

HMO DIRECT PAY SUMMARY OF BENEFITS

OFFICE VISIT COPAY: \$15. HOSPITAL ADMISSION COPAY: \$500.

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INPATIENT CARE	
<ul style="list-style-type: none"> Semi-private room and board 	\$500 copay per admission
<ul style="list-style-type: none"> Operating and recovery room, intensive and special care units, general nursing care, prescribed drugs, anesthesia, X-rays and lab tests 	Included in hospital copay
Surgery	Lesser of \$200 or 20%
<ul style="list-style-type: none"> Physicians' and surgeons' visits 	Included in hospital copay
<ul style="list-style-type: none"> Maternity care: <ul style="list-style-type: none"> -Delivery of baby -Well-baby and nursery 	\$500 copay per admission Lesser of \$200 or 20% Included in hospital copay
<ul style="list-style-type: none"> Physical therapy and rehabilitation 	\$500 copay per admission; limited to first 90 visits per condition
<ul style="list-style-type: none"> Radiation therapy and chemotherapy 	Included in hospital copay
<ul style="list-style-type: none"> Mental health care, including psychologist's or psychiatric services¹ 	\$500 copay per admission; (limited) to 30 days combined with Inpatient detoxification benefit)
<ul style="list-style-type: none"> Alcohol and drug detoxification¹ 	\$500 copay per admission; (limited to 30 days combined with inpatient mental health benefit)
<ul style="list-style-type: none"> Private duty nursing 	\$15 copay per visit; \$5,000 annual maximum; \$10,000 lifetime maximum.
OUTPATIENT MEDICAL CARE	
<ul style="list-style-type: none"> PCP Office Visits 	\$15 copay per visit
<ul style="list-style-type: none"> Specialist Office Visits 	\$15 copay per visit
<ul style="list-style-type: none"> Preventive care to age 26 	Covered in full
<ul style="list-style-type: none"> Pap smear and mammography screening 	Covered in full
<ul style="list-style-type: none"> Prenatal care in physician office 	Covered in full
<ul style="list-style-type: none"> Outpatient surgery 	Lesser of \$200 or 20%
<ul style="list-style-type: none"> Outpatient Hospital or Ambulatory Surgery (facility copay) 	\$75 copay
<ul style="list-style-type: none"> X-rays, lab tests, MRI, CAT scans, other diagnostic tests. 	\$15 copay
<ul style="list-style-type: none"> Second surgical opinion 	\$15 copay per visit
<ul style="list-style-type: none"> Second opinion by appropriate specialist for positive or negative diagnosis of cancer, recurrence of cancer, or recommended course of treatment 	\$15 copay per visit
Physical therapy: 90 visits per condition, per calendar year	\$15 copay per visit
<ul style="list-style-type: none"> Mental health care² 	30 visits plus 3 emergency visits per year. 10% coinsurance
<ul style="list-style-type: none"> Alcohol and drug rehabilitation² 	Not covered
<ul style="list-style-type: none"> Routine foot care 	Not covered
<ul style="list-style-type: none"> Chiropractic care 	Not covered
EMERGENCY AND URGENT CARE	
<ul style="list-style-type: none"> Emergency room care 	\$50 copay per visit, waived if admitted
<ul style="list-style-type: none"> Care in a doctor's office 	\$15 copay per visit
<ul style="list-style-type: none"> Treatment in an urgent care facility 	\$15 copay per visit
<ul style="list-style-type: none"> Ambulance service to hospital emergency room 	Covered in full

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SKILLED NURSING FACILITY ³	\$500 copay per admission
HOME HEALTH CARE ³	\$15 copay per visit; up to 200 visits per calendar year
HOSPICE CARE	\$15 copay per visit up to 210 days
PRESCRIPTION DRUGS ⁴	After a deductible of \$100 per individual or \$300 per family; per 34 day supply, \$5 copay for generic, \$10 copay for brand name when prescribed by a HIP participating physician and filled at a participating pharmacy.
DURABLE MEDICAL EQUIPMENT	Covered in full.

FOOTNOTES

- 1 Inpatient and/or alcohol detoxification and Inpatient mental health services are limited to a combined total of 30 days per calendar year.*
- 2 HIP Providers must be used for mental health care and alcohol services; HIP must be the referral source for the drug services.*
- 3 Home Health care and skilled nursing facility benefits are provided in lieu of hospitalization. Inpatient physical therapy is limited to the first 30 days of each admission. There is no custodial care.*
- 4 Drug formulary applies ;please see Pharmacy Directory for details.*

You must use HIP Participating Providers for all services, except for emergency care. Any care not provided or referred by a HIP Participating Provider will not be covered. HIP Participating Physicians and Provider have contracted with HIP to provide care to our members; they are not employees, agents, servants or representatives of HIP.

This summary is provided for information only; it does not contain complete details of the Plan, which are available only in the Contract, and it does not constitute an Agreement.

HIP Health Plan of New York (HIP) is an EmblemHealth company.

Please note that the program benefits described above have been modified as required pursuant to the federal Patient Protection and Affordable Care Act (PPACA) for all policies issued or renewed on or after September 23, 2010. These modifications may include, but not be limited to, elimination of annual and lifetime dollar maximums on essential benefits as defined by PPACA, elimination of pre-existing condition limitations for children under age 19, elimination of in-network cost-sharing for certain preventive care services defined by PPACA, extending coverage of children to age 26 and uniform co-pays and/or coinsurance for in and out of network emergency care.