

# ATLANTIS HRA Benefit Plans - Option 3

Please review the Atlantis Profile, benefit plan summaries and provider directory before making your selections.

<b>POS-INDEPENDENCE OPEN ACCESS SUMMARY OF BENEFITS - PLAN F \$20 Copay</b>		
<b>Financials</b>	<b>IN NETWORK</b>	<b>OUT OF NETWORK</b>
Office visit Copay	\$20 Co-payment	Subject to deductible and coinsurance
Deductible Single/Family	N/A	\$2,000/\$4,000
Coinsurance	N/A	70/30
Maximum Out of Pocket (After deductible) Single/Family	N/A	\$5,000/\$10,000
<b>Prescription Drugs</b>		
	\$100 Deductible \$7/\$30/\$50	
<b>Doctor Services</b>		
Office Visits (PCP or Specialist)	\$20 Co-payment	Subject to deductible and coinsurance
Inpatient Hospital Visits	\$0 Co-payment	Subject to deductible and coinsurance
Allergy Testing and Treatment	\$20 Co-payment	Subject to deductible and coinsurance
Anesthesia	No Cost	Subject to deductible and coinsurance
Diagnostic Services	\$20 Co-payment	Subject to deductible and coinsurance
Mammography Screening	\$20 Co-payment	Subject to deductible and coinsurance
Prostate Cancer Screening	\$20 Co-payment	Subject to deductible and coinsurance
Breast Reconstructive Services after a Mastectomy	\$20 Co-payment	Subject to deductible and coinsurance
Obstetrical/Gynecological Services	\$20 Co-payment	Subject to deductible and coinsurance
Pap Smears and Cervical Cytology Screenings	\$20 Co-payment	Subject to deductible and coinsurance
Infertility services	\$20 Co-payment	Subject to deductible and coinsurance
Bone Mineral Density Measurements, Testing and Devices	\$20 Co-payment	Subject to deductible and coinsurance
Enteral Formulas	\$20 Co-payment	Subject to deductible and coinsurance
Second Surgical and Medical Opinions	\$20 Co-payment	Subject to deductible and coinsurance
Second Medical Opinions (diagnosis of cancer, negative or positive)	\$20 Co-payment	Not subject to deductible and coinsurance***
Periodic Adult Physical Examinations	\$20 Co-payment	In network benefits only
Well-Child Care Visits (including immunizations)	\$0 Co-payment	In network benefits only
Experimental/Investigational services recommended by external appeal agent	\$20 Co-payment	Subject to deductible and coinsurance
Pre- & Post-Natal Care	\$20 Co-payment	Subject to deductible and coinsurance
Delivery of Child	\$0 Co-payment	Subject to deductible and coinsurance
Inpatient Surgical Services**	\$0 Co-payment	Subject to deductible and coinsurance
Outpatient Ambulatory Surgical Services**	Lesser of 20% or \$200	Subject to deductible and coinsurance
Chiropractic Care	\$20 Co-payment	Subject to deductible and coinsurance
Diabetic Education	\$20 Co-payment	Subject to deductible and coinsurance
<b>Ambulatory Services</b>		
Radiation Therapy and Chemotherapy	\$20 Co-payment	Subject to deductible and coinsurance
Hemodialysis	\$20 Co-payment	Subject to deductible and coinsurance
Pre-admission Testing	\$20 Co-payment	Subject to deductible and coinsurance
X-ray and Laboratory Services	\$20 Co-payment	Subject to deductible and coinsurance
<b>Hospital Services **</b>		
Inpatient Admission (per continuous confinement)	\$500 Co-payment	Subject to deductible and coinsurance
Cardiac Rehabilitation (per continuous confinement)	\$500 Co-payment	Subject to deductible and coinsurance
Outpatient Surgery Facility Charges	\$75 Co-payment	Subject to deductible and coinsurance
Blood and Blood Products	\$0 Co-payment	Subject to deductible and coinsurance
Ambulance Service	\$50 Co-payment	Subject to deductible and coinsurance
Emergency Room Care (no admission to hospital)	\$50 Co-payment	Subject to deductible and coinsurance
<b>Hospital Alternatives</b>		
Skilled Nursing Facility: 45 days per calendar year * (per continuous confinement)	\$500 Co-payment	Subject to deductible and coinsurance
Home Health Care: 60 visits per calendar year	\$20 Co-payment per day	Subject to deductible and coinsurance
End of Life Care Program	\$0 Co-payment	Subject to coinsurance only
Hospice Care: Inpatient (210 days combined with outpatient)	\$0 Co-payment	Subject to deductible and coinsurance
Hospice Care (5 Bereavement counseling visits)	\$0 Co-payment	Subject to deductible and coinsurance
<b>Rehabilitative Services Physical/Speech/Occupational</b>		
Inpatient: 30 days per diagnosis per calendar year (per continuous confinement)	\$500 Co-payment	Subject to deductible and coinsurance
Outpatient: 20 Visits per diagnosis per calendar year (only following inpatient stay)*	\$20 Co-payment	Subject to deductible and coinsurance
<b>Mental Health</b>		
Inpatient Admission: 30 days per calendar year (per continuous confinement)	\$500 Co-payment	Subject to deductible and coinsurance
Outpatient: 20 visits per calendar year	\$25 Co-payment	Subject to deductible and coinsurance
<b>Substance Abuse</b>		
Inpatient Detoxification: (limited to 7 days per calendar year)	\$500 Co-payment	Subject to deductible and coinsurance
Outpatient 60 visits per calendar year (20 of the visits may be used for Family Therapy)	\$20 Co-payment	Subject to deductible and coinsurance
<b>Medical Equipment &amp; Supplies</b>		
Durable Medical Equipment, Supplies and Prosthetic Devices	\$20 Co-payment	Subject to deductible and coinsurance
Diabetic Equipment and Supplies	\$20 Co-payment per item or 34-day supply	Subject to deductible and coinsurance
<b>LIFETIME MAXIMUM</b>	None	\$1,000,000
* Benefit riders available to satisfy the "make available" provisions of Section 4303(e) of the New York State Insurance Laws		
** Failure to Pre-authorize all non-emergency, or elective surgery hospital admissions, will result in a penalty.		
*** Must be authorized. Provider will be paid at the Atlantis usual, customary rate.		
Note: Benefit limitations and maximums are per Member per calendar year.		
Exclusions: This SUMMARY OF BENEFITS highlights the standard benefits of the HMO Point of Service contract. Benefits shown may be subject to Restrictions, Exclusions and Limitations found in the Group Subscriber Certificate of Coverage.		
Form AHP-POS-GRPF20 Revised 3/22/05		

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This is a brief summary of benefits and should only be used as a guide. You must refer to Atlantis' subscriber agreement for a complete description of requirements for coverage, covered services, limitations and exclusions.