

MAJOR COPAYMENT PROVISIONS	CompreHealth
PCP Office Visits	See Available Plan Provision Options Page for Choices
Specialist Office Visits	See Available Plan Provision Options Page for Choices
Hospital Admission	See Available Plan Provision Options Page for Choices
Emergency Room Copay	See Available Plan Provision Options Page for Choices
Prescription Drugs	See Available Plan Provision Options Page for Choices

INPATIENT HOSPITAL SERVICES	
Hospital and Physician Services	Subject to Hospital Admission Copay
Semi-private Room and Board	Included in Hospital Admission Copay
Operating and recovery room, intensive and special care units, general nursing care, prescribed drugs, anesthesia, X-rays and lab tests.	Included in Hospital Admission Copay
Short-term speech, physical, occupational and respiratory therapy (when part of an acute admission)	Included in Hospital Admission Copay/Short-term Only
Speech, physical, occupational and respiratory therapy (when part of a rehabilitation admission)	Included in Hospital Admission Copay/30 days per calendar year
Radiation therapy and chemotherapy	Included in Hospital Admission Copay
Pre-admission testing	Included in Hospital Admission Copay
Human organ transplants	Included in Hospital Admission Copay

OUTPATIENT MEDICAL CARE	
PCP office visits	Subject to PCP Office Visit Copay
Specialist office visits	Subject to Specialist Office Visit Copay
Preventive care, including physical exams, ear exams, health education and counseling, pap smear, mammography and immunizations	Included in PCP Office Visit Copay
Well-child care to age 19 including immunizations	No Copay
Diagnostic services including X-ray, lab tests, EKG's	Included in PCP Office Visit Copay
Prenatal, postnatal care in physician's office	No Copay
Ambulatory surgery	\$75 Copay per Visit
Second medical and surgical opinion	No Copay
Wheelchairs	Covered Under DME Rider
Routine foot care	Not Covered
Chiropractic services	Subject to Specialist Office Visit Copay

MENTAL HEALTH AND ALCOHOL AND SUBSTANCE ABUSE CARE	
Mental Health Care	
Inpatient	
-Treatment of Mental Illness	Subject to Hospital Admission Copay/30 Days per Calendar Year
Outpatient	
-Treatment of Mental Illness	\$50 Copay/20 Visits per Calendar Year/\$0 Child Copay
Alcohol and Substance Abuse Care	
Inpatient Detoxification	Subject to Hospital Admission Copay/7 Days per Calendar Year
Inpatient Rehabilitation Treatment	Not Covered
Outpatient Rehabilitation Treatment	\$25 Copay per visit/60 Visit Limit per Calendar Year/\$0 Child Copay

SPECIAL KINDS OF CARE	
Emergency and Urgent Care	
In-hospital emergency room	Subject to Emergency Room Copay
In-urgent care facility	Subject to PCP Office Visit Copay
In-physician's office	Subject to PCP Office Visit Copay
Ambulance service to the hospital	No Copay
Home Health Care	No Copay/40 Visits per Calendar Year
Hospice Care	No Copay/210 Days
Skilled Nursing Facility Care	\$0 Copay/30 Days per Calendar Year
Dialysis treatment	\$25 Copay per Visit
Diabetes equipment, supplies and education	\$25 Copay per Month
Outpatient physical, speech, occupational and respiratory therapy	Subject to Specialist Office Visit Copay/30 Visits per Calendar Year/\$0 Child Copay
Family Planning Services	Covered
Infertility Diagnosis and Treatment	Subject to Applicable Copays
In-vitro Fertilization	Not Covered

SPECIAL KINDS OF CARE <i>(continued)</i>	
Dental Care	
General dental care	Covered at Reduced Member Fee Schedule
Preventive dental care	
-Oral Exam (One every six months)	\$5 Copay per Visit
-Cleaning (One every six months)	\$10 Copay per Visit
-Topical application of fluoride for children age 16 and under (One every six months)	\$5 Copay per Visit
-Fluoride applications age 17 and over (One every six months)	Copay to be Determined by Zip Code
Durable Medical Equipment	\$500 Annual Deductible
Private Duty Nursing	Not Covered
Hearing Aids	Not Covered/Cochlear Implants Covered
Optical Care	
Refractive Eye Exams	\$50 Copay
Eyeglasses	\$45 for a complete pair every 24 months

2/15/2011

Footnotes

** Drugs are dispensed in accordance with EmblemHealth's Drug Formulary. Please refer to your Prescription Drug Rider for details.*

Except for emergency care, the above benefits and services are covered only when provided or offered by an EmblemHealth Primary Care Physicians and/or approved in advance by the EmblemHealth Care Management Program. EmblemHealth Participating Physicians and Providers have contracted with EmblemHealth to provide care to our members; they are not employees, agents, servants or representatives of EmblemHealth. This summary is provided for information only: it 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.

EmblemHealth policy forms are subject to the review and approval of the New York State Insurance Department. CompreHealth and CompreHealth EPO premium rates for calendar year 2009 are subject to the review and approval of the New York State Insurance Department. Coverage and/or premium rates will be modified retroactively to meet all requirements of approval.

AVAILABLE PLAN PROVISION OPTIONS

MAJOR COPAYMENT PROVISIONS	CompreHealth
Option 1	
PCP Office Visits	\$30 Copay per visit with \$0 Child Copay
Specialist Office Visits	\$50 Copay per visit with \$0 Child Copay
Hospital Admission	\$500 Copay per Hospital Admission
Ambulatory Surgery Copay	\$75 per Procedure
Emergency Room Copay	\$100 Copay per visit
Option 2	
PCP Office Visits	\$30 Copay per visit with \$0 Child Copay
Specialist Office Visits	\$50 Copay per visit with \$0 Child Copay
Hospital Admission	\$1,000 Copay per Hospital Admission
Ambulatory Surgery Copay	\$75 per Procedure
Emergency Room Copay	\$150 Copay per visit
Option 3	
PCP Office Visits	\$25 Copay per visit with \$0 Child Copay
Specialist Office Visits	\$40 Copay per visit with \$0 Child Copay
Hospital Admission	\$500 Copay per Hospital Admission
Ambulatory Surgery Copay	\$50 per Procedure
Emergency Room Copay	\$100 Copay per visit

AVAILABLE PLAN PROVISION OPTIONS - PRESCRIPTION CHOICES

Prescription Drugs LN1	\$15 generic only (Subject to Drug Formulary) Contraceptives Included (Formulary copays are reduced by 50% when utilizing the HIP Mail Order Pharmacy Service. Up to a 90 day supply may be obtained.)
Prescription Drugs LN2	\$25/\$35/Contraceptives Included/Formulary Required/Unlimited Brand Maximum
Prescription Drugs LN3	\$20/\$30/Contraceptives Included/\$50 Non-Formulary/\$1,000 Annual Brand Threshold - 50% Coinsurance thereafter
Prescription Drugs LN4	\$0/\$30/Contraceptives Included/\$50 Non-Formulary/\$1,000 Annual Brand Threshold - 50% Coinsurance thereafter
Prescription Drugs LN5	\$0/\$30/Contraceptives Included/\$50 Non-Formulary, Unlimited Brand Maximum
Prescription Drugs LN6	\$15/\$35/Contraceptives Included/\$75 Non-Formulary, \$100 Brand-Only Deductible, Unlimited Brand Maximum