



HEALTH INSURANCE PLAN OF GREATER NEW YORK

HIP PRIME for LARGE GROUPS (51+Employees)

HIP PRIME NETWORK

VYTRA PREMIUM NETWORK

Group Name

COPAYMENT OPTIONS (Select One from each category)

- PCP Office Visit
Specialist Office Visit
Hospital Admission Copayment
Ambulatory Surgery
Emergency Room

OPTIONAL BENEFIT RIDERS

PRESCRIPTION DRUG OPTIONS

NO PRESCRIPTION DRUG COVERAGE
FORMULARY DRUG COPAYMENTS

- Generic Copay: \$0, \$1, \$2, \$2.50, \$5, \$7, \$10, \$15, \$20, \$25
Brand Name Copay: \$0, \$1, \$2, \$2.50, \$5, \$7, \$10, \$12, \$15, \$20, \$25, \$30, \$35, No Brand

NON-FORMULARY DRUG COST SHARING

- \$1, \$2.50, \$5, \$7, \$10, \$25, \$30, \$35, \$40, \$50, 50%

DEDUCTIBLE

- \$0, \$400, \$50, \$500, \$100, \$1,000, \$150, \$1,500, \$200, \$2,000, \$250, \$300

ANNUAL MAXIMUM

- \$1,000, \$2,000, \$2,500, \$3,000, \$4,000, \$5,000

PRIVATE DUTY NURSING

- Covered In Full
80% for hours 73 - 504
100% for hours 73- 504
Not Covered

DIALYSIS TREATMENT

- \$0 Copay
\$10 Copay
\$15 Copay
\$20 Copay
\$25 Copay

PRE-HOSPITAL EMERGENCY SERVICES

- \$15 Copay, \$20 Copay, \$25 Copay, \$35 Copay, \$50 Copay, \$60 Copay, \$75 Copay, \$100 Copay, No Copay

HOME HEALTH CARE

- 40 Visits (standard), 60 Visits, 100 Visits, 200 visits, \$0 Copay, \$1 Copay, \$5 Copay, \$10 Copay, \$15 Copay, \$20 Copay, \$25 Copay

