ATLANTIS HEALTH PLAN

Summary of Benefits

HMO: Plan 10E

DOCTOR'S SERVICES	**What You Pay**
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)	No 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	
Physical/Speech/Occupational	
Inpatient: per continuous confinement (limited to 30 days per diagnosis per calendar year)	No 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)	No 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)	No 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

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.

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