



SUMMARY OF BENEFITS

Prime HMO

HIP Prime Network for NY CT and NJ Residents

UNITED NATIONS

1102308

➤ MAJOR COST SHARING PROVISIONS	PARTICIPATING PROVIDER
Benefit Period	Plan Year
Maximum Out-of-Pocket Limit	\$6,600 Individual / \$13,200 Family
Medical Deductible	Not Applicable
PCP Office visits	Covered in full
Specialist Office visits	Covered in full
Hospital admission	No Copayment
Emergency Room copay (waived if Hospital admission)	Covered in full
Prescription Drug Deductible	Not Applicable
Prescription drugs – 30 day supply	\$5 generic / \$5 brand
Prescription drugs – 90 day supply	\$7.50 generic / \$7.50 brand
➤ INPATIENT HOSPITAL SERVICES	PARTICIPATING PROVIDER
• Hospital and physician services	Subject to Hospital Admission Copayment Physician Services Covered in Full
• Semi-private room and board	Included in Hospital Admission Copayment
• Operating and recovery room, intensive and special care units, general nursing care, prescribed drugs, anesthesia, X-rays, lab tests, mastectomy care, cardiac and pulmonary rehabilitation and end of life care	Included in Hospital Admission Copayment
• Inpatient Rehabilitation & Habilitation Services (Physical, Speech and Occupational Therapy)	Subject to Hospital Admission Copayment; 90 days combined therapies
• Human organ transplants	Included in Hospital Admission Copayment
➤ MATERNITY AND NEW BORN CARE	PARTICIPATING PROVIDER
• Prenatal care	Covered in full
• Inpatient Hospital Services and Birthing Center	Covered in full
• Physician and Midwife Services for Delivery	Covered In Full
• Breast Pump	Covered in full
• Postnatal care	Covered in full



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➤ SURGICAL SERVICES	PARTICIPATING PROVIDER
• Inpatient Hospital Surgery	Covered in full
• Outpatient Hospital Surgery	Covered in full
• Surgery performed in a PCP Office	Covered in full
• Surgery performed in a Specialist Office	Covered in full
• Surgery performed at an Ambulatory Surgical Center	Covered in full
➤ CARDIAC REHABILITATION	PARTICIPATING PROVIDER
• Performed as Inpatient Hospital Services	Included as part of Inpatient Hospital Service Cost-Sharing
• Performed as Outpatient Hospital Services	Covered in full ; 32 visits, combined with Specialist Office limits
• Performed in a Specialist Office	Covered in full ; 32 visits, combined with Outpatient Hospital limits
➤ OUTPATIENT MEDICAL CARE	PARTICIPATING PROVIDER
• PCP office visits	Covered in full
• Specialists office visits	Covered in full
• Preventive care, including well-child visits and immunizations, adult annual physical examinations, adult immunizations, routine gynecological services/well woman exams, mammograms, screening and diagnostic imaging for the detection of breast cancer, sterilization procedures for women, and bone density testing	Covered in full
<ul style="list-style-type: none"> • Laboratory Procedures, <ul style="list-style-type: none"> • Performed in a PCP Office • Performed in Specialist Office • Performed in a Free Standing Laboratory • Performed as Outpatient Hospital Services 	<ul style="list-style-type: none"> Covered in full Covered in full Covered in full Covered in full
<ul style="list-style-type: none"> • Diagnostic Radiology <ul style="list-style-type: none"> • Performed in a PCP Office • Performed in Specialist Office • Performed in a Free Standing Radiology Facility • Performed as Outpatient Hospital Services 	<ul style="list-style-type: none"> Covered in full Covered in full Covered in full Covered in full
<ul style="list-style-type: none"> • Diagnostic Testing <ul style="list-style-type: none"> • Performed in a PCP Office 	Covered in full



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➤ OUTPATIENT MEDICAL CARE	PARTICIPATING PROVIDER
<ul style="list-style-type: none"> • Performed in Specialist Office • Performed as Outpatient Hospital Services 	<p style="text-align: center;">Covered in full</p> <p style="text-align: center;">Covered in full</p>
<ul style="list-style-type: none"> • Advanced Imaging Services (PET scans, MRI, nuclear medicine, CAT scans) <ul style="list-style-type: none"> • Performed in a Specialist Office • Performed in a Free Standing Radiology Facility • Performed as Outpatient Hospital Services 	<p style="text-align: center;">Covered in full</p> <p style="text-align: center;">Covered in full</p> <p style="text-align: center;">Covered in full</p>
<ul style="list-style-type: none"> • Infusion Therapy <ul style="list-style-type: none"> • Performed in a PCP Office • Performed in a Specialist Office Referral required • Performed as Outpatient Hospital Services • Home Infusion Therapy 	<p style="text-align: center;">Covered in full</p> <p style="text-align: center;">Covered in full</p> <p style="text-align: center;">Covered in full</p> <p style="text-align: center;">Covered in full</p>
<ul style="list-style-type: none"> • Ambulatory surgery center facility 	<p style="text-align: center;">Covered in full</p>
<ul style="list-style-type: none"> • Outpatient hospital surgery facility 	<p style="text-align: center;">Covered in full</p>
<ul style="list-style-type: none"> • Preadmission testing 	<p style="text-align: center;">Covered in full</p>
<ul style="list-style-type: none"> • Second opinions on the diagnosis of cancer, surgery and other 	<p style="text-align: center;">Covered in full</p>
<ul style="list-style-type: none"> • Outpatient Habilitation Services <ul style="list-style-type: none"> • Performed in a PCP Office • Performed in a Specialist Office • Performed as Outpatient Hospital Services 	<p style="text-align: center;">90 visits, combined therapies</p> <p style="text-align: center;">Covered in full</p> <p style="text-align: center;">Covered in full</p> <p style="text-align: center;">Covered in full</p>
<ul style="list-style-type: none"> • Radiation therapy <ul style="list-style-type: none"> • Performed in a Specialist Office • Performed in a Free Standing Radiology Facility • Performed as Outpatient Hospital Services 	<p style="text-align: center;">Covered in full</p> <p style="text-align: center;">Covered in full</p> <p style="text-align: center;">Covered in full</p>



