

Thank you for choosing **Atlantis Health Plan** as your health care company. Atlantis is run by your doctors.

**We are here when you need us** — that is our commitment.



Summer | Fall 03

# ATLANTIS

## Newsletter

## Your Health

Atlantis Health Plan, the “Plan”, will help you manage your health care needs. We keep you and your family healthy by encouraging regular checkups, immunizations, and testing to detect problems early.

### Well Baby and Well Child

**Visits:** Atlantis Health Plan wants parents to take their kids to the doctor for regular check-ups. Routine well baby and children’s visits are covered only in-network; be sure to use a participating doctor to limit your expense. The Plan will allow for your child’s routine doctor visits according to a standard schedule. You or your doctor can call the Plan for details.

### Childhood Immunizations:

Don’t forget your kid’s shots. The American Academy of Pediatrics recommends this vaccination schedule:

**DTP** (Diphtheria/Tetanus/Pertussis) — Give at 2 months, 4 months, 6 months, 15 to 18 months, and 4 to 6 years of age.

**MMR** (Measles/Mumps/Rubella) — Give at 12 to 15 months of age, then also at 4 to 6 years of age.

**Varicella** (Chicken Pox) — Give at 12 to 18 months of age.

**Polio** — Give at 2 months, 4 months, 6 to 18 months, and 4 to 6 years of age.

**Hib** (Hemophilus) — Give at 2 months, 4 months, 6 months, and 12 to 15 months of age.

**Hepatitis B** — Vaccinate newborns, and at 1 to 4 months and 6 to 18 months of age.

**Prevnar** (protects against pneumonia) — Give at 2 months, 4 months, 6 months and 12 to 15 months of age.

Remember that every child is different and your doctor may change this schedule if necessary.

**Childhood Milestones:** Your child is growing normally when he or she can do certain things at an appropriate age. Common milestones include speech, walking, behavior with others, and teething. Your doctor will check these and talk to you about your child’s development.

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**ATLANTIS HEALTH PLAN**<sup>SM</sup>  
Doctors make the difference



## Choice of Plans

**Traditional HMO:** This Plan costs the least. All your health care must be provided by in-network providers. This Plan is the most economical but also the most restrictive. You must select a primary care physician (PCP) on enrollment, and you need to get a referral from your PCP for other services or to see a specialist.

The only exception to the in-network provider rule is if you have a true medical emergency. In that case, the Plan will allow for care given by health care workers who are not in the Atlantis provider network.

**Point of Service Open Access Plan:** This costs more than the HMO plan but is more flexible. While it is still economical to get your care from in-network providers, you can also use any qualified provider or hospital outside the network and still get some money back from the Plan.

If you use either the Atlantis Health Plan network or the Multiplan network, your costs will be limited and there is no balance-billing.

If you use a doctor or hospital outside the network, you will be

responsible for a co-payment, a deductible, and you can be balance-billed by the provider.

The Plan will allow a usual, customary, and reasonable fee to the Provider. The Provider may bill you for the difference, if any, between the charged amount and the fee that we allow.

Neither you nor the Plan has control of your total costs if you use a non-network doctor or facility.

All our Point of Service Plans are "Open Access." This means **no referrals are ever required**. Certain services will need authorization and these requirements have to be met to prevent a reduction of benefits.



## Submitting Claims

Remember that all in-network claims have to be submitted within 90 days of the date of service. All non-network claims have to be submitted within one year of the date of service.

**Reminder: Our new claims mailing address is:**

**Atlantis Health Plan**  
Claims Processing Center  
Bowling Green Station  
P.O. Box 873  
New York, NY 10274

Every claim must be accompanied by an original claims form, completed in its entirety. No

photocopies are acceptable. This will expedite claims processing.

In addition, you may remind your provider that we accept claims electronically using Payor ID #13853. If they have any questions, they can call our provider services unit.

## Your Pharmacy Benefits



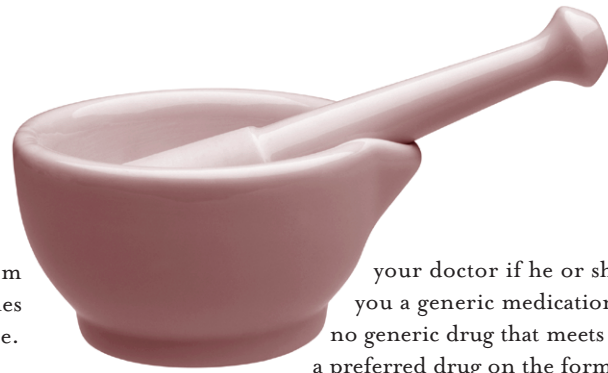
You can benefit from lots of new medicines that doctors now use.

Examples include drugs that lower your cholesterol, build strong bones, and treat stomach ulcers. Find out from your doctor if these drugs are for you.

The list of drugs Atlantis will pay for is called the "formulary." The formulary is divided into three groups of drugs, depending on their cost and the amount Atlantis will pay.

You pay the least for generic drugs. If no generic drug is made for your medical problems, then Atlantis has created a list of "preferred" drugs which work the best and have the least side effects. These preferred drugs have a low co-payment compared to others.

When available, generic drugs always give you the best value for your money. When you pick up a prescription, always ask



your doctor if he or she can give you a generic medication. If there is no generic drug that meets your need, a preferred drug on the formulary has the lowest cost for you.

For chronic maintenance medications, you should use the mail-order benefit. This benefit will allow you to get a longer supply of medication at a lower co-payment.

Claritin, a popular allergy medicine, has been made over-the-counter recently. We will continue to cover Zyrtec, a prescription allergy medicine on the formulary, with certain restrictions.

