You are pregnant or in Your 12-month postpartum coverage period. If You become pregnant, have a household income below 223% of the Federal Poverty Level, and would like to choose to enroll in Medicaid instead of Essential Plan, You should contact NYSOH.

4. When You have had a change in immigration status that makes you eligible for other coverage, including Medicaid, and Your coverage will end at the end of the month before you are determined to be Medicaid eligible.
5. When You have enrolled in a different program through the NY State of Health Marketplace.
6. When You have enrolled in affordable Employer Sponsored Health Insurance.