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➤ OUTPATIENT MEDICAL CARE	PARTICIPATING PROVIDER
<ul style="list-style-type: none"> • Chemotherapy <ul style="list-style-type: none"> • Performed in a PCP Office • Performed in a Specialist Office • Performed as Outpatient Hospital Services 	<p style="text-align: center;">Covered in full</p> <p style="text-align: center;">Covered in full</p> <p style="text-align: center;">Covered in full</p>
<ul style="list-style-type: none"> • Outpatient Rehabilitation Services(physical therapy,occupational therapy, speech therapy, pulmonary rehabilitation) <ul style="list-style-type: none"> • Performed in a PCP Office • Performed in a Specialist Office • Performed as Outpatient Hospital Services 	<p style="text-align: center;">90 visits, combined therapies</p> <p style="text-align: center;">Covered in full</p> <p style="text-align: center;">Covered in full</p> <p style="text-align: center;">Covered in full</p>
<ul style="list-style-type: none"> • Allergy Testing and Treatment <ul style="list-style-type: none"> • Performed in a PCP Office • Performed in a Specialist Office 	<p style="text-align: center;">Covered in full</p> <p style="text-align: center;">Covered in full</p>
<ul style="list-style-type: none"> • Acupuncture 	<p style="text-align: center;">Not Covered</p>
<ul style="list-style-type: none"> • Telemedicine Program Provided by a Telemedicine Physician 	<p style="text-align: center;">Not Covered</p>
➤ MENTAL HEALTH AND ALCOHOL AND SUBSTANCE USE SERVICES	PARTICIPATING PROVIDER
<ul style="list-style-type: none"> • Mental Health Care <ul style="list-style-type: none"> • Inpatient • Outpatient 	<p style="text-align: center;">Covered in full, Unlimited Days</p> <p style="text-align: center;">Covered in full, Unlimited Visits</p>
<ul style="list-style-type: none"> • Substance Use Services <ul style="list-style-type: none"> • Inpatient • Outpatient 	<p style="text-align: center;">Covered in full, Unlimited Days</p> <p style="text-align: center;">Covered in full</p>
➤ SPECIAL KINDS OF CARE	PARTICIPATING PROVIDER
<p>Urgent Care Center</p>	<p style="text-align: center;">Covered in full</p>
<p>Non-Emergency Ambulance Services</p>	<p style="text-align: center;">Covered in full</p>
<p>Pre-Hospital Emergency Medical Services (Ambulance Services)</p>	<p style="text-align: center;">Covered in full</p>



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➤ SPECIAL KINDS OF CARE	PARTICIPATING PROVIDER
Home health care	Covered in full; 200 visits
Hospice care	Covered in full, 210 days
Skilled Nursing Facility (including cardiac and pulmonary rehabilitation)	Covered in full, Unlimited Days
Dialysis treatment <ul style="list-style-type: none"> • Performed in PCP Office • Performed in Specialist Office • Performed in Free Standing Center • Performed as Outpatient Hospital Services 	\$10 Copayment \$10 Copayment \$10 Copayment \$10 Copayment
Diabetes equipment, supplies, Insulin and education	Covered in full
Chiropractic Services	Covered in full
Family Planning Services	Covered
Vasectomy	Covered in full
Infertility Diagnosis and Treatment	3 Cycles IVF, Per Lifetime, Subject To Applicable Copayment
Dental Care <ul style="list-style-type: none"> • Preventive Dental 	Preventive Included
Durable Medical Equipment and Braces	No Deductible, Covered In Full
Prosthetics	Covered In Full
Orthotics	Covered In Full
Medical Supplies	Covered in full
External Hearing Aids	Not Covered
Cochlear Implants	No Copayment - One (1) per ear per time Covered
Optical Care <ul style="list-style-type: none"> • Refractive Eye Exams • Eyeglasses 	Covered in full / Once per covered period Eyeglasses \$35 Every 24 Months
ABA Treatment for Autism Spectrum Disorder	Covered in full
Assistive Communication Devices for Autism Spectrum Disorder	Covered in full



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➤ ADDITIONAL BENEFITS	PARTICIPATING PROVIDER
• Nurse Advice Line	Not Covered
• WellSpark	Not Covered
• Gym Reimbursement	Not Covered

FOOTNOTES

Drugs are dispensed in accordance with EmblemHealth's Drug Formulary. Please refer to your Prescription Drug Rider for details.

Except for emergency care, the above benefits and services are covered only when provided or referred by an EmblemHealth Primary Care Physician and/or approved in advance by the EmblemHealth Care Management Program. EmblemHealth Participating Physicians and Providers have contracted with HIP to provide care to our members; they are not employees, agents, servants or representatives of EmblemHealth. This summary is provided for information only; it does not contain complete details of the Plan which are available only in the Contract or Certificate of Coverage and Schedule of Benefits, and it does not constitute an Agreement.