

Independent Health – New Plan Design



State: NY

Benefits 2010

		In-Network Coverage	
Plan facts	Member services Member services hours Web address Product name	(800) 501-3439 Mon-Fri: 8:00 AM-8:00 PM ET www.independenthealth.com Citigroup Custom Plan	Annual enrollment information: (800) 453-1910
Your medical expenses	Annual deductible Out-of-pocket maximum (includes deductible) Office visits Maternity care prenatal office visits Inpatient hospitalization Outpatient surgical care Outpatient lab and X-ray Emergency room care Urgent care facility	\$500 (individual) / \$1,000 (family max)* \$3,000 (individual) / \$6,000 (family max) per calendar year* Covered at 90% after deductible Covered at 90% after deductible for initial visit, thereafter covered at 100% Covered at 90% after deductible Covered at 90% after deductible Covered at 90% after deductible Covered at 90% after deductible \$100 copay/visit (waived if admitted)* Covered at 90% after deductible	
Your prescription drug expenses	Retail	\$10 copay (generic), \$20 copay (brand name), \$40 copay (non-preferred brand) per prescription up to 30-day supply	
	Mail order	\$25 copay (generic), \$50 copay (brand name), \$100 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	Covered at 100%, no deductible Covered at 100%, no deductible. Limit 1 exam every 12 months Covered at 100%, no deductible Covered at 100%, no deductible	
Mental health	Inpatient Outpatient	Covered at 90% after deductible* Covered at 90% after deductible*	
Substance abuse	Inpatient detoxification Inpatient rehabilitation Outpatient detoxification Outpatient rehabilitation	Covered at 90% after deductible* Covered at 90% after deductible* Covered at 90% after deductible* Covered at 90% after deductible*	
Other professional care	Outpatient physical/speech/occupational therapy Chiropractic care Infertility	Covered at 90% after deductible. Limit 60 visits combined per calendar year Covered at 90% after deductible Diagnosis/Treatment: Covered at 90% after deductible. Prior authorization required; In vitro fertilization: Not covered. Contact plan for details	
Out-of-network coverage	Out-of-network non-emergency care	Not covered	
Key facts	NCQA status: PCP referral required for specialist: Lifetime maximum benefit: Provider network:	Excellent No NA See website for details	Domestic partner coverage available: Yes Domestic partner children coverage avail.: Yes

* Indicates a benefit change

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