

ATLANTIS HEALTH PLAN

Summary of Benefits

POS: Individual \$10 Co-pay Open Access

	IN NETWORK	OUT OF NETWORK
	What You Pay	What You Pay
FINANCIALS		
Office visit Co-pay	\$10 co-payment	Subject to deductible and co-insurance
Deductible Single/Family	N/A	\$1,000/\$2,000
Maximum Out of Pocket (after deductible) Single/Family	N/A	\$3,000/\$5,000
Lifetime Maximum	None	\$500,000
DOCTOR'S SERVICES		
Office Visits (PCP)	\$10 co-payment	In network benefits only
Office Visits (Specialist)	\$10 co-payment	20% co-insurance
Inpatient Hospital Visits	\$10 co-payment	20% co-insurance
Anesthesia	\$10 co-payment	20% co-insurance
Diagnostic Services	\$10 co-payment	20% co-insurance
Mammography Screening	\$10 co-payment	20% co-insurance
Obstetrical/Gynecological Services	\$10 co-payment	20% co-insurance
Pap Smears and Cervical Cytology Screenings	\$10 co-payment	20% co-insurance
Bone Mineral Density Measurements, Testing and Devices	\$10 co-payment	20% co-insurance
Second Surgical and Medical Opinions *	\$10 co-payment	Not subject to co-insurance
Second Medical Opinions (diagnosis of cancer, negative or positive)	\$10 co-payment	20% co-insurance
Periodic Adult Physical Examinations	\$10 co-payment	In network benefits only
Well-Child Care Visits (including immunizations)	No co-payment	In network benefits only
Pre- & Post-Natal Care	No co-payment	20% co-insurance
Delivery of Child †	No co-payment	20% co-insurance
Surgical Services **	\$10 co-payment	20% co-insurance
Diabetic Education	\$10 co-payment	20% co-insurance
AMBULATORY SERVICES		
Radiation Therapy and Chemotherapy	\$10 co-payment	20% co-insurance
Hemodialysis	\$10 co-payment	20% co-insurance
Pre-admission Testing	\$10 co-payment	20% co-insurance
X-Ray and Laboratory Services	\$10 co-payment	20% co-insurance
HOSPITAL SERVICES		
Inpatient Admission (per continuous confinement) **	No co-payment	20% co-insurance
Outpatient Surgery Facility Charges	\$10 co-payment	20% co-insurance
Blood and Blood Products	No co-payment	20% co-insurance
Ambulance Service	No co-payment	20% co-insurance
Emergency Room Care (no admission to hospital)	\$35 co-payment	20% co-insurance
HOSPITAL ALTERNATIVES		
Skilled Nursing Facility	No co-payment	20% co-insurance
Home Health Care: 200 visits per calendar year *	\$10 co-payment	20% co-insurance
End of Life Care (per continuous confinement at Article 28 licensed facility)	\$500 co-payment	\$500 co-payment
Hospice Care: Inpatient (210 days combined with outpatient)	No co-payment	20% co-insurance
Hospice Care: Outpatient (210 days combined with inpatient & 5 Bereavement counseling visits)	\$10 co-payment	20% co-insurance
Private Duty Nursing: \$5,000 max per calendar year \$10,000 lifetime max	\$10 co-payment	20% co-insurance
REHABILITATIVE SERVICES		
Inpatient Physical Therapy (per continuous confinement)	No co-payment	20% co-insurance
Outpatient Physical Therapy (Limited to 90 days per condition per calendar year)	\$10 co-payment	20% co-insurance
MENTAL HEALTH		
Inpatient: 30 days per calendar year combined with Inpatient Detox *	No co-payment	Not subject to co-insurance
Outpatient: 30 visits for regular treatment and 3 visits for crisis intervention per calendar year	10% co-insurance	10% co-insurance
SUBSTANCE ABUSE		
Inpatient Detoxification: 30 days per calendar year combined with Inpatient Mental Health *	No co-payment	Not subject to co-insurance
MEDICAL EQUIPMENT & SUPPLIES		
Durable Medical Equipment & Supplies	No co-payment	20% co-insurance
Diabetic Equipment and Supplies	\$10 co-payment per item or 34-day supply	20% co-insurance
PRESCRIPTION DRUGS ^		
Deductible Single/Family	\$100/\$300	
Retail - 34 day supply		
Generic	\$5.00	In network benefits only
Brand Name	\$10.00	In network benefits only
Mail Order - 90 day supply ‡		
Generic *	\$10.00	In network benefits only
Brand Name *	\$20.00	In network benefits only

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

