



SUMMARY OF BENEFITS

HEALTH PLAN OF NEW YORK

➤ MAJOR COPAYMENT PROVISIONS	HIP PRIME™
PCP Office visits	No copay
Specialist Office visits	No copay
Hospital admission	No copay
Emergency room copay	No copay
Prescription drugs	\$10 generic / \$20 brand (Subject to Drug Formulary) Contraceptives Included (Formulary copays are reduced by 50% when utilizing the HIP Mail Order Pharmacy Service. Up to a 90 day supply may be obtained.)

➤ INPATIENT HOSPITAL SERVICES	HIP PRIME™
• Hospital and Physician Services	No copay
• Semi-private Room and Board	No copay
• Operating and recovery room, intensive and special care units, general nursing care, prescribed drugs, anesthesia, X-rays and lab tests	No copay
• Short-term speech, physical, occupational and respiratory therapy (when part of an acute admission)	No copay Short-term only
• Speech, physical, occupational and respiratory therapy (when part of a rehabilitation admission)	No copay 90 days per calendar year
• Radiation therapy and chemotherapy	No copay
• Pre-admission testing	No copay
• Human organ transplants	No copay

➤ OUTPATIENT MEDICAL CARE	HIP PRIME™
• PCP office visits	Subject to PCP office visit copay
• Specialist office visits	Subject to Specialist office visit copay
• Preventive care, including physical exams, ear exams, health education and counseling, pap smear, mammography and immunizations	Included in PCP or Specialist office visit copay
• Well-child care to age 19 including immunizations	No copay
• Diagnostic services including X-ray, lab tests, EKG's	Included in PCP office visit copay
• Prenatal, postnatal care in physician's office	No copay
• Ambulatory surgery	No copay
• Second medical and surgical opinion	No copay
• Wheelchairs	Covered under DME rider
• Routine foot care	Not covered
• Chiropractic services	Subject to Specialist office visit copay



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➤ MENTAL HEALTH AND ALCOHOL AND SUBSTANCE ABUSE CARE	HIP PRIME™
Mental Health Care	
• Inpatient	
- Treatment of Mental Illness	No copay; 30 days per calendar year with Unlimited Biological Based Mental Illness and Serious Childhood Emotional Disorders
• Outpatient	
- Treatment of Mental Illness	\$0 copay 60 Visits per calendar year with Unlimited Biological Based Mental Illness and Serious Childhood
Alcohol and Substance Abuse Care	
• Inpatient Detoxification	No copay 7 days per calendar year
• Inpatient Rehabilitation Treatment	No copay 30 days per calendar year
• Outpatient Rehabilitation Treatment	No copay, 60 Visit Limit - per calendar year

➤ SPECIAL KINDS OF CARE	HIP PRIME™
Emergency and urgent Care	
• In hospital emergency room	Subject to Emergency room copay
• In urgent care facility	Subject to PCP office visit copay
• In physician's office	Subject to PCP office visit copay
• Ambulance service to the hospital	No copay
Home Health Care	No copay; 200 visits per calendar year
Hospice Care	No copay; 210 days
Skilled Nursing Facility care	\$0 copay; Unlimited days per calendar year
Dialysis treatment	\$10 copay per visit
Diabetes equipment, supplies and education	No copay
Outpatient physical, speech, occupational and respiratory therapy.	Subject to Specialist office visit copay; 90 visits per calendar year
Family Planning Services	Covered
Infertility Diagnosis and Treatment	Subject to applicable copays
In-vitro Fertilization	Not Covered
Dental Care	
• General dental care	Covered at reduced member fee schedule
• Preventive dental care	
- Oral exam (One every six months)	\$5 copay per visit
- Cleaning (One every six months)	\$10 copay per visit
- Topical application of fluoride for children age 16 and under (One every six months)	\$5 copay per visit
- Fluoride applications age 17 and over (One every six months)	Copay to be determined by zip code
Durable Medical Equipment	\$50 annual deductible
Private Duty Nursing	After the first 72 hours, covered 80% up to 504 hours

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Hearing aids	Not covered; Cochlear implants covered
Optical care	No copay
• Refractive Eye Exams	
• Eyeglasses	\$45 for a complete pair every 24 months

FOOTNOTES

** Drugs are dispensed in accordance with HIP's Drug Formulary. Please refer to your Prescription Drug Rider for details.*

Except for emergency care, the above benefits and services are covered only when provided or referred by a HIP Primary Care Physician and/or approved in advance by the HIP Care Management Program. HIP Participating Physicians and Providers 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 or Certificate of Coverage and Schedule of Benefits, and it does not constitute an Agreement.