



Healthy New York
Group
High Deductible Health Plan

SCHEDULE OF BENEFITS

Cost Sharing Expense for Covered Benefits	
Employers must make a selection between the high deductible option and the standard plan on behalf of the entire group, and the option applies to all employees	
Deductible Individual Family (all other than self) Out-of-Pocket Maximum Individual Family (all other than self)	[\$1,150] [\$2,300] [\$5,250] [\$10,500]
Covered Service	Member Pays
Inpatient Hospital Services (including inpatient maternity care) Daily room & board General nursing care Special Diets Miscellaneous hospital services & supplies	\$ 500 copayment per continuous confinement.
Outpatient Hospital Services Diagnostic and treatment services Outpatient surgery	\$ 20 copayment per visit \$ 75 facility copayment
Physicians Services Diagnostic & treatment services Consultant & referral services Anesthesia services Second surgical opinion Second opinion for cancer Surgical services (including breast	\$20 copayment per visit

reconstruction following a mastectomy)	20% or \$ 200, whichever is less
Pre-admission Testing	\$ 20 copayment
Maternity Care Prenatal/Postnatal care Delivery Home Visit	\$ 10 copayment per visit (prenatal) (These services are not subject to the annual deductible) 20% or \$200, whichever is less No Copayment
Adult Preventive Health Care Mammography screening Cervical cytology screening Prostate cancer screening Periodic physical examinations Adult immunizations	\$ 20 copayment per visit (These services are not subject to the annual deductible.)
Child Primary & Preventive Health Services Preventive & primary care Immunizations Scheduled Well-Child Visits	No copayment (These services are not subject to the annual deductible.)
Diabetic Equipment & Supplies and Self-Management Education	\$ 20 copayment per visit for self-management education \$ 20 copayment per each item of equipment \$ 20 copayment per 34-day supply of insulin, hypoglycemics and supplies
Diagnostic X-Ray & Lab Services	\$20 copayment per visit
Emergency Services	\$ 50 copayment per visit (waived if hospital admission results from visit)

Home Health Care	\$20 copayment per visit
Physical Therapy	\$20 copayment per visit
Therapeutic Services Radiological services Chemotherapy Hemodialysis	\$20 copayment per visit
Blood and Blood Products When used in a provider's office	\$20 copayment per visit
Prescription Drugs	<p><u>Copayment:</u> \$ 10 per generic drug per 34-day supply \$ 20 per brand name drug plus difference in cost between the brand name drug and its generic equivalent per 34 day supply</p> <p>Mail order program</p> <p>\$ 20 per generic drug per 90-day supply \$ 40 per brand name drug per 90-day supply plus difference in cost between brand name and its generic equivalent</p> <p><u>Benefit Maximum</u> \$ 3000 per person per calendar year</p>