

ATLANTIS HEALTH PLAN

Summary of Benefits

HMO: Individual \$15 Co-pay Open Access

	IN NETWORK
	What You Pay
FINANCIALS	
Office visit Co-pay	\$15 co-payment
Maximum Out of Pocket Single/Family	\$1,500/\$3,000
Lifetime Maximum	None
DOCTOR'S SERVICES	
Office Visits (PCP or Specialist)	\$15 co-payment
Inpatient Hospital Visits	\$15 co-payment
Anesthesia	\$15 co-payment
Diagnostic Services and Treatments	\$15 co-payment
Mammography Screening	\$15 co-payment
Obstetrical/Gynecological Services	\$15 co-payment
Pap Smears and Cervical Cytology Screening	\$15 co-payment
Bone Mineral Density Measurements, Testing and Devices	\$15 co-payment
Second Surgical and Medical Opinions	\$15 co-payment
Second Medical Opinions (diagnosis of cancer, negative or positive)	\$15 co-payment
Periodic Adult Physical Examinations	\$15 co-payment
Well-Child Care Visits (including immunizations)	No co-payment
Pre- & Post-Natal Care	No co-payment
Delivery of Child †	20% up to \$200
Surgical Services	\$15 co-payment
Diabetic Education	\$15 co-payment
AMBULATORY SERVICES	
Radiation Therapy and Chemotherapy	\$15 co-payment
Hemodialysis	\$15 co-payment
Pre-admission Testing	\$15 co-payment
X-Ray and Laboratory Services	\$15 co-payment
HOSPITAL SERVICES	
Inpatient Admission (per continuous confinement)	\$500 co-payment
Outpatient Surgery Facility Charges	\$75 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 #	No co-payment
Home Health Care: 200 visits per calendar year	\$15 co-payment
End of Life Care Program (per continuous confinement)	\$500 co-payment
Hospice Care: Inpatient (210 days combined with outpatient) **	\$500 co-payment
Hospice Care: Outpatient (210 days combined with inpatient & 5 Bereavement counseling visits)	\$15 co-payment
Private Duty Nursing: \$5,000 max per calendar year \$10,000 lifetime max	\$15 co-payment
REHABILITATIVE SERVICES	
Inpatient Physical Therapy (per continuous confinement)	\$500 co-payment
Outpatient Physical Therapy (limited to 90 days per condition per calendar year)	\$15 co-payment
MENTAL HEALTH	
Inpatient: 30 days per calendar year combined with Inpatient Detox	\$500 co-payment
Outpatient: 30 visits for regular treatment and 3 visits for crisis intervention per calendar year	10% co-insurance
SUBSTANCE ABUSE	
Inpatient Detoxification: 30 days per calendar year combined with Inpatient Mental Health	\$500 co-payment
MEDICAL EQUIPMENT & SUPPLIES	
Durable Medical Equipment & Supplies	No co-payment
Diabetic Equipment and Supplies	\$15 co-payment per item or 34-day supply
PRESCRIPTION DRUGS ^	
Deductible Single/Family	\$100/\$300
Retail - 34 day supply	
Generic	\$5.00
Brand Name	\$10.00
Mail Order - 90 day supply ‡	
Generic *	\$10.00
Brand Name *	\$20.00

* These benefits are not subject to deductible

** No co-payment if admission follows a hospital stay

‡ The mail order option allows you to obtain a 90-day supply of maintenance drugs in the following categories: anti-diabetics, anti-hyperlipidemics, anti-hypertensives, beta-blockers, calcium blockers, diuretics and thyroid medications.

Skilled Nursing Facility admissions are covered when preceded by a minimum 3 day hospital stay and further hospitalization would otherwise be necessary

^ Prescription drugs on the formulary exclusion list are not covered unless authorized by Atlantis.

† Routine newborn nursery care is covered without co-payment as it is connected to the mother's covered hospital confinement, which carries a \$500 co-payment per continuous confinement

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 Subscriber Contract.

