



## SUMMARY OF BENEFITS FOR **HIP access I**

➤ PROFESSIONAL SERVICES	PARTICIPATING PROVIDER
<b>PCP Office Visits</b>	\$20 copay per visit
<b>Specialist Office Visits</b>	\$20 copay per visit
<b>Diagnostic Services</b> • X-rays, lab tests, EKG's, MRI's and CAT scans	Included in PCP office visit copay
<b>Chiropractic Care</b>	Subject to Specialist office visit copay
➤ INPATIENT HOSPITAL SERVICES*	PARTICIPATING PROVIDER
<b>Semi-private Room and Board</b>	\$500 copay per Hospital Admission
<b>Hospital and Physician Services</b> <b>Operating and Recovery Room</b> <b>Intensive and Special Care Units</b> <b>General Nursing Care</b> <b>Prescribed Drugs</b> <b>Anesthesia</b> <b>X-rays and Lab Tests</b>	Included in Hospital Admission copay
<b>Short-term Speech, Physical, Cardiac, Occupational and Respiratory Therapy</b> (when part of an acute admission)	Included in Hospital Admission copay Short-term only
<b>Speech, Physical, Occupational and Respiratory Therapy</b> (when part of a rehabilitation admission)	Subject to Hospital admission copay 30 days per calendar year
<b>Radiation Therapy and Chemotherapy</b>	Included in Hospital Admission copay
<b>Pre-admission Testing</b>	Included in Hospital Admission copay
<b>Human Organ Transplants</b>	Included in Hospital Admission copay
➤ OUTPATIENT FACILITY SERVICES	PARTICIPATING PROVIDER
<b>Emergency Room Copay</b>	\$35 copay per visit
<b>Ambulatory Surgery*</b>	No copay
<b>Diagnostic &amp; Therapeutic Services</b> • Facility services	No Copay
<b>Renal Dialysis</b>	\$20 copay per visit
➤ OUTPATIENT MEDICAL CARE	PARTICIPATING PROVIDER
<b>Preventive Care</b> • Physical exams • Ear exams • Eye exams • Health education and counseling • Pap smear • Mammography • Prostate cancer screening	Included in PCP office visit copay
<b>Well-child Care</b> (to age 19 including immunizations)	Covered in full
<b>Prenatal and Postnatal Care</b> (in physician's office)	Covered in full
<b>Second Medical and Surgical Opinion</b>	Covered in full

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➤ PRESCRIPTION DRUGS	PARTICIPATING PHARMACY
<b>Prescription Drugs Received at:</b> <ul style="list-style-type: none"> <li>HIP participating pharmacies</li> </ul>	\$10 generic / \$20 brand (Subject to Drug Formulary) Contraceptives Included; \$50 Non-Formulary (Formulary copays are reduced by 50% when utilizing the HIP Mail Order Pharmacy Service. Up to a 90 day supply may be obtained.)
➤ MENTAL HEALTH AND ALCOHOL AND SUBSTANCE ABUSE CARE **	PARTICIPATING PROVIDER
<b>Mental Health Care</b> <ul style="list-style-type: none"> <li>Inpatient care</li> <li>Outpatient care</li> </ul>	Subject to Hospital admission copay 30 days per calendar year \$25 copay; 20 visits per calendar year
<b>Alcohol and Substance Abuse Care</b> <ul style="list-style-type: none"> <li>Inpatient detoxification</li> </ul>	Subject to Hospital admission copay 21 days per calendar year
<ul style="list-style-type: none"> <li>Inpatient rehabilitation treatment</li> </ul>	Not Covered
<ul style="list-style-type: none"> <li>Outpatient rehabilitation treatment</li> </ul>	\$20 Copay per visit, 60 Visit Limit - per calendar year
➤ SPECIAL KINDS OF CARE	PARTICIPATING PROVIDER
<b>Emergency and Urgent Care</b> <ul style="list-style-type: none"> <li>Ambulance service to the hospital</li> <li>In urgent care facility</li> <li>In physician's office</li> </ul>	Covered in full Subject to PCP office visit copay Subject to PCP office visit copay
<b>Home Health Care*</b>	No copay; 40 visits per calendar year
<b>Hospice Care*</b>	Covered in full; 210 days
<b>Skilled Nursing Facility Care*</b>	\$0 copay; 45 days per calendar year
<b>Diabetes Equipment, Supplies and Education</b>	\$20 copay per month
<b>Outpatient Physical, Speech, Occupational and Respiratory Therapy</b>	Subject to Specialist office visit copay; 120 visits per calendar year
<b>Family Planning Services</b>	Covered
<b>Infertility Diagnosis and Treatment</b>	Subject to applicable copays
<b>In-vitro Fertilization</b>	Not Covered

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<b>Dental Care</b>	Covered at reduced member fee schedule
<ul style="list-style-type: none"> <li>• General dental care</li> </ul>	
<ul style="list-style-type: none"> <li>• Preventive dental care               <ul style="list-style-type: none"> <li>- Oral exam (One every six months)</li> <li>- Cleaning (One every six months)</li> <li>- Topical application of fluoride for children age 16 and under (One every six months)</li> <li>- Fluoride applications age 17 and over (One every six months)</li> </ul> </li> </ul>	\$5 copay per visit \$10 copay per visit \$5 copay per visit  Copay to be determined by zip code
<b>Durable Medical Equipment*</b>	\$0 annual deductible
<b>Private Duty Nursing</b>	Covered in full
<b>Hearing Aids</b>	Not covered; Cochlear implants covered
<b>Optical Care</b>	
<ul style="list-style-type: none"> <li>• Refractive eye exams</li> </ul>	\$20 copay
<ul style="list-style-type: none"> <li>• Eyeglasses</li> </ul>	\$45 for a complete pair every 24 months

### FOOTNOTES

*HIP Participating Providers have contracted with HIP to provide care to our members; they are not employees, agents, servants or representatives of HIP. This summary is provided for information only; it does not contain complete details of the Plan which are available only in the Contract or Certificate of Coverage and Schedule of Benefits, and it does not constitute an Agreement.*

*\*Services must be approved in advance by the HIP Care Management Program.*

*\*\*Services must be approved in advance by the HIP Mental Health department.*