

ATLANTIS HRA Benefit Plans - Option 4

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

POS-INDEPENDENCE OPEN ACCESS SUMMARY OF BENEFITS - PLAN F \$20 Copay		
Financials	IN NETWORK	OUT OF NETWORK
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
Prescription Drugs		
	No Deductible \$7/\$30/\$50	
Doctor Services		
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
Ambulatory Services		
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
Hospital Services **		
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
Hospital Alternatives		
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
Rehabilitative Services Physical/Speech/Occupational		
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
Mental Health		
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
Substance Abuse		
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
Medical Equipment & Supplies		
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
LIFETIME MAXIMUM	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		

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.