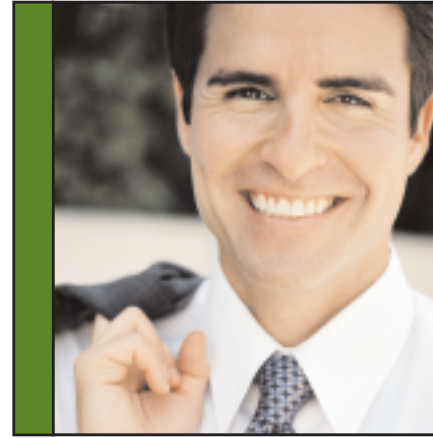


# HIP Select<sup>®</sup> PPO

Large Group



## A flexible, made-to-order benefit plan.

HIP Select<sup>®</sup> PPO (Preferred Provider Organization) offers employer groups greater flexibility in choosing benefit and pricing options that best match the individual needs of your business.

Members have access to an expanded provider network without referral requirements or the need to select a primary care physician (PCP).

### HIP Select PPO benefits include:

- In- and out-of-network benefits.
- No referral requirements.
- Access to care without the need to select a PCP.

With HIP Select PPO, you get a choice of in- and out-of-network (PPO) cost sharing options along with a wide range of benefit options and riders.

**Call your HIP sales representative for more details.**

Now that's **HIP**<sup>®</sup>  
INSURANCE COMPANY OF NY

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

# No Referrals. In-Network Cost Sharing. Lower Price Points.

## Large Group Benefit Design Highlights

### Professional Services with a Participating Provider

In Physician's Office .....	Copayment
In Urgent Care Facility .....	Copayment
Outpatient Therapy Visits .....	Copayment

### Diagnostic Services

Lab Services at Quest Diagnostics .....	Covered in full
Outpatient Facility Services (X-rays, EKGs, MRIs, CAT scans) .....	Deductible & Coinsurance for facility services only

### Preventive Care

Physical Exam .....	Copayment
Mammograms .....	Copayment
Prostate Cancer Screening .....	Copayment
Well Baby, Well Child, Immunization .....	Covered in full

**Prenatal & Postnatal Care** .....

Professional services covered in full

**Emergency Room** .....

Copayment or Deductible & Coinsurance (if not admitted)

### Inpatient Facility Services

Hospital Admission* .....	Copayment or Deductible & Coinsurance
Ambulatory Surgery* .....	Copayment or Deductible & Coinsurance
Hospice Care* .....	Copayment or Deductible & Coinsurance
Skilled Nursing* .....	Copayment or Deductible & Coinsurance
All other in-facility services not performed as part of an office visit .....	Copayment or Deductible & Coinsurance

### Available Riders\*\*

RX, DME*, PDN .....	Copayments or Deductible & Coinsurance, where applicable
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Out-of-network services are also subject to a deductible & coinsurance.  
Copayments, deductibles and coinsurance vary by plan design.

\* Prior approval required.

\*\* Out-of-network services may not be available for all riders.