ATLANTIS HEALTH PLAN

Summary of Benefits
HMO: Low Option Plan

		ATLANTIS OUTPATIENT CENTERS
DOCTOR'S SERVICES	**What You Pay**	**What You Pay**
Office Visits (PCP or Specialist)	$20 co-payment	**No co-payment**
Ambulatory Service visits (Hemodialysis, Chemotherapy, Radiotherapy)	$20 co-payment	
Inpatient Hospital Visits	No co-payment	
Allergy Testing and Treatment	$20 co-payment	**No co-payment**
Anesthesia	No co-payment	
Diagnostic Services and Treatments	$20 co-payment	**No co-payment**
Mammography Screening and Prostate Cancer Screening	$20 co-payment	
Mastectomy Care	$20 co-payment	
Obstetrical/Gynecological Services and Pap Smears	$20 co-payment	
Radiology Services	$20 co-payment	
Infertility Services	$20 co-payment	
Bone Mineral Density Measurements, Testing and Devices	$20 co-payment	
Enteral Formulas	$20 co-payment	
Contraceptive drugs and devices	$20 co-payment	
All second surgical/medical opinions	No co-payment	**No co-payment**
Periodic routine physicals	$20 co-payment	**No co-payment**
Well-Child Visits	No co-payment	**No co-payment**
Experimental or investigational services recommended by external appeal agent	$20 co-payment	
Pre- & Post-Natal Care	$20 co-payment	
Chiropractic Care	$20 co-payment	
Delivery Of Child/ Ambulatory and Out Patient Surgery	Lesser of: 20% or $200	
AMBULATORY SERVICES		
Ambulatory/Out patient Facility Services	$75 co-payment	
Pre-admission Testing	$20 co-payment	**No co-payment**
X-ray and Laboratory Services	$20 co-payment	**No co-payment**
HOSPITAL SERVICES		
Inpatient Services	$500 co-payment per continuous confinement	
Inpatient Cardiac Rehabilitation	$500 co-payment	
Ambulatory Surgery Facility	$75 co-payment	
Blood and Blood Products	No co-payment	
Ambulance Services	$50 co-payment	
Emergency Room Care (no admission to hospital)	$50 co-payment	
HOSPITAL ALTERNATIVES		
Skilled Nursing Facility: 30 days per calendar year*	$500 co-payment per continuous confinement	
Home Health Care: 40 visits per calendar year	$20 co-payment	
End of Life Care Program	No co-payment	
Hospice Care: Inpatient (210 days combined with outpatient)	No co-payment	
Hospice Care- Outpatient bereavement counseling-5 visits	No co-payment	
Hospice Care: Outpatient	No co-payment	
REHABILITATIVE SERVICES		
Physical/Speech/Occupational		
Inpatient: per continuous confinement (Limited to 30 days per diagnosis per calendar year)	$500 co-payment per continuous confinement	
Outpatient: limited to 20 visits per diagnosis per calendar year	$20 co-payment	**No co-payment**
MENTAL HEALTH		
Inpatient Admission: per continuous confinement (30 days per calendar year)	$500 co-payment per continuous confinement	
Outpatient: 20 visits per calendar year	$25 co-payment	
SUBSTANCE ABUSE		
Inpatient Detoxification: per continuous confinement (Limited to 7 days per calendar year)	$500 co-payment per continuous confinement	
Outpatient Rehabilitation: 60 visits per calendar year (20 of the visits may be used for Family Therapy)	$20 co-payment	
MEDICAL EQUIPMENT & SUPPLIES		
Durable Medical Equipment & Supplies	20% co-insurance	
Diabetic Equipment and Supplies	$20 co-payment	
CHIROPRACTIC CARE	$20 co-payment	

*Benefit riders available to satisfy the "make available" provisions of Section 4303(e) of the New York State Insurance Laws

Note: Benefit limitations and maximums are per Member per calendar year.

EXCLUSIONS: This SUMMARY OF BENEFITS highlights the standard benefits of the HMO contract.

Benefits shown may be subject to Restrictions, Exclusions and Limitations found in the Group Subscriber Contract.

Atlantis Outpatient Centers are owned and operated by physicians. Atlantis Health Plan has licensed the naming rights and logo of Atlantis Health Plan to the physician entity that owns and operates Atlantis Outpatient Centers.

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