Prilosec, a popular medicine for acid reflux and ulcers, has been made over-the-counter recently. We will continue to cover other medicines similar to Prilosec that are on our formulary with certain restrictions.

Eckerd Health Systems manages our Pharmacy benefit. Call them at 1-888-645-9303 if you have any questions.

## Choosing a Primary Care Physician (PCP) or Finding a Network Physician

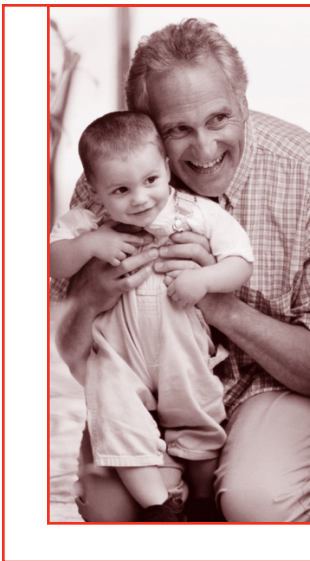
ALL members must choose a primary care physician (PCP) on their Enrollment form. These doctors can be pediatricians, family practitioners, internists, and Ob/Gyns. A female patient can have both a general doctor and an Ob/Gyn as primary care physicians.

How to recruit your family doctor to join the Atlantis network: Email us via our

website or write to our Member Services department. Be sure to list your doctor's full name, specialty, and address and phone number.

The Atlantis network is constantly expanding. Our most current directory is available at our website [www.atlantishp.com](http://www.atlantishp.com) or by calling our Member Service department for an in-network provider.





# Your Health continued from page 1

**Women’s Health:** The Plan is committed to safeguarding women’s health. Many preventive health tests are offered for women:

**Pap smear** — Beginning at age 18 and once a year after that.

**Mammography** (x-ray to detect breast cancer) — One at age 35, then every two years beginning at age 40, then every year beginning at age 50.

**Bone density testing** (detects “osteoporosis” or brittle bones) — Baseline testing at age 50.

## Adult Health:

**Annual physical** — All adult members should get a routine physical every year starting at age 40. Atlantis Health Plan will cover the visit if you get your annual physical from a participating provider.

**Routine cholesterol screening** — Atlantis Health Plan will allow for a blood test to measure your cholesterol level annually once you reach age 50.

**Screening for prostate cancer** — A blood test called the PSA test screens men for prostate cancer.

The Plan will allow for the test annually starting at age 50 for most men, at age 40 for those men with a family history of prostate cancer or men of African-American descent.

## Screening for colon cancer

— A test called a colonoscopy screens men and women for cancer of the large bowel. It can detect cancer at a very early stage when the cancer can be cured. The test should be done at age 40 or above, then every five years starting at age 50.

**Weight control** — Obesity has become a national problem with serious health consequences. Atlantis Health Plan is leading the way in partnership with *Weight Watchers* in an ideal body weight program. If you qualify by meeting certain medical criteria, Atlantis will allow for some of your treatment and counseling.



## Multiplan Network

Atlantis Health Plan offers the Multiplan network as an added benefit to our Point of Service Plan members. Multiplan is a non-network provider group which has agreed to limit your out-of-pocket expenses. You cannot be balance-billed by a Multiplan provider.

Atlantis reserves the right to exclude certain Multiplan providers from this benefit. If you use an excluded provider or facility, you will be responsible for a deductible and a co-payment, and you can be balance-billed by the provider. Please check with our Member Services department for any exclusions.





# Atlantis Health Plan & Weight Control



The number of seriously overweight people in the USA has grown significantly in the past few years. Eating too much, eating the wrong things, lack of exercise, lack of time to prepare healthy and low calorie meals, and easily available

Atlantis Health Plan wants our members to maintain a healthy weight. We've contracted with *Weight Watchers* to give members discounts after completing the first four sessions.



fast foods all contribute to an epidemic of obesity. There are more overweight adults and children than ever before.

Not everyone qualifies, so call Member Services before you start. If you are concerned about your weight but can't go to *Weight Watchers*, a self-help program of sensible eating and regular exercise can work wonders. Trained members of our staff would be happy to discuss our weight loss program — just give us a call.

Obesity contributes to disease. Diabetes, high blood pressure, and arthritis are just three common diseases made worse by an overweight condition, and there are many others.

## Subscriber Contract and Member Handbook

Please read your Subscriber Contract and Member Handbook in your enrollment package for all the details about your coverage and how to use the Plan. Check your

Explanation of Benefits (EOB) statement that you will receive every time we pay a claim on your behalf. Call our Member Services department if you notice any fraudulent activity.



# Important Phone Numbers

Administrative/General Phone Number	<b>212-747-0877</b>
Administrative/General Phone Number (toll-free)	<b>888-258-1498</b>
Administrative Fax Number	<b>212-747-0843</b>
Member Services	<b>866-747-8422</b>
Provider Services	<b>866-747-8422</b>
24/7 MD Hotline	<b>866-747-8422</b>
Prescription Drug Plan	<b>888-645-9303</b>
Utilization Management	<b>800-270-9072</b>
Vision Care Services	<b>800-428-8789</b>



**Website** [www.atlantishp.com](http://www.atlantishp.com)

In the near future, we are planning for you to have the ability to select a PCP, request an ID card, and check the status of a claim, to list just a few items. We will announce this exciting new service as soon as our development is completed.

\*Please note: Although we try to be timely and accurate in the information presented in this newsletter, some information may have changed. Please contact Atlantis Member Services for the most up-to-date information.

*Doctors make the difference*

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