

## 2026 Select Plan

## The Select plan does not cover out-of-network services

Office Visits	Tier 1: Catholic Health Facilities and Providers (In-Network)	Tier 2: Anthem Network (In-Network)
Office Visits¹ primary care/specialist	\$0 Primary/ \$0 Specialist Copay	\$0 Primary/ \$0 Specialist Copay
Preventive Care	\$0 Copay	\$0 Copay
Maternity Care <sup>1</sup>	\$0 Copay	\$0 Copay
Allergy Testing and Treatment <sup>1</sup>	\$0 Specialist Copay	\$35 Specialist Copay (Copay waived for treatment)
Chiropractic Care <sup>1</sup>	N/A	\$35 Specialist Copay
Inpatient/Outpatient	Tier 1: Catholic Health Facilities and Providers (In-Network)	Tier 2: Anthem Network (In-Network)
Deductible	\$0	\$0
Inpatient	\$0 Copay	Mt. Sinai and NY Presbyterian Columbia Hospital: Covered 100% <sup>3</sup> ; Other facilities not covered
Outpatient	\$0 Copay	Mt. Sinai and NY Presbyterian Columbia Hospital: Covered 100% <sup>3</sup> ; Other facilities not covered
Emergency Department waived if admitted	\$0 Copay	\$200 Copay
Urgent Care Center	\$0 at CH \$55 at NY Excel Urgent Care and CityMD	\$75 Copay
Out-of-Pocket Maximum	\$8,600 Individual/\$17,200 Family	
Rx Out-of-Pocket Maximum	\$2,000 Individual/\$4,000 Family	
Home/Office/Outpatient care	Tier 1: Catholic Health Facilities and Providers (In-Network)	Tier 2: Anthem Network (In-Network)
Home Health Care (up to 200 visits PCY)	Covered 100%	Not Covered
Home Infusion Therapy	Covered 100%	Not Covered
Hospice Care (up to 210 days per life time)	Covered 100%	Mt. Sinai and NY Presbyterian Columbia Hospital: Covered 100%³; Other facilities not covered
Ambulatory Out-Patient Surgery	Covered 100%	Mt. Sinai and NY Presbyterian Columbia Hospital: Covered 100% <sup>3</sup> ; Other facilities not covered
Anesthesia	Covered 100%	Covered 100%
Chemotherapy, Radiation Therapy	Covered 100%	Mt. Sinai and NY Presbyterian Columbia Hospital: Covered 100%³; Other facilities not covered
Kidney Dialysis	Covered 100%	Mt. Sinai and NY Presbyterian Columbia Hospital: Covered 100%³; Other facilities not covered
Inpatient Care	Tier 1: Catholic Health Facilities and Providers (In-Network)	Tier 2: Anthem Network (In-Network)
Inpatient Hospital	Covered 100%	Mt. Sinai and NY Presbyterian Columbia Hospital: Covered 100%³; Other facilities not covered
Physical Therapy	Covered 100%	Mt. Sinai and NY Presbyterian Columbia Hospital: Covered 100% <sup>3</sup> ; Other facilities not covered
Skilled Nursing Facility	Covered 100%	Mt. Sinai and NY Presbyterian Columbia Hospital: Covered 100% <sup>3</sup> ; Other facilities not covered
Surgery, Surgical Asst, Anesthesia	Covered 100%	Mt. Sinai and NY Presbyterian Columbia Hospital: Covered 100% <sup>3</sup> ; Other facilities not covered

Member cost share (deductible, coinsurance and/or copay as applicable depending on the plan) will apply to all non-Tier 1 (non-Catholic Health) facility services, including admissions through the emergency room.



