

EASY CHOICE HEALTH PLAN OF NEW YORK

Summary of Benefits

HMO: Plan 25E

DOCTOR'S SERVICES

	<u>What You Pay</u>
Office Visits (PCP)	\$25 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
Anesthesia	\$25 co-payment
Diagnostic Services and Treatments	\$25 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	\$25 co-payment
Periodic routine physicals	\$25 co-payment
Well-Child Visits	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
X-ray and Laboratory Services	\$25 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	No 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

<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	\$40 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 1: Benefit limitations and maximums are per Member per calendar year.

Note 2: The benefits outlined in this summary may have been modified as a result of healthcare reform. If applicable, please see PPACA Rider under separate cover.

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.

