

**COMPARISON OF HEALTH MAINTENANCE ORGANIZATION BENEFITS
(Services from Participating Providers Only)**

	Aetna HMO	CIGNA HealthCare	Empire HMO	GHI HMO
Outpatient Care/ Office Visits	\$15 copay	\$10 copay	\$15 copay	\$15 copay
Specialist Care	\$20 copay	\$10 copay	\$15 copay	\$15 copay
Outpatient Diagnostic Tests (X-rays, labs, etc.)	\$15 copay may apply	Covered in full	Covered in full	Lab covered in full X-rays – \$15 copay
Inpatient Hospital Care	Covered in full	\$150 copay per admission	\$250 copay/individual coverage \$625 copay/family coverage	Covered in full
Maternity Care (Mother and Newborn)	\$15 copay initial visit	\$10 copay initial visit	Covered in full	\$15 copay for OB/GYN visits Hospital covered in full
Emergency Room Care	\$35 copay, waived if admitted	\$50 copay, waived if admitted	\$35 copay, waived if admitted	\$35 copay, waived if admitted
Mental Health Inpatient Care	\$300 copay per admission Biologically Based: No Inpatient limits Non-Biologically based: 35 days inpatient	\$150 copay per admission; covered up to 30 days per contract year	Covered in full 30 days Subject to copay (\$250 individual/\$625 family)	Covered in full 30 days per calendar year
Mental Health Outpatient Care	\$20 copay per visit Biologically based: No Outpatient limits Non-Biologically based: 20 visits outpatient.	\$20 copay per session for 20 sessions per contract year	\$25 copay per visit – 20 visits	20 visits per calendar year \$15 copay visits 1-5 \$25 copay visits 6-20
Substance Abuse/ Chemical Dependency Inpatient Care	In Network Detox - \$300 copay per admission for acute phase of treatment; Rehab not covered	Detox \$150 copay per admission; covered up to 30 days (combined annual max. for drug and/or alcohol treatment) Rehab not covered.	Detox covered 7 days annually and subject to copay (\$250 indiv./\$625 family). Rehab covered in full. 30 days annually.	Detox covered in full 7 days combined per calendar year for drug and/or alcohol treatment. Rehab covered in full up to 30 days combined for drug and/or alcohol treatment.
Substance Abuse/ Chemical Dependency Outpatient Care	In Network \$15 copay per visit. 60 visits combined annual maximum for drug and/or alcohol treatment	\$10 copay per session for up to 60 sessions	Covered in full 60 visits (Includes 20 visits family counseling)	\$15 copay per visit - 60 visits combined per calendar year for drug and/or alcohol treatment.
Prescription Drug Coverage	Available through rider	Available through rider	Available through rider	Available through rider

NOTE: Coverage levels indicated apply only if care is provided or authorized by a participating physician.

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**COMPARISON OF HEALTH MAINTENANCE ORGANIZATION BENEFITS
(Services from Participating Providers Only)**

	HealthNet	HIP Prime HMO	MetroPlus Health Plan	Vytra Health Plans
Outpatient Care/ Office Visits	\$15 copay	Covered in full	Covered in full	\$5 copay
Specialist Care	\$20 Copay	Covered in full	Covered in full	\$5 copay
Outpatient Diagnostic Tests (X-rays, labs, etc.)	Covered in Full	Covered in full	Covered in full	Covered in full
Inpatient Hospital Care	Covered in Full	Covered in full	Covered in full	Covered in full
Maternity Care (Mother and Newborn)	Covered in Full	Covered in full	Covered in full	Covered in full
Emergency Room Care	\$50 copay, waived if admitted	Covered in full	Covered in full	\$25 copay, waived if admitted
Mental Health Inpatient Care	Covered in full 30 days per calendar year when approved in advance	Covered in full 30 days per calendar year	Covered in full 30 days (combined annual maximum for drug, alcohol and/or mental health)	Covered in full 30 days per calendar year
Mental Health Outpatient Care	\$20 copay per visit – 20 visits per calendar year. (after 6 th visit must be approved in advance)	\$5 copay per visit - 20 visits per calendar year	\$25 copay per visit – 20 visits	Covered for 20 visits per calendar year: \$5 copay visits 1-3, \$25 copay visits 4-20
Substance Abuse/ Chemical Dependency Inpatient Care	Detox covered in full; Rehab covered in full up to 30 days per calendar year when approved in advance	Detox covered in full – 30 days. Rehab not covered	Detox covered in full; Rehab covered in full 30 days (combined annual maximum for drug, alcohol and/or mental health)	Detox covered in full for 3 periods per calendar year for drugs and/or alcohol Rehab not covered
Substance Abuse/ Chemical Dependency Outpatient Care	\$20 copay per visit. 60 visits per calendar year when approved in advance	Covered in full 60 visits per calendar year	Covered in full 60 visits per calendar year (combined annual maximum for drug, alcohol and/or mental health)	\$5 copay per visit, 60 visit combined annual maximum for drug and/or alcohol
Prescription Drug Coverage	Available through rider	Available through rider	Available through rider	Available through rider

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