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Diabetic Education  AMBULATORY SERVICES  Radiation Therapy and Chemotherapy Hemodialysis Pre-admission Testing X-Ray and Laboratory Services  **Inpatient Admission (per continuous confinement) Cardiac Rehabilitation (per continuous confinement) Outpatient Surgery Facility Charges Blood and Blood Products Ambulance Service Emergency Room Care (no admission to hospital)  **SEMOSPITAL ALTERNATIVES** Skilled Nursing Facility: 45 days per calendar year ** Home Health Care: 60 visits per calendar year End of Life Care Program Hospice Care: Inpatient (210 days combined with outpatient)  **SIMBULATORY STATEMENT STATE		Subject to deductible and co-insurance  Subject to deductible and co-insurance
Radiation Therapy and Chemotherapy Hemodialysis Pre-admission Testing X-Ray and Laboratory Services  ### HOSPITAL SERVICES** Inpatient Admission (per continuous confinement) Cardiac Rehabilitation (per continuous confinement) Outpatient Surgery Facility Charges Blood and Blood Products Ambulance Service Emergency Room Care (no admission to hospital)  #### HOSPITAL ALTERNATIVES  Skilled Nursing Facility: 45 days per calendar year * Home Health Care: 60 visits per calendar year End of Life Care Program Hospice Care: Inpatient (210 days combined with outpatient)  ###################################		
Hemodialysis \$1 Pre-admission Testing \$1 X-Ray and Laboratory Services \$1  HOSPITAL SERVICES** Inpatient Admission (per continuous confinement) Ni Cardiac Rehabilitation (per continuous confinement) Ni Outpatient Surgery Facility Charges No Blood and Blood Products Ni Ambulance Service Ni Emergency Room Care (no admission to hospital) \$5  HOSPITAL ALTERNATIVES  Skilled Nursing Facility: 45 days per calendar year * Ni Home Health Care: 60 visits per calendar year End of Life Care Program Ni Hospice Care: Inpatient (210 days combined with outpatient)		
Pre-admission Testing X-Ray and Laboratory Services  ### MOSPITAL SERVICES**  Inpatient Admission (per continuous confinement) Cardiac Rehabilitation (per continuous confinement) Outpatient Surgery Facility Charges Blood and Blood Products Ambulance Service Emergency Room Care (no admission to hospital)  #### MOSPITAL ALTERNATIVES  Skilled Nursing Facility: 45 days per calendar year * Home Health Care: 60 visits per calendar year End of Life Care Program Hospice Care: Inpatient (210 days combined with outpatient)  ###################################	co-payment	Subject to deductible and co-insurance
X-Ray and Laboratory Services  #HOSPITAL SERVICES**  Inpatient Admission (per continuous confinement) Cardiac Rehabilitation (per continuous confinement) Outpatient Surgery Facility Charges Blood and Blood Products Ambulance Service Emergency Room Care (no admission to hospital)  #HOSPITAL ALTERNATIVES Skilled Nursing Facility: 45 days per calendar year * Home Health Care: 60 visits per calendar year End of Life Care Program Hospice Care: Inpatient (210 days combined with outpatient)	co-payment	cubject to deductible and co incurance
HOSPITAL SERVICES**  Inpatient Admission (per continuous confinement)  Cardiac Rehabilitation (per continuous confinement)  Outpatient Surgery Facility Charges  Blood and Blood Products  Ambulance Service  Emergency Room Care (no admission to hospital)  **Source Company of the Company of th	co-payment	Subject to deductible and co-insurance
Inpatient Admission (per continuous confinement)  Cardiac Rehabilitation (per continuous confinement)  Outpatient Surgery Facility Charges  Blood and Blood Products  Ambulance Service  Emergency Room Care (no admission to hospital)  **Sometimes**  **HOSPITAL ALTERNATIVES**  Skilled Nursing Facility: 45 days per calendar year *  Home Health Care: 60 visits per calendar year  End of Life Care Program  Hospice Care: Inpatient (210 days combined with outpatient)  Note The Care Program  Note The Care Prog	co-payment	Subject to deductible and co-insurance
Cardiac Rehabilitation (per continuous confinement)  Outpatient Surgery Facility Charges  Blood and Blood Products  Ambulance Service  Emergency Room Care (no admission to hospital)  **Sometimes**  **HOSPITAL ALTERNATIVES**  Skilled Nursing Facility: 45 days per calendar year *  Home Health Care: 60 visits per calendar year  End of Life Care Program  Hospice Care: Inpatient (210 days combined with outpatient)  No		
