

# HIP Select<sup>®</sup> PPO

Small Group



## A flexible, made-to-order benefit plan.

HIP Select<sup>®</sup> PPO (Preferred Provider Organization) offers small groups greater flexibility in choosing benefit and pricing options that best match the individual needs of your business.

Members have access to an expanded provider network without referral requirements or the need to select a primary care physician (PCP).

What's more, HIP is offering new coverage for alternative medicine, an enhanced optical benefit and a health club reimbursement. It's part of our ongoing effort to provide members with quality health care and wellness services (see chart on back for more information).

### **HIP Select PPO benefits include:**

- New coverage for alternative medicine services: acupuncture, massage therapy and nutritional counseling.
- Up to \$200 annual reimbursement for health club memberships.
- \$0 copay for eyeglasses.
- In- and out-of-network benefits.
- No referral requirements.
- Access to care without the need to select a PCP.

With HIP Select PPO, you get a choice of in- and out-of-network (PPO) cost sharing options along with a wide range of benefit options and riders.

**Call your HIP sales representative for more details.**

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

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

# No Referrals. In-Network Cost Sharing. Lower Price Points.

## Small Group Benefit Design Highlights

### Professional Services with a Participating Provider

In Physician's Office . . . . .	Copayment
In Urgent Care Facility . . . . .	Copayment
Outpatient Therapy Visits . . . . .	Copayment

### *New!* Alternative Medicine:

Nutritional counseling, acupuncture & massage therapy . . . . .	Combined limit of 12 visits with a 5 visit limit for massage therapy during any calendar year at \$20 copayment
---	---

### *New!* Optical:

Corrective eyeglasses . . . . .	No copayment
Contact lenses . . . . .	\$25 copayment

<i>New!</i> Health Club Reimbursement: . . . . .	Up to or maximum \$200 reimbursement at end of annual membership.
--	---

### Diagnostic Services

Lab Services at Quest Diagnostics . . . . .	Covered in full
Outpatient Facility Services (X-rays, EKGs, MRIs, CAT scans) . . . . .	Deductible & Coinsurance for facility services only

### Preventive Care

Physical Exam . . . . .	Copayment
Mammograms . . . . .	Copayment
Prostate Cancer Screening . . . . .	Copayment
Well Baby, Well Child, Immunization. . . . .	Covered in full

<b>Prenatal &amp; Postnatal Care</b> . . . . .	Professional services covered in full
--	---------------------------------------

<b>Emergency Room</b> . . . . .	Copayment or Deductible & Coinsurance (if not admitted)
---------------------------------	---

### Inpatient Facility Services

Hospital Admission* . . . . .	Copayment or Deductible & Coinsurance
Ambulatory Surgery* . . . . .	Copayment or Deductible & Coinsurance
Hospice Care* . . . . .	Copayment or Deductible & Coinsurance
Skilled Nursing* . . . . .	Copayment or Deductible & Coinsurance
All other in-facility services not performed as part of an office visit . . . . .	Copayment or Deductible & Coinsurance

### Available Riders\*\*

RX, DME*, PDN . . . . .	Copayments or Deductible and Coinsurance, where applicable
-------------------------	--

Out-of-network services are also subject to a deductible & coinsurance. Copayments, deductibles and coinsurance vary by plan design.

\* Prior approval required.

\*\* Out-of-network services may not be available for all riders.