

Independent Health



State: NY

Benefits 2008

Plan facts	Member services	(800) 501-3439 Annual enrollment information: (800) 453-1910
	Member services hours	Mon-Fri: 8:00 AM-8:00 PM ET
	Web address	www.independenthealth.com
	Product name	Encompass C Plus
Your medical expenses	Office visits	\$15 (PCP) or \$25 (specialist) copay per visit
	Maternity care prenatal office visits	\$15 copay for initial visit, thereafter covered at 100%
	Inpatient hospitalization	\$500 copay per admission
	Outpatient surgical care	\$75 copay for hospital care. Office visit copay applies in physician's office
	Outpatient lab and X-ray Emergency room care Urgent care facility	X-ray: \$20 copay per visit. Lab: Covered at 100% \$50 copay/visit (waived if admitted) \$35 copay/visit. Out-of-area: \$15 copay/visit with prior authorization*
Your prescription drug expenses	Retail	\$10 copay (generic), \$20 copay (preferred brand), \$35 copay (non-preferred brand) per prescription up to 30-day supply
	Mail order	Not covered
Preventive care	Routine physical and GYN exam	\$15 copay per visit. Limit 1 visit per year
	Routine vision exam	\$10 copay per visit. Limit 1 exam per year
	Well-child care and immunizations	Covered at 100% (up to age 19)
	Routine mammography	Covered at 100%. Limit 1 visit 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 calendar year. Unlimited if mental illness is biologically based or children with serious emotional disturbance*
Substance abuse	Inpatient detoxification	\$500 copay per admission. Limit 30 days per calendar year*
	Inpatient rehabilitation	\$500 copay per admission. Limit 30 days per calendar year
	Outpatient detoxification	\$25 copay per visit. Limit 60 visits per year combined with outpatient rehab
	Outpatient rehabilitation	\$25 copay per visit. Limit 60 visits per year combined with outpatient detox
Other professional care	Outpatient physical/speech/occupational therapy	\$15 copay per visit. Limit 20 visits combined per year*
	Chiropractic care	\$25 copay per visit. Unlimited visits (PCP referral required)
Out-of-network coverage	Out-of-network non-emergency care	Covered at 70% after \$1,000 individual/\$2,000 family deductible for most services. Contact plan for details
Key facts	NCQA status:	Excellent
	PCP referral required for specialist:	Yes
	Lifetime Maximum Benefit:	N/A In Network ; \$1,000,000 out-of-network*
	Provider Network:	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.