

## HIP Medicare HMO Plans – Suffolk and Westchester

MEDICAL PLANS	HIP VIP (HMO)	HIP VIP (HMO) with Supplemental Coverage	HIP VIP Plus (HMO)	HIP VIP Plus (HMO) with Supplemental Coverage	HIP VIP Rx Careveout (HMO)	HIP VIP Rx Careveout with Supplemental Coverage
<b>Monthly Premium</b>	\$98.90	\$228.90	\$127	\$242	\$75	\$180
<b>Annual Deductible<sup>1</sup></b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Primary Care Physician Office Visit</b>	\$5/\$20 <sup>2</sup>	\$0	\$10 <sup>3</sup>	\$0 <sup>3</sup>	\$15	\$0
<b>Specialist Office Visit</b>	\$20/\$30 <sup>2</sup>	\$0	\$20 <sup>3</sup>	\$0 <sup>3</sup>	\$30	\$0
<b>Prescription Drug</b>	Yes	Yes	Yes	Yes	No	No
<b>Annual Physical Exam</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Urgent Care</b>	\$30	\$0	\$20	\$0	\$30	\$0
<b>Outpatient Surgery Copayment</b>	\$150 – outpatient hospital facility \$150 – ambulatory surgery center	\$0 – outpatient hospital facility \$0 – ambulatory surgery center	\$100 – outpatient hospital facility \$100 – ambulatory surgery center	\$0 – outpatient hospital facility \$0 – ambulatory surgery center	\$100 – outpatient hospital facility \$100 – ambulatory surgery center	\$0 – outpatient hospital facility \$0 – ambulatory surgery center
<b>Emergency Room</b>	\$50	\$0	\$50	\$0	\$50	\$0
<b>Inpatient Hospital Copayment for Each Hospital Stay</b>	\$100/\$150 per day 1 – 7 <sup>2</sup>	\$0 per stay	\$150 per day 1 – 7	\$0 per stay	\$100 per day 1 – 7	\$0 per stay
<b>Preventive Dental Care Coverage</b>	\$5 copayment for up to 2 oral exams per year \$10 copayment for up to 2 cleanings per year	\$5 copayment for up to 2 oral exams per year \$10 copayment for up to 2 cleanings per year	\$5 copayment for up to 2 oral exams per year \$10 copayment for up to 2 cleanings per year	\$5 copayment for up to 2 oral exams per year \$10 copayment for up to 2 cleanings per year	\$5 copayment for up to 2 oral exams per year \$10 copayment for up to 2 cleanings per year	\$5 copayment for up to 2 oral exams per year \$10 copayment for up to 2 cleanings per year
<b>Podiatry<sup>4</sup></b>	\$30	\$0	\$20	\$0	\$30	\$0

You must continue to pay your Medicare Part B premium.

You must use plan providers except in emergent or urgent care situations or for out-of-area renal dialysis.

Exclusions and limitations may apply based on the plan. For more information call **1-800-640-4993** (TDD: 1-888-448-4833).

<sup>1</sup> By joining a HIP Medicare Plan (HMO), there is no Medicare annual deductible for medical services. <sup>2</sup> A health center PCP will entitle you to a lower copayment for Primary Care Physician (PCP), Specialist and inpatient hospital stay.

<sup>3</sup> No referrals required for network doctors, specialists and hospitals. <sup>4</sup> Podiatry is a Medicare covered benefits for medically necessary foot care. In addition, members are also covered for up to 4 routine visits a year.