## ATLANTIS HEALTH PLAN

**Summary of Benefits**

**HMO: Plan 25E**

| | | ATLANTIS OUTPATIENT CENTERS |
|---|---|---|
| **DOCTOR'S SERVICES** | **What You Pay** | **What You Pay** |
| Office Visits (PCP) | $25 co-payment | **No co-payment** |
| Office Visits (Specialist) | $40 co-payment | |
| Ambulatory Service visits (Hemodialysis, Chemotherapy, Radiotherapy) | $25 co-payment | |
| Inpatient Hospital Visits | No co-payment | |
| Allergy Testing and Treatment | $25 co-payment | **No co-payment** |
| Anesthesia | $25 co-payment | |
| Diagnostic Services and Treatments | $25 co-payment | **No co-payment** |
| Mammography Screening and Prostate Cancer Screening | $25 co-payment | |
| Mastectomy Care | $25 co-payment | |
| Obstetrical/Gynecological Services and Pap Smears | $25 co-payment | |
| Radiology Services | $25 co-payment | |
| Infertility Services | $25 co-payment | |
| Bone Mineral Density Measurements, Testing and Devices | $25 co-payment | |
| Enteral Formulas | $25 co-payment | |
| Contraceptive drugs and devices | $25 co-payment | |
| All second surgical/medical opinions | No co-payment | **No co-payment** |
| Periodic routine physicals | $25 co-payment | **No co-payment** |
| Well-Child Visits | No co-payment | **No co-payment** |
| Experimental or investigational services recommended by external appeal agent | $25 co-payment | |
| Pre- & Post-Natal Care | $25 co-payment | |
| Chiropractic Care | $40 co-payment | |
| Delivery Of Child/ Ambulatory and Out Patient Surgery | Lesser of: 20% or $200 | |
| **AMBULATORY SERVICES** | | |
| Ambulatory/Out patient Facility Services | $75 co-payment | |
| Pre-admission Testing | $25 co-payment | **No co-payment** |
| X-ray and Laboratory Services | $25 co-payment | **No co-payment** |
| **HOSPITAL SERVICES** | | |
| Inpatient Services | No co-payment | |
| Inpatient Cardiac Rehabilitation | No co-payment | |
| Ambulatory Surgery Facility | $75 co-payment | |
| Blood and Blood Products | No co-payment | |
| Ambulance Services | $50 co-payment | |
| Emergency Room Care (no admission to hospital) | $50 co-payment | |
| **HOSPITAL ALTERNATIVES** | | |
| Skilled Nursing Facility: 30 days per calendar year* | No co-payment | |
| Home Health Care: 40 visits per calendar year | $25 co-payment | |
| End of Life Care Program | No co-payment | |
| Hospice Care: Inpatient (210 days combined with outpatient) | No co-payment | |
| Hospice Care- Outpatient bereavement counseling-5 visits | No co-payment | |
| Hospice Care: Outpatient | No co-payment | |
| **REHABILITATIVE SERVICES** | | |
| Physical/Speech/Occupational | | |
| Inpatient: per continuous confinement (Limited to 10 days per diagnosis per calendar year) | No co-payment | |
| Outpatient: limited to 20 visits per diagnosis per calendar year (only following inpatient stay) | $40 co-payment | **No co-payment** |
| **MENTAL HEALTH** | | |
| Inpatient Admission: per continuous confinement (30 days per calendar year) | No co-payment | |
| Outpatient: 20 visits per calendar year | $40 co-payment | |
| **SUBSTANCE ABUSE** | | |
| 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) | $40 co-payment | |
| **MEDICAL EQUIPMENT & SUPPLIES** | | |
| Durable Medical Equipment & Supplies | 20% co-insurance | |
| Diabetic Equipment and Supplies | $25 co-payment | |

*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 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.