Outpatient Surgery Facility Charges  Blood and Blood Products  Ambulance Service Emergency Room Care (no admission to hospital)  **SEMOSPITAL ALTERNATIVES**  Skilled Nursing Facility: 45 days per calendar year * Now Home Health Care: 60 visits per calendar year  End of Life Care Program  Hospice Care: Inpatient (210 days combined with outpatient)	co-payment	Subject to deductible and co-insurance
Blood and Blood Products  Ambulance Service  Emergency Room Care (no admission to hospital)  **SEMOSPITAL ALTERNATIVES**  Skilled Nursing Facility: 45 days per calendar year * Now Home Health Care: 60 visits per calendar year  End of Life Care Program  Hospice Care: Inpatient (210 days combined with outpatient)	co-payment	Subject to deductible and co-insurance
Ambulance Service No. Emergency Room Care (no admission to hospital) \$5  HOSPITAL ALTERNATIVES  Skilled Nursing Facility: 45 days per calendar year * No. Home Health Care: 60 visits per calendar year No. End of Life Care Program No. Hospice Care: Inpatient (210 days combined with outpatient) No.	co-payment co-payment	Subject to deductible and co-insurance Subject to deductible and co-insurance
Emergency Room Care (no admission to hospital)  ### Skilled Nursing Facility: 45 days per calendar year * Now Home Health Care: 60 visits per calendar year * Now End of Life Care Program Now Hospice Care: Inpatient (210 days combined with outpatient)  **Now Program Now Hospice Care: Inpatient (210 days combined with outpatient)  **Now Program Now Progr	co-payment	Subject to deductible and co-insurance
HOSPITAL ALTERNATIVES  Skilled Nursing Facility: 45 days per calendar year * Nithmer Health Care: 60 visits per calendar year * Nithmer Health Care: 60 visits per calendar year Nithmer Hospice Care: Inpatient (210 days combined with outpatient) Nithmer N	) co-payment	Subject to deductible and co-insurance
Skilled Nursing Facility: 45 days per calendar year * No.  Home Health Care: 60 visits per calendar year		,
Home Health Care: 60 visits per calendar year  End of Life Care Program  Hospice Care: Inpatient (210 days combined with outpatient)  No	co-payment	Subject to deductible and co-insurance
End of Life Care Program  No Hospice Care: Inpatient (210 days combined with outpatient)  No N	co-payment	Subject to deductible and co-insurance
	co-payment	Subject to co-insurance only
Hospice Care (5 Rereavement counseling visits)	co-payment	Subject to deductible and co-insurance
Hospice date (5 defeatement counseling visits)	co-payment	Subject to deductible and co-insurance
REHABILITATIVE SERVICES		
Physical/Speech/Occupational		
	co-payment	Subject to deductible and co-insurance
Outpatient: 20 visits per diagnosis per calendar year* \$1	co-payment	Subject to deductible and co-insurance
MENTAL HEALTH		
	o co-payment O co-payment	Subject to deductible and co-insurance Subject to deductible and co-insurance
		Subject to deductible and co-modifice
SUBSTANCE ABUSE Inpatient Detoxification: (limited to 7 days per calendar year Ni	o co-payment	Subject to deductible and co-insurance
Outpatient 60 visits per calendar year		Cabjeet to deductible and co-modifice
·	co-payment	Subject to deductible and co-insurance
MEDICAL EQUIPMENT & SUPPLIES		Subject to deductible and co-insulance
	co-payment	Subject to deductible and co-insurance
Diabetic Equipment and Supplies \$10 co-payment	co-payment	Subject to deductible and co-insurance

<sup>\*</sup> Benefit riders available to satisfy the "make available" provisions of Section 4303(e) of the New York State Insurance Laws

**Note:** Benefit limitations and maximums are per Member per calendar year.

**EXCLUSIONS:** This SUMMARY OF BENEFITS highlights the standard benefits of the HMO Point of Service contract. Benefits shown may be subject to Restrictions, Exclusions and Limitations found in the Group Subscriber Contract.



<sup>#</sup> Failure to Pre-authorize all non-emergency, or elective surgery hospital admissions, will result in a penalty.

<sup>^</sup> Must be authorized. Provider will be paid at the Atlantis usual, customary rate.