EmblemHealth®

HIP Prime HMO 2021 Summary of Benefits

SERVICE CATEGORY	COVERAGE	COPAY
Physician Services	**Primary Care Physician Office Visits**	
	Adults	$5 per visit
	Sick-Child Visits (Age 0-25)	$5 per visit
	Laboratory Services	$5 per visit
	X-ray Services	$5 per visit
	Specialist Office Visits	
	Office Visits	$10 per visit
	Laboratory Services	$10 per visit
	Refractive Eye Exams	$0
	X-ray Services	$10
	Inpatient Hospital Services	
	Anesthesiology	$0
	Radiology Visits/Consultations	$0
Preventive & Wellness Care Services	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
Hospital	Hospital Inpatient	$0 per continuous stay
	Hospital Outpatient Surgery	$0
	Hospital Outpatient X-ray	$0
	Hospital Outpatient Laboratory	$0
Maternity	Physician Services	$0
	Hospital Services	$0
	Nursery Care	$0
Emergency Room (ER) Visit		$75 per visit
Ambulance		$0
Chiropractic Benefit		$10 per visit
Durable Medical Equipment		$0
Mental Health	Inpatient	$0
	Outpatient	$0
Substance Abuse Diagnosis & Treatment	Inpatient	$0
	Rehabilitation Outpatient:	
	• Primary Care Physician Office	$5 per visit
	• Specialist Office	$5 per visit
Physical/Occupational/Speech Therapy	Outpatient	$0; Combined 90 visits per year
	Primary Care Physician Office	$5 per visit

(Continued)

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SERVICE CATEGORY	COVERAGE	COPAY
Home Health Care		$0 – 200 visits per calendar year
Lifetime Maximum Coverage		No maximums
Additional Benefits		
Autism Spectrum Disorder	Inpatient Outpatient: • Primary Care Physician Office • Specialist Office Assistive Communication Devices	$0 $5 per visit $10 per visit $10 per visit
Diabetic Supplies		$5 per 34-day supply
Dialysis Treatment	Primary Care Physician Office Freestanding Center Outpatient Hospital	$5 per visit $0 $0
Hospice Care		$0 – 210 days
Out-of-Pocket Maximum (per calendar year)		$6,850 per individual $13,700 per family
Skilled Nursing Facility Care		$0
Urgent Care		$5 per visit

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.