



**HIP**  
HEALTH PLAN OF NEW YORK

**HIP EPO 100/80 3K**

**HealthPass HIP** **HIP EPO 100/80 3K (EPOc)**

**Benefit** **In-Network**

**Embedded Drug Card** 20/30/50/100

**Major Medical**

Deductible Ind/Fam	\$3,000/\$6,000
Co-Insurance	80% of \$25,000
Out-of-Pocket	\$5,000/\$10,000
Office Copay	\$30
DXL/Lab Fees	\$30-PCP/\$50-OP/Ded & Colns
Specialist Copay	\$50
Lifetime Maximum	Unlimited

**Hospital Benefits**

Hospital In-Patient	Ded & Colns
Hospital Out-Patient	Ded & Colns
Emergency Room	\$75 Copay
Private Nursing	Not Covered

**Surgical Benefits**

Surgical In-Patient	Ded & Colns
Surgical Out-Patient	Ded & Colns

**Mental Health**

Mental Nervous In-Patient	Ded & Colns 30 days max/yr
Substance Abuse In-Patient	Not Covered
Mental Nervous Out-Patient	\$25 Copay 30 visits max/yr
Substance Abuse Out-Patient	\$50 Copay 60 visits max/yr

**Other**

Well Care (Up to 19)	No Charge
Routine Adult Care	No Charge
Chiropractic Care	\$50 Copay
Home Health Care	Ded & Coins-40 visits/max
Non-Authorization	No Information Available
Therapy Services In-Patient	Ded & Colns
Therapy Services Out-Patient	\$50 Copay
Durable Medical Equipment	Ded & Colns
Optical (1 exam every 12 months)	\$0 Copay
(1 pair of contacts ever 12 months)	\$25 Copay
(1 pair of eyeglasses every 12 months)	\$0 Copay