



# SUMMARY OF BENEFITS

## Prime HMO

### HIP Prime Network for NY CT and NJ Residents

➤ MAJOR COST SHARING PROVISIONS	PARTICIPATING PROVIDER
<b>Benefit Period</b>	Plan Year
<b>Maximum Out-of-Pocket Limit</b>	\$6,600 Individual / \$13,200 Family
<b>Medical Deductible</b>	Not Applicable
<b>PCP Office visits</b>	\$25 Copayment
<b>Specialist Office visits</b>	\$40 Copayment
<b>Hospital admission</b>	\$500 Copayment
<b>Emergency Room copay (waived if Hospital admission)</b>	\$100 Copayment
<b>Prescription Drug Deductible</b>	\$50 deductible applies, subject to drug formulary
<b>Prescription drugs – 30 day supply</b>	\$15 generic / \$30 brand / \$50 non-formulary
<b>Prescription drugs – 90 day supply</b>	\$22.50 generic / \$45 brand / \$75 non-formulary
➤ INPATIENT HOSPITAL SERVICES	PARTICIPATING PROVIDER
• Hospital and physician services	Subject to Hospital Admission Copayment Physician Services Covered in Full
• Semi-private room and board	Included in Hospital Admission Copayment
• Operating and recovery room, intensive and special care units, general nursing care, prescribed drugs, anesthesia, X-rays, lab tests, mastectomy care, cardiac and pulmonary rehabilitation and end of life care	Included in Hospital Admission Copayment
• Inpatient Rehabilitation & Habilitation Services (Physical, Speech and Occupational Therapy)	Subject to Hospital Admission Copayment; 30 days combined therapies
• Human organ transplants	Included in Hospital Admission Copayment
➤ MATERNITY AND NEW BORN CARE	PARTICIPATING PROVIDER
• Prenatal care	Covered in full
• Inpatient Hospital Services and Birthing Center	\$500 Copayment
• Physician and Midwife Services for Delivery	Covered In Full
• Breast Pump	Covered in full
• Postnatal care	Covered in full



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➤ SURGICAL SERVICES	PARTICIPATING PROVIDER
• Inpatient Hospital Surgery	Covered in full
• Outpatient Hospital Surgery	Covered in full
• Surgery performed in a PCP Office	Covered in full
• Surgery performed in a Specialist Office	Covered in full
• Surgery performed at an Ambulatory Surgical Center	Covered in full
➤ CARDIAC REHABILITATION	PARTICIPATING PROVIDER
• Performed as Inpatient Hospital Services	Included as part of Inpatient Hospital Service Cost-Sharing
• Performed as Outpatient Hospital Services	\$40 Copayment ; 32 visits, combined with Specialist Office limits
• Performed in a Specialist Office	\$40 Copayment ; 32 visits, combined with Outpatient Hospital limits
➤ OUTPATIENT MEDICAL CARE	PARTICIPATING PROVIDER
• PCP office visits	\$25 Copayment
• Specialists office visits	\$40 Copayment
• Preventive care, including well-child visits and immunizations, adult annual physical examinations, adult immunizations, routine gynecological services/well woman exams, mammograms, screening and diagnostic imaging for the detection of breast cancer, sterilization procedures for women, and bone density testing	Covered in full
<ul style="list-style-type: none"> <li>• Laboratory Procedures,               <ul style="list-style-type: none"> <li>• Performed in a PCP Office</li> <li>• Performed in Specialist Office</li> <li>• Performed in a Free Standing Laboratory</li> <li>• Performed as Outpatient Hospital Services</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> </ul>
<ul style="list-style-type: none"> <li>• Diagnostic Radiology               <ul style="list-style-type: none"> <li>• Performed in a PCP Office</li> <li>• Performed in Specialist Office</li> <li>• Performed in a Free Standing Radiology Facility</li> <li>• Performed as Outpatient Hospital Services</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> </ul>
<ul style="list-style-type: none"> <li>• Diagnostic Testing               <ul style="list-style-type: none"> <li>• Performed in a PCP Office</li> </ul> </li> </ul>	Covered in full



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<ul style="list-style-type: none"> <li>Performed in Specialist Office</li> <li>Performed as Outpatient Hospital Services</li> </ul>	<p>Covered in full</p> <p>Covered in full</p>
<ul style="list-style-type: none"> <li>Advanced Imaging Services (PET scans, MRI, nuclear medicine, CAT scans)               <ul style="list-style-type: none"> <li>Performed in a Specialist Office</li> <li>Performed in a Free Standing Radiology Facility</li> <li>Performed as Outpatient Hospital Services</li> </ul> </li> </ul>	<p>Covered in full</p> <p>Covered in full</p> <p>Covered in full</p>
<ul style="list-style-type: none"> <li>Infusion Therapy               <ul style="list-style-type: none"> <li>Performed in a PCP Office</li> <li>Performed in a Specialist Office Referral required</li> <li>Performed as Outpatient Hospital Services</li> <li>Home Infusion Therapy</li> </ul> </li> </ul>	<p>Covered in full</p> <p>Covered in full</p> <p>Covered in full</p> <p>Covered in full</p>
<ul style="list-style-type: none"> <li>Ambulatory surgery center facility</li> </ul>	<p>\$100 Copayment</p>
<ul style="list-style-type: none"> <li>Outpatient hospital surgery facility</li> </ul>	<p>\$100 Copayment</p>
<ul style="list-style-type: none"> <li>Preadmission testing</li> </ul>	<p>Covered in full</p>
<ul style="list-style-type: none"> <li>Second opinions on the diagnosis of cancer, surgery and other</li> </ul>	<p>Covered in full</p>
<ul style="list-style-type: none"> <li>Outpatient Habilitation Services               <ul style="list-style-type: none"> <li>Performed in a PCP Office</li> <li>Performed in a Specialist Office</li> <li>Performed as Outpatient Hospital Services</li> </ul> </li> </ul>	<p>60 visits, combined therapies</p> <p>\$25 Copayment</p> <p>\$40 Copayment</p> <p>\$40 Copayment</p>
<ul style="list-style-type: none"> <li>Radiation therapy               <ul style="list-style-type: none"> <li>Performed in a Specialist Office</li> <li>Performed in a Free Standing Radiology Facility</li> <li>Performed as Outpatient Hospital Services</li> </ul> </li> </ul>	<p>Covered in full</p> <p>Covered in full</p> <p>Covered in full</p>



