



Choices upon choices, all referral-free.

Members value choice and affordability in their health plan. And HIPaccess II gives them just that – a referral-free POS plan with in- and out-of-network coverage.

HIPaccess II — no referrals and unlimited choices.

With HIPaccess II, members can see specialists without referrals. They need to select a Primary Care Physician (PCP) to handle basic health care needs, but they can visit specialists on their own or with the help of their PCP. It's their choice. Either way, members receive the following:

- A choice of over 25,000 doctors and specialists in more than 40,000 locations.
- 100% coverage after copay for most in-network services.
- Coverage for care received outside the participating network. (May be subject to deductible, coinsurance and claims filing.)
- Access to an expansive provider network and top-quality hospitals.
- Little or no paperwork when using a HIP network provider.

HIPaccess II 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 in- and out-of-network 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[®]
English, Spanish, Chinese and Korean

HIPaccess® II

	In-Network	Out-of-Network
Deductibles	\$0	\$250/Ind, 500/Fam - other options available
Coinsurance	Not applicable	Member pays 20%, 30%, 50% - other options available
Coinsurance Maximum	Not applicable	\$1,000/Ind, 2,000/Fam - higher options available
Annual Maximum Benefit	Unlimited	\$5,000,000 – other options available
Professional Services		
PCP office visit	\$5, \$10, \$15, \$20, \$25 - other copay options available	Coinsurance after deductible
Specialist office visit	\$5, \$10, \$15, \$20, \$25, \$30, \$35, \$40, \$45 - other copay options available	Coinsurance after deductible
Diagnostic Services • X-rays, lab tests, EKGs. MRIs* and CAT scans*	Covered in full	Coinsurance after deductible
Inpatient Hospital Services*		
Hospital and Physician services	\$0, \$100, \$200, \$250, \$500 - other copay options available	Coinsurance after deductible
Outpatient Facility Services		
Emergency Room	\$0, \$15, \$25, \$35, \$50, \$60, \$75, \$100 copay options (waived if admitted)	\$0, \$15, \$25, \$35, \$50, \$60, \$75, \$100 copay options (waived if admitted)
Ambulatory surgery*	\$0, \$50, \$75, \$100 copay options	Coinsurance after deductible
Prescription Drugs		
Generic/brand/non-formulary	\$5/10/35, \$10/20/35, \$0/100 deductible - other options available	Not covered
HIP Mail Order Pharmacy Service ¹ (Up to a 90-day supply may be obtained)	Formulary copays are reduced by 50%	Not covered
Mental Health and Alcohol and Substance Abuse Care		
Inpatient*	\$0, \$100, \$200, \$250, \$500 - other copay options available	Coinsurance after deductible
Outpatient	\$5, \$10, \$15, \$20, \$25, \$30, \$35, \$40 copay options	Coinsurance after deductible

¹Drugs 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.