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Mental Health	Tier 1: Catholic Health Facilities and Providers (In-Network)	Tier 2: Anthem Network (In-Network)
Inpatient Care (as many days as medically necessary)	Covered 100%	Covered 100%
Outpatient visits to an Office or Facility (as many days as medically necessary)	Covered 100%	\$0 Copay
Substance Abuse	Tier 1: Catholic Health Facilities and Providers (In-Network)	Tier 2: Anthem Network (In-Network)
Outpatient rehab visits to an Office or Facility	Covered 100%	\$0 Copay
Inpatient Detox (as many days as medically necessary)	Covered 100%	Covered 100%
Inpatient Rehab	Covered 100%	Covered 100%
Office/Outpatient care	Tier 1: Catholic Health Facilities <sup>2</sup> (In-Network)	Tier 2: Anthem Network (In-Network)
Presurgical Testing	Covered 100%	Facility: Mt. Sinai and NY Presbyterian Columbia Hospital: Covered 100% <sup>3</sup> ; Other facilities not covered Provider: Covered 100%
Laboratory Tests	Covered 100%	Facility: Mt. Sinai and NY Presbyterian Columbia Hospital: Covered 100% <sup>3</sup> ; Other facilities not covered Provider: Covered 100%
X-Rays	Covered 100%	Facility: Mt. Sinai and NY Presbyterian Columbia Hospital: Covered 100% <sup>3</sup> ; Other facilities not covered Provider: Covered 100%
Radiology (MRI, MRA, CAT Scan, PET and Nuclear Cardiology)	Covered 100%	Facility: Mt. Sinai and NY Presbyterian Columbia Hospital: Covered 100% <sup>3</sup> ; Other facilities not covered Provider: \$50 Copay at Zwanger-Pesiri and RadNet locations only; Other radiology providers not covered
Physical Therapy (20 visits PCY Combined Institutional/ Professional)	Covered 100%	Facility: Mt. Sinai and NY Presbyterian Columbia Hospital: Covered 100% <sup>3</sup> ; Other facilities not covered Provider: \$35 Copay
Other Short-Term Therapies - Speech/ Language, Occupational (20 visits PCY Combined Institutional/ Professional)	Covered 100%	Facility: Mt. Sinai and NY Presbyterian Columbia Hospital: Covered 100%³; Other facilities not covered Provider: \$35 Copay
Other	Tier 1: Catholic Health Facilities and Providers (In-Network)	Tier 2: Anthem Network (In-Network)
Medical Supplies	Covered 100%	Mt. Sinai and NY Presbyterian Columbia Hospital: Covered 100%³ (Only covered when billed with other covered services); Other facilities not covered
Durable Medical Equipment	Covered 100%	Mt. Sinai and NY Presbyterian Columbia Hospital: Covered 100% <sup>3</sup> ; Other facilities not covered
Prosthetics and Orthotics	Covered 100%	Mt. Sinai and NY Presbyterian Columbia Hospital: Covered 100%³; Other facilities not covered
Ambulance (Air Ambulance)	Covered 100%	Mt. Sinai and NY Presbyterian Columbia Hospital: Covered 100%³; Other facilities not covered
Routine Vision Care	\$5 copay for 1 exam every 24 months plus discounts on frames and lenses	

Member cost share (deductible, coinsurance and/or copay as applicable depending on the plan) will apply to all non-Tier 1 (non-Catholic Health) facility services, including admissions through the emergency room.

New for 2026: If you receive an elective (nonemergency) procedure at an in-network facility and choose to use an out-of-network provider, the Plan will provide coverage only if you complete with your provider a No Surprise Act (NSA) Notice and Consent form before receiving care. This process confirms that you understand the provider is out-ofnetwork and agree to receive services at out-of-network costsharing levels and to be subject to balance billing by your provider.

Certain types of services — such as anesthesiology, radiology, pathology, laboratory, neonatology, assistant surgeon, hospitalist, and intensivist services — are not subject to this NSA consent requirement and are protected from balance billing by your provider.

<sup>&</sup>lt;sup>1</sup> Tier 1 physician copays apply to physicians in the Catholic Health Providers directory. Coverage for other providers depends on whether or not they are in the Anthem network: consult Tier 2 to find out what your coverage is for the providers you choose.

<sup>&</sup>lt;sup>2</sup> Tier 1 Office/Outpatient Care refers to Catholic Health facilities only.

<sup>&</sup>lt;sup>3</sup> Non-Catholic Health facility care is only covered at the Mt. Sinai location at 1 Gustave L. Levy Place, New York, NY 10029 or NY Presbyterian Columbia University Irving Medical Center location.