Kimber Health® by NYWPC

KIMBER® STUDENT HEALTH INSURANCE

Essential Plan 3

$0 health insurance coverage for students
Comprehensive health insurance in NY

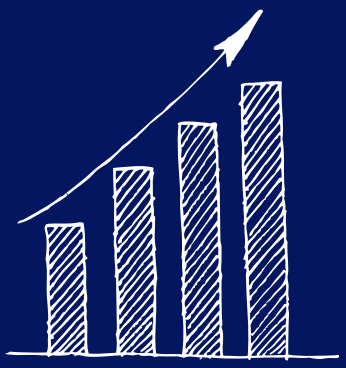
www.kimberhealth.com

ABOUT KIMBER HEALTH

We strive to provide affordable or $0 healthcare to international students nationwide.

With COVID-19 and high healthcare costs in the US, it is imperative for individuals and families coming to United States for their studies, travel, or immigration to receive adequate health coverage. At Kimber Health, we believe that having health coverage is a fundamental right. As such, we have dedicated ourselves to assisting all eligible individuals with attaining health coverage.

Kimber Health is the health insurance arm of New York Wealth Planning Group (NYWPG), a seasoned wealth planning firm based out of NYC.



Applicants from **100+** countries

No.1 largest agency for United Healthcare's Essential Plan **in 2023**

WHAT IS THE ESSENTIAL PLAN?

The Essential Plan is a $0 health insurance plan designed for international students, travelers, immigrants, and low-income individuals residing in New York.

With COVID-19 and high healthcare costs in the US, it is imperative for individuals and families coming to New York for their studies, travel, or immigration to receive health coverage. At Kimber Health by NYWPG*, we believe that having health coverage is a fundamental right. As such, we have dedicated ourselves to assisting all eligible individuals with attaining necessary health insurance.

IN COOPERATION WITH...

UnitedHealthcare, Fidelis Care, Emblem Health

New York State of Health

The premier marketplace for health insurance in New York State.

*NYWPG is an authorized partner of the New York State Marketplace. License #1348502.

WHAT ARE THE PLAN BENEFITS?

For a complete list of benefits, please see pages 6 through 19.

Major hospitals in New York State are included in the Essential Plan network.

Primary care, preventative care, and specialist care are provided for free in most plans.

Vaccinations for HPV, Influenza, Hepatitis B, Measles, Varicella, Tetanus, etc. provided for free.

An ambulance ride (costing $1189 on average) can be provided for free in most plans.

All prescription drugs are provided for free or at low-cost to Essential Plan holders.

Free gym membership included (up to $400 reimbursable annually)

Vision care, including prescription glasses are provided for free.

Dental care, including dental cleaning is included for free.

WHAT ARE THE ELIGIBILITY REQUIREMENTS?

VISA STATUS

- F1/F2 Visa
- J1 Visa
- B1/B2 Visa
- G1-G5 Visa
- Green Card Holders*
- US Citizens*

AGE

21 - 64 years old

INCOME

Under $30,120 annually

Includes only income reported in the US in 2024. Subject to change each year.

RESIDENCY

Must have a residential address in New York State

*Income restrictions vary for Green Card Holders and US Citizens

FAQ: WHY IS IT FREE?

The plan is administered and funded by the New York State government to assist individuals in underserved markets with attaining comprehensive health coverage. Because medical expenses are a leading source of debt in the United States, New York routinely subsidizes and funds health insurance plans for its residents.

FAQ: CAN I USE IT TO WAIVE UNIVERSITY INSURANCE?

Yes! Most students can use the insurance to waive health coverage provided by their university. At this time, we have confirmed that the following schools are able to waive coverage: NYU, Fordham, Pratt Institute, School of Visual Arts, Parsons The New School, Cornell, and Syracuse University. Students in the CUNY system are able to apply on a rolling basis.

HOW DO I APPLY?

VISIT OUR WEBSITE:

www.kimberhealth.com

OR CONTACT US:

hello@kimberhealth.com

(929) 586-1192

Section XXIV

UNITEDHEALTHCARE COMMUNITY PLAN SCHEDULE OF BENEFITS
***See Benefit Description in Contract for More Details**

Non-Participating Provider services are not Covered for any services other than those related to emergency care and You pay the full cost for services performed by a non-participating provider except in cases related to emergency care.

