

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

<b>INPATIENT HOSPITAL SERVICES</b>	
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

<b>OUTPATIENT MEDICAL CARE</b>	
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

<b>MENTAL HEALTH AND ALCOHOL AND SUBSTANCE ABUSE CARE</b>	
<b>Mental Health Care</b>	
<b>Inpatient</b>	
-Treatment of Mental Illness	Subject to Hospital Admission Copay/30 Days per Calendar Year
<b>Outpatient</b>	
-Treatment of Mental Illness	\$50 Copay/20 Visits per Calendar Year/\$0 Child Copay
<b>Alcohol and Substance Abuse Care</b>	
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

<b>SPECIAL KINDS OF CARE</b>	
<b>Emergency and Urgent Care</b>	
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
<b>Home Health Care</b>	No Copay/40 Visits per Calendar Year
<b>Hospice Care</b>	No Copay/210 Days
<b>Skilled Nursing Facility Care</b>	\$0 Copay/30 Days per Calendar Year
<b>Dialysis treatment</b>	\$25 Copay per Visit
<b>Diabetes equipment, supplies and education</b>	\$25 Copay per Month
<b>Outpatient physical, speech, occupational and respiratory therapy</b>	Subject to Specialist Office Visit Copay/30 Visits per Calendar Year/\$0 Child Copay
<b>Family Planning Services</b>	Covered
<b>Infertility Diagnosis and Treatment</b>	Subject to Applicable Copays
<b>In-vitro Fertilization</b>	Not Covered

<b>SPECIAL KINDS OF CARE</b> <i>(continued)</i>	
<b>Dental Care</b>	
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
<b>Durable Medical Equipment</b>	\$500 Annual Deductible
<b>Private Duty Nursing</b>	Not Covered
<b>Hearing Aids</b>	Not Covered/Cochlear Implants Covered
<b>Optical Care</b>	
Refractive Eye Exams	\$50 Copay
Eyeglasses	\$45 for a complete pair every 24 months

**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**

<b>MAJOR COPAYMENT PROVISIONS</b>	<b>CompreHealth</b>
<b>Option 1</b>	
<b>PCP Office Visits</b>	\$30 Copay per visit with \$0 Child Copay
<b>Specialist Office Visits</b>	\$50 Copay per visit with \$0 Child Copay
<b>Hospital Admission</b>	\$500 Copay per Hospital Admission
<b>Emergency Room Copay</b>	\$100 Copay per visit
<b>Option 2</b>	
<b>PCP Office Visits</b>	\$30 Copay per visit with \$0 Child Copay
<b>Specialist Office Visits</b>	\$50 Copay per visit with \$0 Child Copay
<b>Hospital Admission</b>	\$1,000 Copay per Hospital Admission
<b>Emergency Room Copay</b>	\$150 Copay per visit
<b>Option 3</b>	
<b>PCP Office Visits</b>	\$25 Copay per visit with \$0 Child Copay
<b>Specialist Office Visits</b>	\$40 Copay per visit with \$0 Child Copay
<b>Hospital Admission</b>	\$500 Copay per Hospital Admission
<b>Emergency Room Copay</b>	\$100 Copay per visit
<b>Option 4</b>	
<b>PCP Office Visits</b>	\$15 Copay per visit with \$0 Child Copay
<b>Specialist Office Visits</b>	\$20 Copay per visit with \$0 Child Copay
<b>Hospital Admission</b>	\$100 Copay per Hospital Admission
<b>Emergency Room Copay</b>	\$50 Copay per visit
<b>Option 5</b>	
<b>PCP Office Visits</b>	\$20 Copay per visit with \$0 Child Copay
<b>Specialist Office Visits</b>	\$25 Copay per visit with \$0 Child Copay
<b>Hospital Admission</b>	\$200 Copay per Hospital Admission
<b>Emergency Room Copay</b>	\$50 Copay per visit

**AVAILABLE PLAN PROVISION OPTIONS - PRESCRIPTION CHOICES**

<b>Prescription Drugs LN1</b>	\$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.)
<b>Prescription Drugs LN2</b>	\$25/\$35/Contraceptives Included/Formulary Required/Unlimited Brand Maximum
<b>Prescription Drugs LN5</b>	\$0/\$30/Contraceptives Included/\$50 Non-Formulary, Unlimited Brand Maximum
<b>Prescription Drugs LN6</b>	\$15/\$35/Contraceptives Included/\$75 Non-Formulary, \$100 Deductible, Unlimited Brand Maximum