

2026 Select Plan

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

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.

Office Visits	Tier 1: Catholic Health Facilities and Providers (In-Network)	Tier 2: Anthem Network (In-Network)
Office Visits ¹ <i>primary care/specialist</i>	\$0 Primary/ \$0 Specialist Copay	\$0 Primary/ \$0 Specialist Copay
Preventive Care	\$0 Copay	\$0 Copay
Maternity Care ¹	\$0 Copay	\$0 Copay
Allergy Testing and Treatment ¹	\$0 Specialist Copay	\$35 Specialist Copay (Copay waived for treatment)
Chiropractic Care ¹	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	NY Presbyterian Columbia Hospital: Covered 100%; Other facilities not covered
Outpatient	\$0 Copay	NY Presbyterian Columbia Hospital: Covered 100%; Other facilities not covered
Emergency Department <i>waived if admitted</i>	\$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 <i>(up to 200 visits PCY)</i>	Covered 100%	Not Covered
Home Infusion Therapy	Covered 100%	Not Covered
Hospice Care <i>(up to 210 days per life time)</i>	Covered 100%	NY Presbyterian Columbia Hospital: Covered 100%; Other facilities not covered
Ambulatory Out-Patient Surgery	Covered 100%	NY Presbyterian Columbia Hospital: Covered 100%; Other facilities not covered
Anesthesia	Covered 100%	Covered 100%
Chemotherapy, Radiation Therapy	Covered 100%	NY Presbyterian Columbia Hospital: Covered 100%; Other facilities not covered
Kidney Dialysis	Covered 100%	NY Presbyterian Columbia Hospital: Covered 100%; 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%	NY Presbyterian Columbia Hospital: Covered 100%; Other facilities not covered
Physical Therapy	Covered 100%	NY Presbyterian Columbia Hospital: Covered 100%; Other facilities not covered
Skilled Nursing Facility	Covered 100%	NY Presbyterian Columbia Hospital: Covered 100%; Other facilities not covered
Surgery, Surgical Asst, Anesthesia	Covered 100%	NY Presbyterian Columbia Hospital: Covered 100%; Other facilities not covered

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

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New for 2026: If you receive an elective (non-emergency) 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-of-network and agree to receive services at out-of-network cost-sharing 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.

¹ 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.

² Tier 1 Office/Outpatient Care refers to Catholic Health facilities only.