Cost-Sharing	Essential Plan 3
Deductible • Individual	$0
Out-of-Pocket Limit • Individual	$200
Deductibles, Coinsurance and Copayments that make up Your Out-of-Pocket Limit accumulate on a Plan Year basis.	For covered prescription drugs, the Maximum Out-of Pocket Limit is $50 per calendar quarter.
Office Visits	
Primary Care Office Visits (or Home Visits)	$0 in Office by Telehealth
Specialist Office Visits (or Home Visits)	$0 in Office by Telehealth
Preventive Care	
Adult Annual Physical Examinations*	Covered in full
Adult Immunizations*	Covered in full
Routine Gynecological Services/ Well Woman Exams*	Covered in full
Mammograms, Screening and Diagnostic Imaging for the Detection of Breast Cancer	Covered in full
Sterilization Procedures for Women*	Covered in full

Cost-Sharing	Essential Plan 3
Preventive Care (continued)	
Vasectomy	See Surgical Services Section
Bone Density Testing*	Covered in full
Screening for Prostate Cancer	Covered in full
Screening for Colon Cancer	Covered in full
All other preventive services required by USPSTF and HRSA	Covered in full
*When preventive services are not provided in accordance with the comprehensive guidelines supported by USPSTF and HRSA	Use Cost-Sharing for appropriate service (Primary Care Office Visit; Specialist Office Visit; Diagnostic Radiology Services; Laboratory Procedures and Diagnostic Testing)
Emergency Care	
Pre-Hospital Emergency Medical Services (Ambulance Services)	$0
Non-Emergency Ambulance Services Preauthorization required	$0
Emergency Department Copayment waived if admitted to Hospital	$0 Health care forensic examinations performed under Public Health Law § 2805-i are not subject to Copayment
Urgent Care Center	$0 in Office by Telehealth

Cost-Sharing	Essential Plan 3
Professional Services and Outpatient Care	
Advanced Imaging Services	
• Performed in a Freestanding Radiology Facility or Office Setting	$0
• Performed in a Specialist Office	$0
• Performed as Outpatient Hospital Services Preauthorization required	$0
Allergy Testing and Treatment	
• Performed in a PCP Office	$0
• Performed in a Specialist Office	$0
Ambulatory Surgical Center Facility Fee	$0
Anesthesia Services (all settings)	Covered in full
Cardiac and Pulmonary Rehabilitation	
• Performed in a Specialist Office	$0
• Performed as Outpatient Hospital Services	$0
• Performed as Inpatient Hospital Services	Included as part of inpatient Hospital service cost-sharing
Chemotherapy and Immunotherapy	
• Performed in a PCP Office	$0
• Performed in a Specialist Office	$0
• Performed as Outpatient Hospital Services	$0
• Performed at home	$0
• Chemotherapy and Immunotherapy Medications	$0

Cost-Sharing	Essential Plan 3
Professional Services and Outpatient Care (continued)	
Chiropractic Services	$0
Clinical Trials Preauthorization required	Use Cost-Sharing for appropriate service
Diagnostic Testing	
• Performed in a PCP Office	$0
• Performed in a Specialist Office	$0
• Performed as Outpatient Hospital Services	$0
Dialysis	
• Performed in a PCP Office	$0
• Performed in a Freestanding Center or Specialist Office Setting	$0
• Performed as Outpatient Hospital Services	$0
• Performed at Home Dialysis performed by Non-Participating Providers is limited to 10 visits per calendar year. See benefit description for more information.	$0
Habilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)	$0
Home Health Care 40 visits Per Plan Year Preauthorization required	$0
Infertility Services Preauthorization required	Use Cost-Sharing for appropriate service (Office Visit; Diagnostic Radiology Services; Surgery; Laboratory & Diagnostic Procedures)

