ATLANTIS HEALTH PLAN

Summary of Benefits

HNY Group HDHP

FINANCIALS	**What You Pay**
Office visit Co-pay	$20 co-payment
Deductible Single/Family	$1,150/$2,300
Maximum Out of Pocket (after deductible) Single/Family	$5,250/$10,500

DOCTOR'S SERVICES	**What You Pay**
Office Visits (PCP or Specialist)	$20 co-payment
Anesthesia	$20 co-payment
Diagnostic Services and Treatments	$20 co-payment
Mammography Screening	$20 co-payment
Obstetrical/Gynecological Services	$20 co-payment
Pap Smears	$20 co-payment
Prostate Cancer Screening	$20 co-payment
Second Surgical Opinions	$20 co-payment
Periodic Adult Physical Examinations	$20 co-payment
Well-Child Care Visits (including immunizations)	No co-payment
Pre- and Post-Natal Care	$10 co-payment
Delivery of Child	$200 or 20% whichever is less
Surgical Services	$200 or 20% whichever is less
AMBULATORY SERVICES	
Radiation Therapy and Chemotherapy	$20 co-payment
Hemodialysis	$20 co-payment
Pre-admission Testing	$20 co-payment
X-Ray and Laboratory Services	$20 co-payment
HOSPITAL SERVICES	
Inpatient Admission (per continuous confinement)	$500 co-payment
Outpatient Surgery Facility Charges	$75 co-payment
Blood and Blood Products	$20 co-payment
Emergency Room Care (no admission to hospital)	$50 co-payment
HOSPITAL ALTERNATIVES	
Home Health Care - 40 visits per calendar year (only following surgery or hospital stay)	$20 co-payment
REHABILITATIVE SERVICES	
Physical Therapy	
Outpatient: limited to 30 visits per calendar year (only following surgery or hospital stay)	$20 co-payment
DIABETIC EQUIPMENT & SUPPLIES	
Diabetic Equipment and Supplies	$20 per item or 34-day supply

Note: Benefit limitations are per Member per calendar year. Deductible and Maximums are per member per plan year.
Co-payments do not apply to your deductible. Co-payments except preventive care are collected after member meets deductible
EXCLUSIONS: This SUMMARY OF BENEFITS highlights the standard benefits of the HNY contract.
Benefits shown may be subject to Restrictions, Exclusions and Limitations found in the Subscriber Contract.
Form AHP-HNY-GRP-HDHP
Approved 1.30.2007

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