



## In- and Out-of-network benefits, outside of New York City.

HIP Prime PPO members who live outside New York City can enjoy affordable, quality health care from virtually any doctor or specialist, in- or out-of-network, without a referral.

HIP's Preferred Provider Organization (PPO) plan\* was created especially for New York-based employees who reside outside of HIP's traditional 10 county New York service area in New Jersey, Connecticut and upstate New York providing an out-of-area complement to our in-area POS coverage. Through an agreement with Private Healthcare Systems (PHCS), PPO plan members now have access to an expanded network of health care providers. Members may also visit out-of-network providers subject to additional cost sharing.

### **HIP Prime PPO — more healthy choices outside NYC.**

Members who live in upstate New York, New Jersey or Connecticut enjoy the following:

- No need to select a Primary Care Physician or get a referral.
- Virtually no out-of-pocket expenses, except applicable copays.
- Participating PHCS physicians are easily found in our PPO Provider Directory and online at [hipusa.com](http://hipusa.com)<sup>®</sup>.

Members receiving care outside the PHCS network may have a deductible and coinsurance.

You can also customize a plan to fit your group's needs by choosing from a wide range of cost-sharing options and benefit riders.

**For more information, call 1-800-HIP-TODAY (1-800-447-8632).**

\*HIP Prime<sup>®</sup> PPO plan is underwritten by HIP Insurance Company of New York, Inc.

**Now that's** **HIP**  
INSURANCE COMPANY OF NY

**PHCS** PRIVATE  
HEALTHCARE  
SYSTEMS

**hipusa.com**<sup>®</sup>  
English, Spanish, Chinese and Korean

# HIP Prime<sup>®</sup> PPO

|   | In-Network   | Out-of-Network   |
|---|--|--|
| <b>Deductibles</b>  | \$0  | \$250/Ind, 500/Fam - Other options available                               |
| <b>Coinsurance</b>  | Not applicable   | Member pays 20%, 30%, 50% - Other options available                        |
| <b>Coinsurance Maximum</b>  | Not applicable   | \$1,000/Ind, 2,000/Fam - Other options available                           |
| <b>Annual Maximum Benefit</b>   | Unlimited  | \$5,000,000 - other options available                                      |
| <b>Professional Services</b>  |  |  |
| <b>PCP office visit</b>   | \$5, \$10, \$15, \$20 - other copay options available                      | Coinsurance after deductible   |
| <b>Specialist office visit</b>  | \$5, \$10, \$15, \$20 - other copay options available                      | Coinsurance after deductible   |
| <b>Diagnostic Services</b><br>• X-rays, lab tests, EKGs, MRIs and CAT scans                   | Covered in full  | Coinsurance after deductible   |
| <b>Inpatient Hospital Services*</b>   |  |  |
| <b>Hospital and Physician services</b>  | \$250, \$500 - other copay options available                               | Coinsurance after deductible   |
| <b>Outpatient Facility Services</b>   |  |  |
| <b>Emergency Room</b>   | \$0, \$25, \$35, \$50 - other copay options available (waived if admitted) | \$0, \$25, \$35, \$50 copay - other options available (waived if admitted) |
| <b>Ambulatory surgery*</b>  | \$0, \$50, \$75, \$100 copay options available                             | Coinsurance after deductible   |
| <b>Prescription Drugs</b>   |  |  |
| <b>Generic/brand/non-formulary</b>  | \$5/10/35, \$10/20/35, \$0/100 deductible - other options available        | Not covered  |
| <b>HIP Mail Order Pharmacy Service<sup>1</sup></b><br>(Up to a 90-day supply may be obtained) | Formulary copays are reduced by 50%  | Not covered  |
| <b>Mental Health and Alcohol and Substance Abuse Care</b>                                     |  |  |
| <b>Inpatient*</b>   | Copay/day options available  | Coinsurance after deductible   |
| <b>Outpatient</b>   | Copay/visit options available  | Coinsurance after deductible   |

<sup>1</sup>Drugs are dispensed in accordance with HIP's Drug Formulary. Please refer to your Prescription Drug Rider for details.

HIP participating physicians and providers have contracted with HIP to provide care to our members; they are not employees, agents or representatives of HIP. This information does not contain complete details of the Plan which are available only in the Contract or Certificate of Coverage and Schedule of Benefits, and it does not constitute an Agreement.

\*Prior Approval required by the HIP Care Management Program.