Cost-Sharing	Essential Plan 3
Professional Services and Outpatient Care (continued)	
Infusion Therapy • Administration	
– Performed in a PCP Office	$0
– Performed in Specialist Office	$0
– Performed as Outpatient Hospital Services	$0
– Home Infusion Therapy (Home infusion counts toward home health care visit limits)	$0
– Infusion Therapy medication	$0
Preauthorization required	
Inpatient Medical Visits	$0 per admission
Interruption of Pregnancy	
• Abortion Services	Covered in Full
Laboratory Procedures	
• Performed in a PCP Office	$0
• Performed in a Specialist Office	$0
• Performed in a Freestanding Laboratory Facility	$0
• Performed as Outpatient Hospital Services	$0

Cost-Sharing	Essential Plan 3
Professional Services and Outpatient Care (continued)	
Maternity and Newborn Care	
• Prenatal Care	$0
• Inpatient Hospital Services and Birthing Center One (1) home care visit is covered at no Cost-Sharing if mother is discharged from Hospital early	$0
• Physician and Midwife Services for Delivery	$0
• Breastfeeding Support, Counseling and Supplies, Including Breast Pumps Covered for duration of breast feeding	$0
• Postnatal Care Preauthorization required for Breast Pumps over $500	Included in Physician and Midwife Services for Delivery Cost-Sharing
Outpatient Hospital Surgery Facility Charge	$0
Preadmission Testing	$0
Prescription Drugs Administered in Office or Outpatient Facilities	
• Administration	
– Performed in a PCP Office	$0
– Performed in Specialist Office	$0
– Performed in Outpatient Facilities	$0
– Prescription Drug Cost Sharing	$0
Preauthorization required on certain medications. Please see your Plan's Preferred Drug List.	

Cost-Sharing	Essential Plan 3
Professional Services and Outpatient Care (continued)	
Diagnostic Radiology Services	
• Performed in a PCP Office	$0
• Performed in a Specialist Office	$0
• Performed in a Freestanding Radiology Facility	$0
• Performed as Outpatient Hospital Services	$0
Therapeutic Radiology Services	
• Performed in a Specialist Office	$0
• Performed in a Freestanding Radiology Facility	$0
• Performed as Outpatient Hospital Services Preauthorization required	$0
Rehabilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)	$0
Second Opinions on the Diagnosis of Cancer, Surgery and Other	$0

Cost-Sharing	Essential Plan 3
Professional Services and Outpatient Care (continued)	
Surgical Services (including Oral Surgery; Reconstructive Breast Surgery; Other Reconstructive and Corrective Surgery; and Transplants) **All transplants must be performed at designated Center of Excellence Facilities**	
• Inpatient Hospital Surgery	$0
• Outpatient Hospital Surgery	$0
• Surgery Performed at an Ambulatory Surgical Center	$0
• Office Surgery	$0
Preauthorization required	
Additional Services, Equipment and Devices	
Diabetic Equipment, Supplies and Self-Management Education	
• Retail Diabetic Equipment and Supplies and Insulin (30-day; Up to a 90 day supply)	$0
• Diabetic Education	$0
Durable Medical Equipment and Braces Preauthorization required	$0
External Hearing Aids **(Single purchase — one every three (3) years)**	$0
• Prescription Hearing Aids **(Single purchase one every three (3) years)**	$0
• Over the Counter Hearing Aids **(Single purchase one every three (3) years)**	$0

Cost-Sharing	Essential Plan 3
Additional Services, Equipment and Devices (continued)	
Cochlear Implants **(One (1) per ear per time Covered)** Preauthorization required	$0
Hospice Care • Inpatient • Outpatient 210 days per Plan Year Five (5) visits for family bereavement counseling	 $0 $0
Medical Supplies Preauthorization required	$0
Prosthetic Devices • External One (1) prosthetic device, per limb, per lifetime, and the cost of repair and replacement of the prosthetic devices and its parts • Internal Preauthorization required	 $0 Included as part of Inpatient Hospital Cost-sharing
Inpatient Services and Facilities	
Inpatient Hospital for a Continuous Confinement (including an Inpatient Stay for Mastectomy Care, Cardiac and Pulmonary Rehabilitation, and End of Life Care) Preauthorization required. However, Preauthorization is not required for emergency admissions.	$0

