HealthPass℠
WE'VE GOT YOU COVERED

HIP®
HEALTH PLAN OF NEW YORK

HIP PPO Share 30

HealthPass HIP	HIP PPO Share 30 (PPOc)	
Benefit	**In-Network**	**Out-Network**
Embedded Drug Card		
	20/30/50/Yes/50	
Major Medical		
Deductible Ind/Fam	$1,000/$2,000	$1,000/$2,000
Co-Insurance	90%	80%*
Out-of-Pocket	$500/$1000	$3,000/$6,000
Office Copay	$30	Ded & Coins
DXL/Lab Fees	$30 - PCP/$50-OP/Ded & Coins	Ded & Coins
Specialist Copay	$50	Ded & Coins
Lifetime Maximum	Unlimited	Unlimited
Hospital Benefits		
Hospital In-Patient	Ded & Coins	Ded & Coins
Hospital Out-Patient	Ded & Coins	Ded & Coins
Emergency Room	$50 Copay	$50 Copay
Private Nursing	Covered 100%	Not Covered
Surgical Benefits		
Surgical In-Patient	Ded & Coins	Ded & Coins
Surgical Out-Patient	Ded & Coins	Ded & Coins
Mental Health		
Mental Nervous In-Patient	Ded & Coins 30 days max/yr	Ded & Coins 30 days max/yr
Substance Abuse In-Patient	Ded & Coins 30 days max/yr- Rehab 7 days max/yr- Detox	Ded & Coins
Mental Nervous Out-Patient	$25 Copay 20 visits max/yr	80% After Ded 20 visits max/yr
Substance Abuse Out-Patient	$50 Copay 60 visits max/yr	Ded & Coins 60 visits max/yr
Other		
Well Care (Up to 19)	No Charge	Ded & Coins
Routine Adult Care	$30 Copay	Ded & Coins
Chiropractic Care	$50 Copay	Ded & Coins
Home Health Care	Ded & Coins- 40 visits max/yr	Ded & Coins- 40 visits max/yr
Non-Authorization	No Information Available	
Therapy Services In-Patient	Ded & Coins	Ded & Coins
Therapy Services Out-Patient	$50 Copay	Ded & Coins
Durable Medical Equipment	$0 Deductible	Not Covered
Optical (1 exam every 12 months)	No Copay	Ded & Coins
(1 pair of glasses every 12 months)	No Copay	Not Covered

* 80th percentile of HIAA
4.02.08

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