ATLANTIS HEALTH PLAN

Summary of Benefits HNY Individual HDHP

FINANCIALS What You Pay

Office visit Co-pay \$20 co-payment Deductible Single/Family \$1,200/\$2,400 \$1,200/\$2,400 \$5,250/\$10,500

DOCTOR'S SERVICES What You Pay

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)

Pre- and Post-Natal Care

\$10 co-payment
\$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-paymentHemodialysis\$20 co-paymentPre-admission Testing\$20 co-payment

X-Ray and Laboratory Services \$20 co-payment

HOSPITAL SERVICES

Inpatient Admission (per continuous confinement)

Outpatient Surgery Facility Charges

Blood and Blood Products

Emergency Room Care (no admission to hospital)

\$500 co-payment
\$75 co-payment
\$20 co-payment
\$500 co-payment
\$500 co-payment

HOSPITAL ALTERNATIVES

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

REHABILITATIVE SERVICES

Physical Therapy

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

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-INDIV-HDHP

Approved 11032009

