

Healthy New York Benefit Summary

Benefits	Healthy New York Benefits
Annual Deductible	None
Copayment Options	\$20 copayment
Dependent Coverage	To age 19; full-time students to age 23
Lifetime Maximum	No maximums
Out-of-Pocket Maximum	None
Allergy Testing & Treatment	\$20 copayment
Ambulance	Not covered
Anesthesia	\$20 copayment
Blood	\$20 copayment
Cervical Cancer Screening	\$20 copayment
Chemotherapy	\$20 copayment
Diabetes Equipment/Education (per item/visit)	\$20 copayment
Dialysis Treatment	\$20 copayment
Durable Medical Equipment	Not covered (except in cases related to surgical procedures and provided at that time be the hospital)
Emergency Room/Facility	\$50 copayment
Home Health Care	Not covered
Hospice	Not covered
Hospital: Inpatient	\$500 copayment
Hospital: Outpatient	\$75 copayment
Laboratory Tests and X-rays	\$20 copayment
Mammography	\$20 copayment
Maternity Care	Pre & Post Natal Visits \$10 copayment Delivery Services 20% up to \$200 max
Mental Health: Inpatient	Not covered
Mental Health: Outpatient	Not covered
Newborn Exam	\$20 copayment
Other Short-Term Rehabilitative Therapies – – Speech/Language, Occupational, Vision	Not covered
Physical Therapy	Not covered
Physician: In Hospital & Surgery	\$20 copayment
Physician: Office Visits	\$20 copayment
Pre-Admission Testing	\$20 copayment

Benefits	Healthy New York Benefits
Prescription Drug – Retail (Separate Drug Rider must be purchased)	34 day supply After \$100 individual deductible is met, the customer will be responsible for the following co-pays each time a prescription is filled. – Generic drugs — \$10 copayment – Brand drugs — \$20 copayment (Note: Member must pay difference in cost between brand and generic) Maximum \$3100.00 per individual per year. Note: The deductible and maximum are combined with mail order.
Prescription Drug – Mail Order (Separate Drug Rider must be purchased)	90 day supply After \$100 individual deductible is met, the customer will be responsible for the following co-pays each time a prescription is filled. – Generic drugs — \$20 copayment – Brand drugs — \$40 copayment (Note: Member must pay difference in cost between brand and generic) Maximum \$3100.00 per individual per year. Note: The deductible and maximum are combined with retail."
Radiation Therapy	\$20 copayment
Routine Gyn Exams (No referral required)	\$20 copayment
Routine Physical	\$20 copayment
Second Opinion	\$20 copayment
Substance Abuse: Inpatient	Not covered
Substance Abuse: Outpatient	Not covered
Surgical Services	20% up to \$200 per occurrence
Vision Care	Not covered
Well-Child Care (Up to age 19, including covered immunizations)	\$0 copayment