

ATLANTIS HEALTH PLAN

LOW OPTION HMO- SUMMARY OF BENEFITS

<u>Financials</u>	IN NETWORK
Office visit Co pay	\$20 Co-payment
Deductible Single/Family	N/A
Coinsurance	N/A
Maximum Out of Pocket (After deductible) Single/Family	N/A
<u>Doctor Services</u>	
Office Visits (PCP or Specialist)	\$20 Co-payment
Ambulatory Service visits (Hemodialysis, Chemotherapy, Radiotherapy)	\$20 Co-payment
Inpatient Hospital Visits	\$0
Allergy Testing and Treatment	\$20 Co-payment
Anesthesia	\$20 Co-payment
Diagnostic Services and Treatments	\$20 Co-payment
Mammography Screening and Prostate Cancer Screening	\$20 Co-payment
Mastectomy Care	\$20 Co-payment
Obstetrical/Gynecological Services and Pap Smears	\$20 Co-payment
Radiology Services	\$20 Co-payment
Infertility Services	\$20 Co-payment
Bone Mineral Density Measurements, Testing and Devices	\$20 Co-payment
Enteral Formulas	\$20 Co-payment
Contraceptive drugs and devices	\$20 Co-payment
All second surgical/medical opinions	\$0
Periodic routine physicals	\$20 Co-payment
Well-Child Visits	\$0
Experimental or investigational services recommended by external appeal agent	\$20 Co-payment
Pre- & Post-Natal Care	\$20 Co-payment
Delivery Of Child	\$0
Ambulatory and Out Patient Surgery	Lesser of: 20% or \$200
<u>Ambulatory/Out patient Facility Services</u>	
Ambulatory/Out patient Facility Services	\$75 Co-payment
Pre-admission Testing	\$20 Co-payment
X-ray and Laboratory Services	\$20 Co-payment
<u>Hospital Services</u>	
Inpatient Services	\$500 Co-payment per continuous confinement
Inpatient Cardiac Rehabilitation	\$500 Co-payment
Ambulatory Surgery Facility	\$75 Co-payment
Blood and Blood Products	\$0
Ambulance Services	\$50 Co-payment
Emergency Room Care (no admission to hospital)	\$50 Co-payment
<u>Hospital Alternatives</u>	
# Skilled Nursing Facility: 30 days per calendar year	\$500 Co-payment per continuous confinement
Home Health Care: 40 visits per calendar year	\$20 Co-payment
End of Life Care Program	No Cost
Hospice Care: Inpatient (210 days combined with outpatient)	No Cost
Hospice Care- outpatient bereavement counseling-5 visits	No Cost
Hospice Care: Outpatient	No Cost
<u>Rehabilitative Services</u> <i>Physical/Speech/Occupational</i>	
Inpatient: 10 days per diagnosis per calendar year	\$500 Co-payment per continuous confinement
Outpatient: 20 Visits per diagnosis per calendar year (only following inpatient stay)	\$20 Co-payment
<u>Mental Health</u>	
Inpatient Admission: 30 days per calendar year	\$500 Co-payment per continuous confinement
Outpatient: 20 visits per calendar year	\$20 Co-payment
<u>Substance Abuse</u>	
Inpatient Detoxification: (limited to 7 days per calendar year)	\$500 Co-payment per continuous confinement
Outpatient 60 visits per calendar year (20 of the visits may be used for Family Therapy)	\$20 Co-payment
<u>Medical Equipment & Supplies</u>	
Durable Medical Equipment, Supplies and Prosthetic Devices	20% coinsurance
Diabetic Education, Equipment and Supplies	\$20 Co-payment
<u>Chiropractic Care</u>	\$20 Co-payment
LIFETIME MAXIMUM	None

Benefit riders available to satisfy the "make available" provisions of Section 4303(e) of the New York State Insurance Laws

Note: Benefit limitations and maximums are per Member per calendar year.

Exclusions: This SUMMARY OF BENEFITS highlights the standard benefits of the HMO contract. Benefits shown may be subject to Restrictions, Exclusions and Limitations found in the Group Subscriber Certificate of Coverage.

Form AHP-HMO-GRP Low Option