Cost-Sharing	Essential Plan 3
Inpatient Services and Facilities (continued)	
Autologous Blood Banking Services	$0
Observation Stay Copay waived if direct transfer from outpatient surgery setting to observation	$0
Skilled Nursing Facility (including Cardiac and Pulmonary Rehabilitation) 200 days per Plan Year Copay waived for each admission if directly transferred from hospital inpatient setting to skilled nursing facility Preauthorization required	$0
Inpatient Habilitation Services (Physical, Speech and Occupational Therapy) Preauthorization required	$0
Inpatient Rehabilitation Services (Physical, Speech and Occupational Therapy) Preauthorization required	$0
Mental Health and Substance Use Disorder Services	
Inpatient Mental Health Care including Residential Treatment (for a continuous confinement when in a Hospital) Preauthorization required. However, Preauthorization is not required for emergency admissions.	$0

Cost-Sharing	Essential Plan 3
Mental Health and Substance Use Disorder Services (continued)	
Outpatient Mental Health Care (including Partial Hospitalization and Intensive Outpatient Program Services)	$0
• Office Visits	$0 in Office by Telehealth
• All Other Outpatient Services	$0 in Office by Telehealth
• Outpatient Services provided in a Facility licensed, certified, or otherwise authorized by OMH	$0 in Office by Telehealth
• All Other Outpatient Services	$0 in Office by Telehealth
ABA Treatment for Autism Spectrum Disorder in Office by Telehealth Preauthorization required	$0 in Office by Telehealth
Assistive Communication Devices for Autism Spectrum Disorder Preauthorization required	$0
Inpatient Substance Use Services (for a continuous confinement when in a Hospital) Preauthorization required. However, Preauthorization is not required for emergency admissions or for Participating OASAS-certified Facilities.	$0

Cost-Sharing	Essential Plan 3
Mental Health and Substance Use Disorder Services (continued)	
Outpatient Substance Use Services (including Partial Hospitalization, Intensive Outpatient Program Services, and Medication Assisted Treatment)	$0 in Office by Telehealth
• Office Visits	$0 in Office by Telehealth
• All Other Outpatient Services	$0 in Office by Telehealth
• Opioid Treatment Programs	$0 in Office by Telehealth
• All Other Outpatient Services	$0 in Office by Telehealth
Preauthorization required. However, Preauthorization is not required for Participating OASAS-certified Facilities.	
Prescription Drugs Certain Prescription Drugs are not subject to Cost-Sharing when provided in accordance with the comprehensive guidelines supported by HRSA or if the item or service has an “A” or “B” rating from the USPSTF and obtained at a participating pharmacy.	
Retail Pharmacy 30-day supply	
Tier 1	$1
Tier 2	$3
Tier 3	$3
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.	

Cost-Sharing	Essential Plan 3
Prescription Drugs (continued)	
Mail-Order Pharmacy Up to a 90-day supply	
Tier 1	$2.50
Tier 2	$7.50
Tier 3	$7.50
Non-Prescription Drugs	$.50
Enteral Formulas	
Tier 1	$1
Tier 2	$3
Tier 3	$3
Wellness Benefits	
Gym Reimbursement	Up to $400 per plan year, $200 per 6-month period after attending 50 visits in a 6-month period
Healthy Food/ Over-the-Counter (OTC) Credit	Provided by: Solutran $75 per quarter Credits expire at the end of the quarter

Cost-Sharing	Essential Plan 3
Dental and Vision Care	
Dental Care	
• Preventive Dental Care	$0
• Routine Dental Care	$0
• Major Dental (Endodontics, Periodontics, and Prosthodontics)	$0
– One (1) dental exam and cleaning per six (6) month period	
– Full mouth x-rays or panoramic x-rays at 36-month intervals and bitewing x-rays at six (6) to 12-month intervals	
Orthodontics and major dental require Preauthorization	
Vision Care	
• Exams	$0
• Lenses and Frames	$0
• Contact Lenses	$0
One (1) exam per Plan Year, unless otherwise medically necessary	
One (1) prescribed lenses and frames per Plan Year, unless otherwise medically necessary	
Contact lenses require Preauthorization	

All in-network Preauthorization requests are the responsibility of Your Participating Provider. You will not be penalized for a Participating Provider's failure to obtain a required Preauthorization. However, if services are not Covered under the Contract, You will be responsible for the full cost of the services.

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United Healthcare Global

TELADOC

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