

# ATLANTIS HEALTH PLAN

## Summary of Benefits

HMO: Individual \$15 Co-pay

	<b>IN NETWORK</b>	<b>ATLANTIS OUTPATIENT CENTERS</b>
	<b>What You Pay</b>	<b>What You Pay</b>
<b>FINANCIALS</b>		
Office visit Co-pay	\$15 co-payment	
Maximum Out of Pocket Single/Family	\$1,500/\$3,000	
Lifetime Maximum	None	
<b>DOCTOR'S SERVICES</b>		
Office Visits (PCP or Specialist)	\$15 co-payment	No co-payment
Inpatient Hospital Visits	\$15 co-payment	
Anesthesia	\$15 co-payment	
Diagnostic Services and Treatments	\$15 co-payment	No co-payment
Mammography Screening	\$15 co-payment	
Obstetrical/Gynecological Services	\$15 co-payment	
Pap Smears and Cervical Cytology Screening	\$15 co-payment	
Bone Mineral Density Measurements, Testing and Devices	\$15 co-payment	
Second Surgical and Medical Opinions	\$15 co-payment	No co-payment
Second Medical Opinions (diagnosis of cancer, negative or positive)	\$15 co-payment	
Periodic Adult Physical Examinations	\$15 co-payment	No co-payment
Well-Child Care Visits (including immunizations)	No co-payment	No co-payment
Pre- & Post-Natal Care	No co-payment	
Delivery of Child †	20% up to \$200	
Surgical Services	\$15 co-payment	
Diabetic Education	\$15 co-payment	
<b>AMBULATORY SERVICES</b>		
Radiation Therapy and Chemotherapy	\$15 co-payment	
Hemodialysis	\$15 co-payment	
Pre-admission Testing	\$15 co-payment	No co-payment
X-Ray and Laboratory Services	\$15 co-payment	No co-payment
<b>HOSPITAL SERVICES</b>		
Inpatient Admission (per continuous confinement)	\$500 co-payment	
Outpatient Surgery Facility Charges	\$75 co-payment	
Blood and Blood Products	No co-payment	
Ambulance Service	No co-payment	
Emergency Room Care (no admission to hospital)	\$50 co-payment	
<b>HOSPITAL ALTERNATIVES</b>		
Skilled Nursing Facility #	No co-payment	
Home Health Care: 200 visits per calendar year	\$15 co-payment	
End of Life Care Program (per continuous confinement)	\$500 co-payment	
Hospice Care: Inpatient (210 days combined with outpatient) **	\$500 co-payment	
Hospice Care: Outpatient (210 days combined with inpatient & 5 bereavement counseling visits)	\$15 co-payment	
Private Duty Nursing: \$5,000 max per calendar year & \$10,000 lifetime max	\$15 co-payment	
<b>REHABILITATIVE SERVICES</b>		
Inpatient Physical Therapy (per continuous confinement)	\$500 co-payment	
Outpatient Physical Therapy (limited to 90 days per condition per calendar year)	\$15 co-payment	No co-payment
<b>MENTAL HEALTH</b>		
Inpatient: 30 days per calendar year combined with Inpatient Detox	\$500 co-payment	
Outpatient: 30 visits for regular treatment and 3 visits for crisis intervention per calendar year	10% co-insurance	
<b>SUBSTANCE ABUSE</b>		
Inpatient Detoxification: 30 days per calendar year combined with Inpatient Mental Health	\$500 co-payment	
<b>MEDICAL EQUIPMENT &amp; SUPPLIES</b>		
Durable Medical Equipment & Supplies	No co-payment	
Diabetic Equipment and Supplies	\$15 co-payment per item or 34-day supply	
<b>PRESCRIPTION DRUGS ^</b>		
Deductible Single/Family	\$100/\$300	
Retail - 34 day supply		
Generic	\$5.00	
Brand Name	\$10.00	
Mail Order - 90 day supply ‡		
Generic *	\$10.00	
Brand Name *	\$20.00	

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

Atlantis Outpatient Centers are owned and operated by physicians. Atlantis Health Plan has licensed the naming rights and logo of Atlantis Health Plan to the physician entity that owns and operates Atlantis Outpatient Centers.

