



## HIP POS 25

<b>HealthPass HIP</b>	<b>HIP POS 25 (POS) Gated</b>	
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Benefit	In-Network	Out-Network
<b>Embedded Drug Card</b>		
	20/30/50/Yes/50	
<b>Major Medical</b>		
Deductible Ind/Fam	N/A	\$2,500/\$5,000
Co-Insurance	N/A	50%*
Out-of-Pocket	N/A	\$7,000/\$14,000
Office Copay	\$25	Ded & Colns
DXL/Lab Fees	\$25	Ded & Colns
Specialist Copay	\$40	Ded & Colns
Lifetime Maximum	Unlimited	\$5,000,000 PM
<b>Hospital Benefits</b>		
Hospital In-Patient	\$500 Copay	Ded & Colns
Hospital Out-Patient	\$75 Copay	Ded & Colns
Emergency Room	\$100 Copay	\$100 Copay
Private Nursing	Covered In Full	In Network Only
<b>Surgical Benefits</b>		
Surgical In-Patient	\$500 Copay	Ded & Colns
Surgical Out-Patient	\$75 Copay	Ded & Colns
<b>Mental Health</b>		
Mental Nervous In-Patient	\$500 Copay 30 days max/yr	Ded & Colns 30 days max/yr
Substance Abuse In-Patient	\$500 Copay 7 days-Detox/Rehab Not Covered	Ded & Colns 7 days-Detox/Rehab Not Covered
Mental Nervous Out-Patient	\$25 Copay 20 visits max/yr	Ded & Colns 20 visits max/yr
Substance Abuse Out-Patient	\$25 Copay 60 visits max/yr	Ded & Colns 60 visits max/yr
<b>Other</b>		
Well Care (Up to 19)	No Copay	Ded & Colns
Routine Adult Care	\$25 Copay	In Network Only
Chiropractic Care	\$40 Copay	Ded & Colns
Home Health Care	No Copay-200 vists/yr	Ded & Colns
Non-Authorization	No Information Available	No Information Available
Therapy Services In-Patient	\$500 Copay 90 days max/yr	Ded & Colns 90 days max/yr
Therapy Services Out-Patient	\$40 Copay	Ded & Colns
Durable Medical Equipment	\$0 Deductible	In Network Only
Optical (1 exam every 12 months)	\$0 Copay	Ded & Coins
(1 pair of glasses every 24 months)	\$45 Copay	Not Covered

\* 80th percentile of HIAA  
2.28.08

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.

(d) Non-Formulary / Oral Contraceptive / Deductible