

Plan Facts

HIP Prime NY Low Co-Pay	
Web site	hipusa.com
Member services	1-800-447-8632; enrollment; 1-800-447-8255 ongoing
Find a network provider	Find a Doctor or Hospital
Binding arbitration	No

Cost

HIP Prime NY Low Co-Pay	
Health Reimbursement Arrangement	
Eligible expenses for reimbursement	Not applicable
General Medical Expenses	
Deductible: Individual/Family	\$0 Individual; \$0 Family
Primary doctor office visit	\$5 copay
Specialist office visit	\$5 copay
Out-of-pocket maximum: Individual/Family	\$0 Individual; \$0 Family
Lifetime coverage limit	Limit does not apply
Inpatient Hospital Care	
Hospital copay	100% covered
Hospital semi-private room	100% covered
Inpatient lab and X-ray	100% covered
Inpatient physician and surgeon services	100% covered
Outpatient Care	
Outpatient surgery	100% covered
Outpatient laboratory services	100% covered; included in office visit copay
Outpatient X-ray	100% covered; included in office visit copay
Emergency room (not followed by admission)	\$25 copay
Urgent care clinic visit	\$5 copay
Prescription Drug Expenses	
Prescription drug vendor	Same as medical plan
Prescription drug Web site	Same as medical plan
Prescription drug member services	Same as medical plan
Annual prescription deductible	Not applicable
Retail generic	\$5 copay; 30 day supply
Retail formulary brand	\$5 copay; 30 day supply
Retail nonformulary brand	Not covered
Mail order generic	\$2.50 copay; 30 day supply; \$7.50 copay; 90 day supply
Mail order formulary brand	\$2.50 copay; 30 day supply; \$7.50 copay; 90 day supply
Mail order nonformulary brand	Not covered
Oral contraceptives	Retail and mail order available; applicable prescription drug copay applies

Coverage

HIP Prime NY Low Co-Pay	
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Adult Preventive Care

Physical exam	\$5 copay
Well-woman exam (includes pap)	\$5 copay
Mammogram	100% covered
Cancer screenings	100% covered; included in office visit copay
Cardiovascular screenings	100% covered; included in office visit copay

Family Planning

Fertility drugs	Covered under New York State mandates; check with Plan for details
Fertility services	Covered according to New York State guidelines; check with Plan for details
Artificial insemination	\$5 copay
In vitro fertilization	Not covered
Male vasectomy	\$5 copay

Maternity Care

Office visit: Pre/postnatal	\$5 copay initial visit only
In-hospital delivery services	100% covered
Newborn nursery services	100% covered
Prenatal care management	Yes

Well-Baby/Well-Child Preventive Care

Well-child exams	100% covered for Pediatric Well Care visits; copay may apply under certain circumstances; check with Plan for details
Immunizations (child)	100% covered

Mental Health Care

Mental Health: Combined with substance abuse	No
Mental Health: Outpatient coverage	100% covered; limited to 60 visits per calendar year; no limit for biologically-based illnesses and children with serious emotional illnesses
Mental Health: Inpatient coverage	100% covered; limited to 30 days per calendar year; no limit for biologically-based illnesses and children with serious emotional illnesses

Substance Abuse Care

Detox: Outpatient coverage	Not covered
Detox: Inpatient coverage	100% covered; limited to seven days per calendar year
Rehab: Outpatient coverage	\$5 copay; limited to 60 visits per calendar year
Rehab: Inpatient coverage	Not covered

Dental Care

Dental implants	Not covered
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Accidental injury to teeth	Applicable copays apply; must be medically necessary; check with Plan for details
Surgical removal of tumors, cysts, and impacted teeth	Applicable copays apply; must be medically necessary; check with Plan for details
Vision Care	
Routine vision exams	\$5 copay; PCP or specialist; limited to one screening per benefit plan year
Regular lenses and frames	Not covered
Contact lenses	Not covered
Other Services	
Ambulance services	100% covered
Allergy tests and treatments	100% covered; included in office visit copay
Durable medical equipment	100% covered
Hearing Care	
Hearing evaluations	\$5 copay
Hearing aids	Not covered
Medical Therapy	
Acupuncture	Covered at a discounted fee when utilizing HIP's network providers; acupuncture not covered
Chiropractic	\$5 copay
Outpatient physical therapy	\$5 copay; limited to 90 visits per calendar year for all therapies combined
Outpatient speech therapy	\$5 copay; limited to 90 visits per calendar year for all therapies combined
Outpatient occupational therapy	\$5 copay; limited to 90 visits per calendar year for all therapies combined
Care at Alternate Sites	
Noncustodial home health care	100% covered; limited to 40 visits per calendar year
Prescribed care in noncustodial skilled nursing facility	100% covered; limited to 90 days per calendar year
Hospice care	100% covered; limited to 210 days

Access

HIP Prime NY Low Co-Pay	
Out-of-area dependent coverage	No
Out-of-area participant coverage	No

Ease of Use

HIP Prime NY Low Co-Pay	
Need to file claims	No; except for covered urgent or emergency care received outside of the service area

Number of PCP changes allowed/year	365
Ability to self-refer to OB/GYN	Yes
Ability to self-refer to specialists	No

Care Management: Education and Assistance

	HIP Prime NY Low Co-Pay
Asthma care management	Yes
Cancer care management	No
Diabetes care management	Yes
Heart disease care management	Yes; congestive heart failure
Hypertension care management	No
Smoking cessation program	Yes
Weight control program	Yes