

HIP Health Plan of New York



State: NY

Benefits 2008

Plan facts	Member services Member services hours Web address Product name	(800) 447-8255 Annual enrollment information: (800) 447-8632 Mon-Fri: 8:00 AM-6:00 PM ET www.hipusa.com HIP Prime POS		
Your medical expenses	Office visits Maternity care prenatal office visits Inpatient hospitalization Outpatient surgical care Outpatient lab and X-ray Emergency room care Urgent care facility	\$15 (PCP) or \$25 (specialist) copay per visit \$25 copay for initial visit, thereafter covered at 100% \$500 copay per admission \$75 copay for hospital care. Office visit copay applies in physician's office Covered at 100% \$50 copay/visit (waived if admitted) \$15 copay/visit		
Your prescription drug expenses	Retail	\$7 copay (generic), \$30 copay (preferred brand), \$50 copay (non-preferred brand) per prescription up to 30-day supply		
	Mail order	\$10.50 copay (generic), \$45 copay (preferred brand), \$150 copay (non-preferred brand) per prescription up to 90-day supply		
Preventive care	Routine physical and GYN exam Routine vision exam Well-child care and immunizations Routine mammography	Physical: \$15 copay per visit. Limit 1 visit per year. GYN: \$25 copay per visit. Limit 1 visit per year \$15 copay per visit through network optician. Limit 1 exam per year Covered at 100% (up to age 19) Covered at 100%. Limit 1 exam per year		
Mental health	Inpatient	\$500 copay per admission. Limit 30 days per year. Unlimited if mental illness is biologically based or children with serious emotional disturbance*		
	Outpatient	\$25 copay per visit. Limit 20 visits per year. Unlimited if mental illness is biologically based or children with serious emotional disturbance*		
Substance abuse	Inpatient detoxification	\$500 copay per admission. Limit 7 days per year		
	Inpatient rehabilitation	Not covered		
	Outpatient detoxification	Not covered		
	Outpatient rehabilitation	\$25 copay per visit. Limit 60 visits per year		
Other professional care	Outpatient physical/speech/occupational therapy	\$25 copay per visit. Limit 30 visits per calendar year for all therapies combined		
	Chiropractic care	\$25 copay per visit. Unlimited visits		
Out-of-network coverage	Out-of-network non-emergency care	Covered at 50% after \$2,500 indiv./\$5,000 fam. deductible for most services. Contact plan for details		
Key facts	NCQA status: PCP referral required for specialist: Lifetime Maximum Benefit: Provider Network:	Excellent Yes NA See website for details	Domestic partner coverage available: Domestic partner children coverage avail.:	Yes Yes

* Indicates a benefit change

The information contained in this summary is for comparative purposes and does not include all benefits, limitations, and exclusions.