

PROSPECT PLAN HIP PPO 30/50 2000A
62 PFSLTA038
EFFECTIVE DATE: 10/01/2011
PLAN OPTION: PPO SELECT - SG - 80% INN, 70% OON
NETWORK: HIP PRIME NETWORK
CONTRACT #: PROSPECT
AREA: Downstate NY

SCHEDULE OF BENEFITS

<u>BASE BENEFIT</u>	<u>CODE</u>	<u>DESCRIPTION</u>
BASE PLAN:	PFSLTA	PPO Select - SG - 80% INN, 70% OON
DEDUCTIBLE AND COINSURANCE:		
----INN DEDUCTIBLE	RNDCW4	\$2000 / \$4000 Deductible
----INN MEMBER COINSURANCE	N/A	80% Coinsurance
----INN MAX COINSURANCE	N/A	\$3500/\$7000
----INN ANNUAL MAX	N/A	Unlimited
----OON DEDUCTIBLE	RTDCL9	\$2500/\$5000
----OON MEMBER COINSURANCE	N/A	70% Coinsurance
----OON MAX COINSURANCE	N/A	\$4000/\$8000 Out-of-Network Max Coins
----OON ANNUAL MAX	N/A	Unlimited

BASE PLAN COPAYS:		
---- PCP VISIT	RTOV07	\$30 Copay - PCP Office Visit
---- SPECIALIST VISIT	RTSV12	\$50 Copay - Specialist Visit
---- IP HOSP	N/A	Subject to Deductible and Coinsurance
---- AMBULATORY SURG.	N/A	Subject to Deductible and Coinsurance
---- EMERGENCY ROOM	RTER04	\$50 Copay - ER

<u>ADDITIONAL RIDERS</u>	<u>CODE</u>	<u>DESCRIPTION</u>
RX	N/A	Not Covered
DME	RTDM00	No Deductible, Covered In Full - DME
PDN	RTPDN0	Covered In Full
SNF DAYS	N/A	30 days - HS SNF Subject to Ded & Coins
HHC VISITS	N/A	40 Visits - HS HHC Subject to Ded & Coins
IP THERAPIES	RTT207	30 Day Limit - IP Therapies
OP THERAPIES	RTPT42	30 visits - OP Therapies
IP MH CARE	RTM198	30 Days
IP ALC/SA DETOX	RTX212	7 Days - IP ALC & SA Detox
IP ALC/SA REHAB	RTS200	30 Days - IP ALC & SA Rehab
OP ALC/SA REHAB	RTOS26	\$25 Copay, 60 Visits - ALC & SA Rehab
OP MH CARE	RTPY76	20 Visits, \$50 copay
DIALYSIS COPAY	RTKD22	\$20 Copay - Dialysis Treatment
REFRACTIVE EYE	N/A	\$0 Copay - Refractive Eye Exam
DIABET. SUPPLY COPAY	RTDS25	\$25 Copay - Diabetic Supplies
PREV. DENTAL	RTPREV	Preventive Included
FERTILITY	N/A	Base Benefit - Infertility
OPTICAL	RTOPT4	Eyeglasses \$0 / Contacts \$25 Every 12 Mos.
HEALTH FITNESS CENTER REIMBURS.	RTGM12	Included
ALTERNATIVE MEDICINE BENEFITS	RTDUG1	\$20 Copay
NETWORK FACTOR	N/A	HIP Prime Net Area Factor All Locations
DEPENDENTS		
---- CLASS TWO	N/A	Class 2 Dependents Not Covered
---- DEPENDENT CHILDREN	DC26M	Dep Children To EOM In Which They Turn 26
---- DOMESTIC PARTNERS	N/A	Domestic Partners Covered
---- GRANDCHILDREN	N/A	Grandchildren Not Covered
---- STUDENT DEPENDENTS	SD26M	Students To EOM In Which They Turn 26
OTHER	RTTOP2	Family Planning Services - Included

COMMENTS: **RATES FILED FOR USE WITH NYSID**
The above rates are based on Community Rating. No other rating method may be used.
HIP Insurance Company of New York is an EmblemHealth company.
Certain benefit changes and associated rates that comprise the premiums shown are subject to approval by the New York State Insurance Department.