

# ATLANTIS HEALTH PLAN

## Summary of Benefits

### HMO: Plan 10E

		<b>ATLANTIS OUTPATIENT CENTERS</b>
<b><u>DOCTOR'S SERVICES</u></b>	<b><u>What You Pay</u></b>	<b><u>What You Pay</u></b>
Office Visits (PCP or Specialist)	\$10 co-payment	No co-payment
Inpatient Hospital Visits	No co-payment	
Allergy Testing and Treatment	\$10 co-payment	No co-payment
Anesthesia	No co-payment	
Diagnostic Services and Treatments	\$10 co-payment	No co-payment
Mammography Screening	\$10 co-payment	
Obstetrical/Gynecological Services	\$10 co-payment	
Pap Smears	\$10 co-payment	
Second Surgical Opinions	\$10 co-payment	No co-payment
Periodic Adult Physical Examinations	\$10 co-payment	No co-payment
Well-Child Care Visits (including immunizations)	No co-payment	No co-payment
Pre- and Post-Natal Care	\$10 co-payment	
Chiropractic Care	\$10 co-payment	
Delivery of Child	No co-payment	
Surgical Services	No co-payment	
<b><u>AMBULATORY SERVICES</u></b>		
Radiation Therapy and Chemotherapy	\$10 co-payment	
Hemodialysis	\$10 co-payment	
Pre-admission Testing	\$10 co-payment	No co-payment
X-Ray and Laboratory Services	\$10 co-payment	No co-payment
<b><u>HOSPITAL SERVICES</u></b>		
Inpatient Admission (per continuous confinement)	No co-payment	
Outpatient Surgery Facility Charges	No 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><u>HOSPITAL ALTERNATIVES</u></b>		
Skilled Nursing Facility - 45 days per calendar year	No co-payment	
Home Health Care - 60 visits per calendar year	No co-payment	
Hospice Care – Inpatient (210 days combined with Outpatient)	No co-payment	
Hospice Care – Outpatient	No co-payment	
<b><u>REHABILITATIVE SERVICES</u></b>		
<u>Physical/Speech/Occupational</u>		
Inpatient: per continuous confinement (limited to 30 days per diagnosis per calendar year)	No co-payment	
Outpatient: limited to 20 visits per diagnosis per calendar year	No co-payment	No co-payment
<b><u>MENTAL HEALTH</u></b>		
Inpatient Admission: Per continuous confinement (30 days per calendar year)	No co-payment	
Outpatient: 20 visits per calendar year	\$20 co-payment	
<b><u>SUBSTANCE ABUSE</u></b>		
Inpatient Detoxification: per continuous confinement (limited to 7 days per calendar year)	No co-payment	
Outpatient Rehabilitation: 60 visits per calendar year (20 of the visits may be used for Family Therapy)	\$10 co-payment	
<b><u>MEDICAL EQUIPMENT &amp; SUPPLIES</u></b>		
Durable Medical Equipment & Supplies	No co-payment	
Diabetic Equipment and Supplies	\$10 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 HMO contract.

Benefits shown may be subject to Restrictions, Exclusions and Limitations found in the Group 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.

