



## Affordability and flexibility, in and out of network.

With HIP Prime POS, members can go to virtually any doctor or specialist and still take advantage of HIP's value.

### **HIP Prime POS — more freedom at competitive rates.**

HIP Prime POS is a Point-of-Service product offering both in- and out-of-network coverage. Although POS plans have higher premiums than HMOs due to their greater freedom of choice, HIP's POS rates are very competitive.

When members visit a participating provider, their benefits include:

- 100% coverage after copayment for most in-network services.
- Coverage for OB/GYN care without a referral.
- Coverage for preventive care.
- No deductible or coinsurance.
- Little or no paperwork.

Members who receive non-emergency care from providers other than their PCP or without a referral:

- May have a deductible and coinsurance.
- Typically pay the provider directly and file claims for reimbursement.

HIP Prime POS is offered through the Prime network and our new, expanded Premium network. Choose the network option that works best for your organization.

You can also customize a plan to fit your group's needs by choosing from a wide range of cost-sharing options and benefit riders.

**For more information, call 1-800-HIP-TODAY (1-800-447-8632).**

**Now that's** **HIP**  
HEALTH PLAN OF NEW YORK

**hipusa.com**<sup>®</sup>  
English, Spanish, Chinese and Korean

# HIP Prime® POS

	In-Network	Out-of-Network
<b>Deductibles</b>	\$0	\$250/Ind, 500/Fam – Other options available
<b>Coinsurance</b>	Not applicable	Member pays 20%, 25%, 30%, 50%
<b>Coinsurance-Maximum out-of-pocket</b>	Not applicable	\$1,000/Ind, 2,000 /Fam – Higher options available
<b>Annual Maximum Benefit</b>	Unlimited	\$5,000,000 – other options available
<b>Professional Services</b>		
<b>PCP office visit</b>	\$5, \$10, \$15, \$20, \$25 copay options	Coinsurance after deductible
<b>Specialist office visit</b>	\$5, \$10, \$15, \$20 – Higher copay options available	Coinsurance after deductible
<b>Diagnostic Services including X-ray, lab tests, EKGs. MRIs* and CAT scans*</b>	Covered in full	Coinsurance after deductible
<b>Prescription Drugs</b>		
<b>Generic/brand/non-formulary</b>	\$5/10/35, \$10/20/35, \$0/100 deductible – other options available	Not covered
<b>HIP mail order pharmacy service<sup>1</sup> - 90-day supply</b>	Formulary copays are reduced by 50%	Not covered
<b>Inpatient Hospital Services*</b>		
<b>Hospital and physician services</b>	\$0, \$100, \$150, \$250, \$500 – other copay options available	Coinsurance after deductible
<b>Outpatient Facility Services</b>		
<b>Emergency Room</b>	\$0, \$15, \$25, \$35, \$50 – higher copay options available (waived if admitted)	\$0, \$15, \$25, \$35, \$50 – higher copay options available (waived if admitted)
<b>Ambulatory surgery*</b>	\$0, \$50, \$75, \$100 – other copay options available	Coinsurance after deductible
<b>Mental Health and Alcohol and Substance Abuse Care</b>		
<b>Inpatient*</b>	Copay/day options selected	Coinsurance after deductible
<b>Outpatient</b>	Copay/visit options selected	Coinsurance after deductible

<sup>1</sup>Drugs are dispensed in accordance with HIP's Drug Formulary. Please refer to your Prescription Drug Rider for details.

HIP participating physicians and providers have contracted with HIP to provide care to our members; they are not employees, agents or representatives of HIP. This information does not contain complete details of the Plan which are available only in the Contract or Certificate of Coverage and Schedule of Benefits, and it does not constitute an Agreement.

\*Prior approval required by the HIP Care Management Program.