



Healthy New York
 Individual Plan
 High Deductible Health Plan

SCHEDULE OF BENEFITS

<i>Cost Sharing Expense for Covered Benefits</i>	
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]
<i>Covered Service</i>	<i>Member Pays</i>
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 reconstruction following a	\$20 copayment per visit 20% or \$ 200, whichever is less

mastectomy)	
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>