



HIP
HEALTH PLAN OF NEW YORK

HIP EPO 100/90 New

HealthPass HIP	HIP EPO 100/90 New (EPOc)
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Benefit	In-Network
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Embedded Drug Card	20/30/50/Yes/50
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Major Medical	
Deductible Ind/Fam	\$1,000/\$2,000
Co-Insurance	90% of \$5,000
Out-of-Pocket	\$500/\$1,000
Office Copay	\$25
DXL/Lab Fees	\$25 - PCP/\$25-OP/Ded & Coins
Specialist Copay	\$25
Lifetime Maximum	Unlimited

Hospital Benefits	
Hospital In-Patient	Ded & Colns
Hospital Out-Patient	Ded & Colns
Emergency Room	\$50 Copay
Private Nursing	Covered 100%

Surgical Benefits	
Surgical In-Patient	Ded & Colns
Surgical Out-Patient	Ded & Colns

Mental Health	
Mental Nervous In-Patient	Ded & Colns 30 days max/yr
Substance Abuse In-Patient	Ded & Colns 30 days max/yr- Rehab 7 days max/yr- Detox
Mental Nervous Out-Patient	\$25 Copay 20 visits max/yr
Substance Abuse Out-Patient	\$25 Copay 60 visits max/yr

Other	
Well Care (Up to 19)	No Charge
Routine Adult Care	\$25 Copay
Chiropractic Care	\$25 Copay
Home Health Care	40 visits max/yr
Non-Authorization	No Information Available
Therapy Services In-Patient	Ded & Colns
Therapy Services Out-Patient	\$25 Copay
Durable Medical Equipment	\$0 Deductible
Optical (1 exam every 12 months)	No Copay
(1 pair of glasses every 12 months)	No Copay

7.23.08

The above rates and benefits are for general information and discussion purposes only and not valid unless approved by the carrier. Final rates are determined by the carrier's underwriting guidelines and final enrollment. The insurance policy, not general rates and descriptions in this website or printed output, will for the contract between the insured and the carrier.