



## SUMMARY OF BENEFITS HIP SMART START

➤ PROFESSIONAL SERVICES	PARTICIPATING PROVIDER
<b>PCP Office Visits</b>	\$25 copay
<b>Specialist Office Visits</b>	\$25 copay
<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>	\$25 copay
➤ INPATIENT HOSPITAL SERVICES*	PARTICIPATING PROVIDER
<b>Semi-private Room and Board</b>	\$250 Hospital admission copay each day for days 1 and 2; \$100 copay each day for days 3 and after up to a maximum of \$1400 per benefit period
<b>Hospital 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>Physician Hospital Visit</b>	\$25 copay per visit
<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)	\$250 Hospital admission copay each day for days 1 and 2; \$100 copay each day for days 3-11 up to a maximum of \$1400 per benefit period (60 day inpatient stay limit)
<b>Pre-admission Testing</b>	\$0 copay
➤ OUTPATIENT FACILITY SERVICES	PARTICIPATING PROVIDER
<b>Emergency Room Copay**</b>	\$50 copay (waived if admitted)
<b>Ambulatory Surgery*</b>	\$250 copay per occurrence
<b>Renal Dialysis</b>	\$25 copay per visit
➤ OUTPATIENT MEDICAL CARE	PARTICIPATING PROVIDER
<b>Adult Preventive Care</b> • Well Woman Care • Cervical Cytology • Mammography • Prostate cancer screening • Bone Density Testing	\$25 copay per visit
<b>Well-Baby/Well-Child Care</b> (up to age 19)	\$0 copay
➤ SPECIAL KINDS OF CARE	PARTICIPATING PROVIDER
<b>Emergency and Urgent Care</b> • Ambulance service to the hospital • In urgent care facility • In physician's office	\$0 copay Subject to PCP office visit copay Subject to PCP office visit copay
<b>Home Health Care*</b>	\$25 copay; 40 visits per calendar year
<b>Hospice Care*</b>	\$0 copay; 210 days
<b>Skilled Nursing Facility Care*</b>	\$100 copay for days 1-15 up to a maximum of \$1,500 per benefit period; 45 days per calendar year
<b>Diabetes Equipment, Supplies and Education</b>	\$25 copay per 60 day supply
<b>Outpatient Rehabilitation Treatment of Chemical Abuse and Dependence</b>	\$25 copay per visit; 60 visits per calendar year; up to 20 visits for family Members
<b>Family Planning Services</b>	Covered



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### 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.*

*\*\*The Hospital Emergency Services Copay will be waived if the Member is admitted to the Hospital for treatment of the condition requiring Emergency Services. In such event, the Inpatient Hospital Services Copay will apply.*