

Healthy New York A (HMO) High Deductible Health Plan

Summary of Benefits

Plan Features	
Primary Care Physician (PCP)	Required
Referrals	Required
Out of network benefits	Not covered (unless it's a medical emergency or prior approval by the Plan)
Student/Dependent coverage	Qualified dependents are covered to age 26
Plan Cost Sharing Highlights	
Office visit copay (PCP)	\$20
Office visit copay (Specialist)	\$20
Coinsurance	None
Deductible	Single- \$1,200 Family- \$2,400 Full deductible must be met before any services are paid per plan year, with the exception of some preventive care services.
Out of pocket maximum (includes deductible, coinsurance & copay)	Single- \$5,250 Family- \$10,500 Full out of pocket maximum must be met before any services are covered at 100% of allowable charges
Lifetime maximum	None
Plan Benefits	
Preventive Healthcare Services	
Well child visits	Covered in full
+Adult routine physical exams	Covered in full according to national guidelines
+Adult immunizations	Covered in full
+Mammography	\$20 copay per visit
+Pap smear	Covered in full
Routine GYN Exam	\$20 copay per visit, subject to the deductible
+Prostate cancer screening	\$20 copay per visit
Routine vision	No coverage

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Physicians Office Services	
Diagnostic office visits	\$20 copay/visit, subject to the deductible.
Diagnostic x-rays	
Diagnostic laboratory and pathology	
Allergy tests/ Injections	
Chemotherapy	
Radiation therapy	
Maternity Services	
Prenatal and postpartum care	Pre and post-natal care - \$10 copay per visit.
Hospital care for mom (including delivery)	\$500 copay per admission, subject to the deductible. <u>Physician:</u> Lesser of 20% of the allowable expense or \$200, subject to the deductible.
Newborn nursery care	Covered in full, subject to the deductible.
Prescription Drug <i>(Coverage will not apply if the Prescription Drug Exclusion rider has been purchased)</i>	<ul style="list-style-type: none"> - \$10 copay/ Generic drug per 34-day supply - \$20 copay/ Brand Name drug plus the difference in cost between the Brand name drug and its Generic equivalent per 34-day supply - Subject to the deductible
Inpatient Hospital Benefits	
Hospital benefits	\$500 copay per admission for unlimited days of semiprivate accommodations and all medically necessary services for acute care, subject to the deductible. Private room covered when medically necessary and authorized.
Inpatient Physical Rehabilitation	No coverage
Surgery	Lesser of 20% of the allowable expense or \$200, subject to the deductible.
Anesthesia	\$20 copay, subject to the deductible.
Emergency Care	
Emergency room care <i>(copay waived when followed by hospitalization)</i>	\$50 copay, subject to the deductible.
Urgent care center	\$20 copay, subject to the deductible.
Ambulance	No coverage

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Outpatient Hospital Benefits	
Diagnostic x-rays	\$20 copay/ visit, subject to the deductible.
Diagnostic laboratory and pathology	
Chemotherapy	
Radiation Therapy	
Surgical Care	\$75 facility copay per service, subject to the deductible.
Mental Health and Chemical Dependence Benefits	
Inpatient mental health care	No coverage
Outpatient mental health care	
Inpatient chemical dependence care	
Outpatient chemical dependence care	
Other Services	
Diabetic insulin & supplies	\$20 copay, subject to the deductible.
Skilled nursing facility	No coverage
Home care <i>(40 post-hospital or post-surgical visits max./calendar year)</i>	\$20 copay/visit, subject to the deductible.
Hospice	No coverage
Physical therapy <i>(30 post-hospital or post-surgical visits max. / calendar year (includes outpatient and office visits).</i>	\$20 copay/visit, subject to the deductible.
Durable medical equipment	No coverage
Prosthetics	No coverage
Chiropractic	No coverage
Acupuncture	No coverage
Hearing	No coverage

This is not a contract or binding agreement; it is a summary of benefits and services. For complete details, please refer to your member contract.

+Preventive Services coverage required by the Federal Patient Protection and Affordable Care Act are not quoted herein. Please refer to the United States Preventive Services Task Force list of items and services rated "A" or "B" that are covered pursuant to the Federal Patient Protection and Affordable Care Act requirements.