



# SUMMARY OF BENEFITS

HIP Prime Network

HEALTH PLAN OF NEW YORK

JEWISH THEOLOGICAL SEMINARY, OF AMERICA - SEMINARY

➤ MAJOR COPAYMENT PROVISIONS	HIP PRIME™
PCP Office visits	\$10 copay per visit
Specialist Office visits	\$10 copay per visit
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™
<b>Mental Health Care</b>	
• <b>Inpatient</b>	
- Treatment of Mental Illness	No copay; 30 days per calendar year with Unlimited Biological Based Mental Illness and Serious Childhood Emotional Disorders
• <b>Outpatient</b>	
- Treatment of Mental Illness	\$0 copay 60 Visits per calendar year with Unlimited Biological Based Mental Illness and Serious Childhood Emotional Disorders
<b>Alcohol and Substance Abuse Care</b>	
• Inpatient Detoxification	No copay 7 days per calendar year
• Inpatient Rehabilitation Treatment	No copay 30 days per calendar year
• Outpatient Rehabilitation Treatment	\$10 Copay per visit, 60 Visit Limit - per calendar year

➤ SPECIAL KINDS OF CARE	HIP PRIME™
<b>Emergency and urgent Care</b>	
• 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
<b>Home Health Care</b>	No copay; 200 visits per calendar year
<b>Hospice Care</b>	No copay; 210 days
<b>Skilled Nursing Facility care</b>	\$0 copay; Unlimited days per calendar year
<b>Dialysis treatment</b>	\$10 copay per visit
<b>Diabetes equipment, supplies and education</b>	\$10 copay per month
<b>Outpatient physical, speech, occupational and respiratory therapy.</b>	Subject to Specialist office visit copay; 90 visits per calendar year
<b>Family Planning Services</b>	Covered
<b>Infertility Diagnosis and Treatment</b>	Subject to applicable copays
<b>In-vitro Fertilization</b>	Not Covered
<b>Dental Care</b>	Covered at reduced member fee schedule
<ul style="list-style-type: none"> <li>• General dental care</li> <li>• Preventive dental care               <ul style="list-style-type: none"> <li>- Oral exam (One every six months)</li> <li>- Cleaning (One every six months)</li> <li>- Topical application of fluoride for children age 16 and under (One every six months)</li> <li>- Fluoride applications age 17 and over (One every six months)</li> </ul> </li> </ul>	\$5 copay per visit \$10 copay per visit \$5 copay per visit  Copay to be determined by zip code
<b>Durable Medical Equipment</b>	\$0 annual deductible
<b>Private Duty Nursing</b>	Covered in full

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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.*