



# HIP Prime HMO 2022 Summary of Benefits

SERVICE CATEGORY	COVERAGE	COPAY
<b>Physician Services</b>	<b>Primary Care Physician Office Visits</b>	
	Adults	\$5 per visit
	Sick-Child Visits (Age 0-25)	\$5 per visit
	Laboratory Services	\$5 per visit
	X-ray Services	\$5 per visit
	<b>Specialist Office Visits</b>	
	Office Visits	\$10 per visit
	Laboratory Services	\$10 per visit
	Refractive Eye Exams	\$0
	X-ray Services	\$10
	<b>Inpatient Hospital Services</b>	
	Anesthesiology	\$0
Radiology Visits/Consultations	\$0	
<b>Preventive &amp; Wellness Care Services*</b>	Well-Baby, Child Care, and Immunizations	\$0
	Adult Physical	\$0
	Mammography & Prostate Cancer Screening	\$0
	Annual Pap Test & OB/GYN Exam	\$0
	Immunizations for Adults	\$0
	Colonoscopy & Sigmoidoscopy Screening for Adults	\$0
	Bone Density Tests	\$0
<b>Hospital</b>	Hospital Inpatient	\$0 per continuous stay
	Hospital Outpatient Surgery	\$0
	Hospital Outpatient X-ray	\$0
	Hospital Outpatient Laboratory	\$0
<b>Maternity</b>	Physician Services	\$0
	Hospital Services	\$0
	Nursery Care	\$0
<b>Emergency Room (ER) Visit</b>		\$75 per visit
<b>Ambulance</b>		\$0
<b>Chiropractic Benefit</b>		\$10 per visit
<b>Durable Medical Equipment</b>		\$0
<b>Mental Health</b>	Inpatient	\$0
	Outpatient	\$0
<b>Substance Abuse Diagnosis &amp; Treatment</b>	Inpatient	\$0
	Rehabilitation Outpatient:	
	• Primary Care Physician Office	\$5 per visit
• Specialist Office	\$5 per visit	
<b>Physical/Occupational/Speech Therapy</b>	Outpatient Facility	\$0; Combined 90 visits per year
	Primary Care Physician Office	\$5 per visit

(Continued)

\*Preventive services are covered in full only when provided in accordance with the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA), or if the items or services have an "A" or "B" rating from the United States Preventive Services Task Force (USPSTF); if the immunizations are recommended by the Advisory Committee on Immunization Practices (ACIP), or when required by New York state law.

EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC and Health Insurance Plan of Greater New York (HIP) are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies. Refer to HIP policy form number 155-23-LGHMOSCHEDULE (01/21).

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SERVICE CATEGORY	COVERAGE	COPAY
Home Health Care		\$0 – 200 visits per calendar year
Lifetime Maximum Coverage		Not applicable
<b>Additional Benefits</b>		
Autism Spectrum Disorder	Inpatient	\$0
	Outpatient:	
	• Primary Care Physician Office	\$5 per visit
	• Specialist Office	\$5 per visit
	Assistive Communication Devices	\$10 per visit
Diabetic Supplies		\$5 per 34-day supply
Dialysis Treatment	Primary Care Physician Office	\$5 per visit
	Freestanding Center	\$0
	Outpatient Hospital	\$0
Hospice Care		\$0 – 210 days
Skilled Nursing Facility Care		\$0
Urgent Care		\$5 per visit
<b>Out-of-Pocket Maximum (per calendar year):</b> \$6,850 per individual and \$13,700 per family		

Except for emergency care, the above benefits and services are covered only when provided or referred by a HIP primary care physician and/or approved in advance by our Utilization Management Department. HIP participating physicians and providers have contracted with HIP to provide care to our members; they are not employees, agents, servants, or representatives of HIP. 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 it does not constitute an Agreement.