

Plan Facts

HIP VIP NY Nassau	
Web site	hipusa.com
Member services	1-800-447-8632; enrollment; 1-800-447-8255 on-going
Find a network provider	Find a Doctor or Hospital
Binding arbitration	No

Cost

HIP VIP NY Nassau	
Health Reimbursement Arrangement--Account Information	
Eligible expenses for reimbursement	Not applicable
General Medical Expenses	
Deductible: Individual/Family	\$0 Individual; \$0 Family
Primary doctor office visit	\$10 copay
Specialist office visit	\$15 copay
Out-of-pocket maximum: Individual/Family	\$0 Individual; \$0 Family
Lifetime coverage limit	Limit does not apply
Inpatient Hospital Care	
Hospital copay	\$100 copay
Hospital semi-private room	\$100 copay
Inpatient lab and X-ray	100% covered; after initial \$100 hospital copay
Inpatient physician and surgeon services	100% covered; after initial \$100 hospital copay
Outpatient Care	
Outpatient surgery	\$50 copay
Outpatient laboratory services	100% covered; included in office visit copay
Outpatient X-ray	100% covered; included in office visit copay; \$50 copay for diagnostic and therapeutic services including MRI, PET, and CT scans at outpatient facility
Emergency room (not followed by admission)	\$50 copay
Urgent care clinic visit	\$10 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	\$10 copay; 30 day supply
Retail formulary brand	\$15 copay; 30 day supply
Retail nonformulary brand	50% covered; 30 day supply
Mail order generic	\$5 copay; 30 day supply; three times copay for up to 90 day supply
Mail order formulary brand	\$7.50 copay; 30 day supply; three times copay for up to 90 day supply
Mail order nonformulary brand	50% covered; 30 day supply; up to 90 day supply available

Oral contraceptives

Retail and mail order available; covered for medically necessary Medicare approved reasons

Coverage

HIP VIP NY Nassau	
Adult Preventive Care	
Physical exam	\$10 copay
Well-woman exam (includes pap)	\$10 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	Not covered
Fertility services	Not covered
Artificial insemination	Not covered
In vitro fertilization	Not covered
Male vasectomy	\$50 copay
Maternity Care	
Office visit: Pre/postnatal	\$10 copay; PCP; \$15 copay specialist
In-hospital delivery services	\$100 copay
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	\$20 copay
Mental Health: Inpatient coverage	100% covered; limited to 190 days per lifetime at a psychiatric facility; no limit when admitted to a general hospital
Substance Abuse Care	
Detox: Outpatient coverage	Not covered
Detox: Inpatient coverage	\$100 copay per admission; must be medically necessary; limitations based on Medicare guidelines
Rehab: Outpatient coverage	\$20 copay
Rehab: Inpatient coverage	100% covered; must be medically necessary; limitations based on Medicare guidelines
Dental Care	
Dental implants	Not covered
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
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Vision Care

Routine vision exams	\$15 copay; eye refraction exam
Regular lenses and frames	Limited to one set of eyeglasses every 12 months; limited to select group of frames
Contact lenses	Not covered

Other Services

Ambulance services	\$50 copay
Allergy tests and treatments	100% covered; included in office visit copay
Durable medical equipment	100% covered

Hearing Care

Hearing evaluations	\$15 copay; limited to one exam per benefit year
Hearing aids	One hearing aid at no cost or \$500 credit toward purchase of hearing aids; total hearing aid benefit once every 36 months

Medical Therapy

Acupuncture	Not covered
Chiropractic	\$15 copay
Outpatient physical therapy	\$10 copay
Outpatient speech therapy	\$10 copay
Outpatient occupational therapy	\$10 copay

Care at Alternate Sites

Noncustodial home health care	100% covered
Prescribed care in noncustodial skilled nursing facility	100% covered; days 1-20; \$25 copay per day for days 21-100; limited to 100 days per benefit period
Hospice care	Covered under original Medicare program; contact Plan for details

Access

HIP VIP NY Nassau

Out-of-area dependent coverage	No
Out-of-area participant coverage	No

Ease of Use

HIP VIP NY Nassau

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 VIP NY Nassau

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	No