

ATLANTIS HEALTH PLAN
Summary of Benefits
HNY Group

DOCTOR'S SERVICES

	<u>What You Pay</u>
Office Visits (PCP or Specialist)	\$20 co-payment
Anesthesia	\$20 co-payment
Diagnostic Services and Treatments	\$20 co-payment
Mammography Screening	\$20 co-payment
Obstetrical/Gynecological Services	\$20 co-payment
Pap Smears	\$20 co-payment
Prostate Cancer Screening	\$20 co-payment
Second Surgical Opinions	\$20 co-payment
Periodic Adult Physical Examinations	\$20 co-payment
Well-Child Care Visits (including immunizations)	No co-payment
Pre- and Post-Natal Care	\$10 co-payment
Delivery of Child	\$200 or 20% whichever is less
Surgical Services	\$200 or 20% whichever is less

AMBULATORY SERVICES

Radiation Therapy and Chemotherapy	\$20 co-payment
Hemodialysis	\$20 co-payment
Pre-admission Testing	\$20 co-payment
X-Ray and Laboratory Services	\$20 co-payment

HOSPITAL SERVICES

Inpatient Admission (per continuous confinement)	\$500 co-payment
Outpatient Surgery Facility Charges	\$75 co-payment
Blood and Blood Products	\$20 co-payment
Emergency Room Care (no admission to hospital)	\$50 co-payment

HOSPITAL ALTERNATIVES

Home Health Care - 40 visits per calendar year (only following surgery or hospital stay)	\$20 co-payment
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REHABILITATIVE SERVICES

<u>Physical Therapy</u>	
Outpatient: limited to 30 visits per calendar year (only following surgery or hospital stay)	\$20 co-payment

DIABETIC EQUIPMENT & SUPPLIES

Diabetic Equipment and Supplies	\$20 per item or 34-day supply
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Note: Benefit limitations and maximums are per Member per calendar year.

EXCLUSIONS: This SUMMARY OF BENEFITS highlights the standard benefits of the HNY contract.

Benefits shown may be subject to Restrictions, Exclusions and Limitations found in the Subscriber Contract.

Form AHP-HNY-GRP

Approved 1.30.2007

