



# HIP Prime HMO 2021 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>Preventive &amp; Wellness Care Services</b>	<b>Inpatient Hospital Services</b>	
	Anesthesiology	\$0
	Radiology Visits/Consultations	\$0
	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	\$0; Combined 90 visits per year
	Primary Care Physician Office	\$5 per visit

(Continued)

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SERVICE CATEGORY	COVERAGE	COPAY
<b>Home Health Care</b>		\$0 – 200 visits per calendar year
<b>Prescription Coverage<sup>1</sup></b>	Retail 30-Day Supply Mail Order 90-Day Supply	\$5 generic / \$20 brand \$7.50 generic / \$30 brand
<b>Lifetime Maximum Coverage</b>		No maximums
<b>Additional Benefits</b>		
<b>Autism Spectrum Disorder</b>	Inpatient Outpatient: • Primary Care Physician Office • Specialist Office Assistive Communication Devices	\$0 \$5 per visit \$10 per visit \$10 per visit
<b>Diabetic Supplies</b>		\$5 per 34-day supply
<b>Dialysis Treatment</b>	Primary Care Physician Office Freestanding Center Outpatient Hospital	\$5 per visit \$0 \$0
<b>Hospice Care</b>		\$0 – 210 days
<b>Out-of-Pocket Maximum (per calendar year)</b>		\$6,850 per individual \$13,700 per family
<b>Skilled Nursing Facility Care</b>		\$0
<b>Urgent Care</b>		\$5 per visit

<sup>1</sup>Drugs are dispensed in accordance with HIP'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 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.