

ATLANTIS HEALTH PLAN

Summary of Benefits

HMO: Plan 10

DOCTOR'S SERVICES

	<u>What You Pay</u>
Office Visits (PCP or Specialist)	\$10 co-payment
Inpatient Hospital Visits	No co-payment
Allergy Testing and Treatment	\$10 co-payment
Anesthesia	No co-payment
Diagnostic Services and Treatments	\$10 co-payment
Mammography Screening	\$10 co-payment
Obstetrical/Gynecological Services	\$10 co-payment
Pap Smears	\$10 co-payment
Second Surgical Opinions	\$10 co-payment
Periodic Adult Physical Examinations	\$10 co-payment
Well-Child Care Visits (including immunizations)	No co-payment
Pre- and Post-Natal Care	\$10 co-payment
Chiropractic Care	\$10 co-payment
Delivery of Child	No co-payment
Surgical Services	No co-payment

AMBULATORY SERVICES

Radiation Therapy and Chemotherapy	\$10 co-payment
Hemodialysis	\$10 co-payment
Pre-admission Testing	\$10 co-payment
X-Ray and Laboratory Services	\$10 co-payment

HOSPITAL SERVICES

Inpatient Admission (per continuous confinement)	\$250 co-payment
Outpatient Surgery Facility Charges	No co-payment
Blood and Blood Products	No co-payment
Ambulance Service	No co-payment
Emergency Room Care (no admission to hospital)	\$50 co-payment

HOSPITAL ALTERNATIVES

Skilled Nursing Facility - 45 days per calendar year	No co-payment
Home Health Care - 60 visits per calendar year	No co-payment
Hospice Care – Inpatient (210 days combined with Outpatient)	No co-payment
Hospice Care – Outpatient	No co-payment

REHABILITATIVE SERVICES

<u>Physical/Speech/Occupational</u>	
Inpatient: per continuous confinement (limited to 30 days per diagnosis per calendar year)	\$250 co-payment
Outpatient: limited to 20 visits per diagnosis per calendar year	No co-payment

MENTAL HEALTH

Inpatient Admission: Per continuous confinement (30 days per calendar year)	\$250 co-payment*
Outpatient: 20 visits per calendar year	\$10 co-payment

SUBSTANCE ABUSE

Inpatient Detoxification: per continuous confinement (limited to 7 days per calendar year)	\$250 co-payment*
Outpatient Rehabilitation: 60 visits per calendar year (20 of the visits may be used for Family Therapy)	\$10 co-payment

MEDICAL EQUIPMENT & SUPPLIES

Durable Medical Equipment & Supplies	No co-payment
Diabetic Equipment and Supplies	\$10 per item or 34-day supply

* Only one \$250 co-payment is payable for either service.

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 Contract.