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➤ OUTPATIENT MEDICAL CARE	PARTICIPATING PROVIDER
<ul style="list-style-type: none"> <li>Chemotherapy               <ul style="list-style-type: none"> <li>Performed in a PCP Office</li> <li>Performed in a Specialist Office</li> <li>Performed as Outpatient Hospital Services</li> </ul> </li> </ul>	<p>Covered in full</p> <p>Covered in full</p> <p>Covered in full</p>
<ul style="list-style-type: none"> <li>Outpatient Rehabilitation Services(physical therapy,occupational therapy, speech therapy, pulmonary rehabilitation)               <ul style="list-style-type: none"> <li>Performed in a PCP Office</li> <li>Performed in a Specialist Office</li> <li>Performed as Outpatient Hospital Services</li> </ul> </li> </ul>	<p>60 visits, combined therapies</p> <p>\$25 Copayment</p> <p>\$40 Copayment</p> <p>\$40 Copayment</p>
<ul style="list-style-type: none"> <li>Allergy Testing and Treatment               <ul style="list-style-type: none"> <li>Performed in a PCP Office</li> <li>Performed in a Specialist Office</li> </ul> </li> </ul>	<p>\$25 Copayment</p> <p>\$40 Copayment</p>
<ul style="list-style-type: none"> <li>Acupuncture</li> </ul>	Not Covered
<ul style="list-style-type: none"> <li>Telemedicine Program Provided by a Telemedicine Physician</li> </ul>	Not Covered
➤ MENTAL HEALTH AND ALCOHOL AND SUBSTANCE USE SERVICES	PARTICIPATING PROVIDER
<ul style="list-style-type: none"> <li><b>Mental Health Care</b> <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul> </li> </ul>	<p>\$500 Copayment , Unlimited Days</p> <p>\$25 Copayment, Unlimited Visits</p>
<ul style="list-style-type: none"> <li><b>Substance Use Services</b> <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul> </li> </ul>	<p>\$500 Copayment, Unlimited Days</p> <p>\$25 Copayment</p>
➤ SPECIAL KINDS OF CARE	PARTICIPATING PROVIDER
<b>Urgent Care Center</b>	\$25 Copayment
<b>Non-Emergency Ambulance Services</b>	Covered in full
<b>Pre-Hospital Emergency Medical Services (Ambulance Services)</b>	Covered in full



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➤ SPECIAL KINDS OF CARE	PARTICIPATING PROVIDER
Home health care	Covered in full; 200 visits
Hospice care	Covered in full, 210 days
Skilled Nursing Facility (including cardiac and pulmonary rehabilitation)	Covered in full, Unlimited Days
<b>Dialysis treatment</b> <ul style="list-style-type: none"> <li>• Performed in PCP Office</li> <li>• Performed in Specialist Office</li> <li>• Performed in Free Standing Center</li> <li>• Performed as Outpatient Hospital Services</li> </ul>	\$25 Copayment \$25 Copayment \$25 Copayment \$25 Copayment
Diabetes equipment, supplies, Insulin and education	\$25 Copayment
Chiropractic Services	\$40 Copayment
Family Planning Services	Covered
Vasectomy	\$40 Copayment
Infertility Diagnosis and Treatment	3 Cycles IVF, Per Lifetime, Subject To Applicable Copayment
<b>Dental Care</b> <ul style="list-style-type: none"> <li>• Preventive Dental</li> </ul>	Preventive Not Included
Durable Medical Equipment and Braces	\$100 Deductible, Covered In Full
Prosthetics	\$100 Deductible, Covered In Full
Orthotics	\$100 Deductible, Covered In Full
Medical Supplies	Covered in full
External Hearing Aids	Not Covered
Cochlear Implants	No Copayment - One (1) per ear per time Covered
<b>Optical Care</b> <ul style="list-style-type: none"> <li>• Refractive Eye Exams</li> <li>• Eyeglasses</li> </ul>	Covered in full / Once per covered period  Eyeglasses \$35 Every 24 Months
ABA Treatment for Autism Spectrum Disorder	\$25 Copayment
Assistive Communication Devices for Autism Spectrum Disorder	\$25 Copayment



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➤ ADDITIONAL BENEFITS	PARTICIPATING PROVIDER
• Nurse Advice Line	Covered
• WellSpark	Health Risk Assessment
• Gym Reimbursement	Not Covered

#### FOOTNOTES

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

*The member does not have OON coverage, and is only covered for OON services if performed in An Emergency situation or if referred by a participating provider.*

*EmblemHealth Participating Physicians and Providers have contracted with EmblemHealth Insurance Company to provide care to our members; they are not employees, agents, servants or representatives of EmblemHealth. 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.*

*Prime HMO is underwritten by EmblemHealth Insurance Company, an EmblemHealth Company*