

# Independent Health



State: NY

Benefits 2012

		In-Network Coverage		
<b>Plan facts</b>	Member services Member services hours Web address Product name	(800) 501-3439 Annual enrollment information: (800) 453-1910 Mon-Fri: 8:00 AM-8:00 PM ET www.independenthealth.com Citigroup Custom Plan		
<b>Your medical expenses</b>	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 \$100 copay/visit (waived if admitted) Covered at 90% after deductible		
<b>Your prescription drug expenses</b>	Retail	\$10 copay (generic), \$20 copay (preferred brand), \$40 copay (non-preferred brand) per prescription up to 34-day supply		
	Mail order	\$20 copay (generic), \$40 copay (preferred brand name), \$80 copay (non-preferred brand name) per prescription up to 90-day supply		
<b>Preventive care</b>	Routine physical and GYN exam Routine vision exam Well-child care and immunizations Routine mammography	Covered at 100%, no deductible. Limit 1 visit per year Covered at 100%, no deductible. Limit 1 exam every 12 months Covered at 100%, no deductible Covered at 100%, no deductible. Limit 1 visit per year		
<b>Mental health</b>	Inpatient Outpatient	Covered at 90% after deductible Covered at 90% after deductible		
<b>Substance abuse</b>	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		
<b>Other professional care</b>	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		
<b>Out-of-network coverage</b>	Out-of-network non-emergency care	Not covered		
<b>Key facts</b>	NCQA status: PCP referral required for specialist: Lifetime maximum benefit: Provider network:	Excellent No NA See website for details	Domestic partner coverage available: Domestic partner children coverage available:	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.