

ATLANTIS HEALTH PLAN

Summary of Benefits

HMO: Plan 20E

| | | ATLANTIS OUTPATIENT CENTERS |
|--|--------------------------------|--|
| <u>DOCTOR'S SERVICES</u> | <u>What You Pay</u> | <u>What You Pay</u> |
| Office Visits (PCP or Specialist) | \$20 co-payment | No co-payment |
| Inpatient Hospital Visits | No co-payment | |
| Allergy Testing and Treatment | \$20 co-payment | No co-payment |
| Anesthesia | No co-payment | |
| Diagnostic Services and Treatments | \$20 co-payment | No co-payment |
| Mammography Screening | \$20 co-payment | |
| Obstetrical/Gynecological Services | \$20 co-payment | |
| Pap Smears | \$20 co-payment | |
| Second Surgical Opinions | \$20 co-payment | No co-payment |
| Periodic Adult Physical Examinations | \$20 pre visit | No co-payment |
| Well-Child Care Visits (including immunizations) | No co-payment | No co-payment |
| Pre- and Post-Natal Care | \$20 co-payment | |
| Chiropractic Care | \$20 co-payment | |
| Delivery of Child | No co-payment | |
| Surgical Services | No co-payment | |
| <u>AMBULATORY SERVICES</u> | | |
| Radiation Therapy and Chemotherapy | \$20 co-payment | |
| Hemodialysis | \$20 co-payment | |
| Pre-admission Testing | \$20 co-payment | No co-payment |
| X-Ray and Laboratory Services | \$20 co-payment | No co-payment |
| <u>HOSPITAL SERVICES</u> | | |
| 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 | |
| <u>HOSPITAL ALTERNATIVES</u> | | |
| 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 | |
| <u>REHABILITATIVE SERVICES</u> | | |
| <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 |
| <u>MENTAL HEALTH</u> | | |
| Inpatient Admission: Per continuous confinement (30 days per calendar year) | No co-payment | |
| Outpatient: 20 visits per calendar year | \$30 co-payment | |
| <u>SUBSTANCE ABUSE</u> | | |
| 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) | \$20 co-payment | |
| <u>MEDICAL EQUIPMENT & SUPPLIES</u> | | |
| Durable Medical Equipment & Supplies | No co-payment | |
| Diabetic Equipment and Supplies | \$20 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.

