

Deliver What Matters

LOW-COST, HIGH-QUALITY COORDINATED CARE DELIVERED IN CONVENIENT PHYSICIAN GROUP PRACTICES!

CompreHealth



We respect that different groups and individuals have different needs. That's why we offer CompreHealth for small groups (2 to 50 eligible employees) in the New York metropolitan area. A low-cost, high-convenience, network-only option with care coordinated by the member's PCP.

CHOICE

- Our NY Metro Network of more than 16,000 established practitioners at over 29,000 locations delivers coordinated in-network-only care at affordable prices.
- A tiered rate structure to fit your needs.

AFFORDABILITY

- One of our most affordable plans for small groups—with lower premiums and limited out-of-pocket costs.
- No copay for children, from birth to age 19, for PCP and specialist office visits and diagnostic tests. Copays may apply for other network services.
- No copay for generic prescription drugs, depending on the drug rider selected.

QUALITY

- Access to quality doctors and health care facilities, including physicians group practices such as Manhattan's Physician Group, Queens-Long Island Medical Group and Staten Island Physician Practice, and leading hospitals.
 - Coordinated care between primary care physicians and specialists.
- Health and Wellness Programs.** We help members stay healthy with*:
- Timely reminders about flu shots and diagnostic testing, such as mammograms and colonoscopies.
 - Quit-smoking programs.
 - A Nurse Advice Line that members may call 24/7 to speak with a registered nurse.
 - Discounts on services such as weight-loss programs, laser vision, and acupuncture.*
 - Confidential, professional counseling, education, and referral services through our 24/7 toll-free Employee Assistance Program (EAP) hotline.

ACCESS TO CARE

- A full range of in-network-only health services—primary care, preventive care, specialty care—all at one location.
- Same-day appointments with most doctors.

EASE

- CompreHealth health care practitioners work in close collaboration, so members receive needed care faster. It's easy to schedule visits and care for multiple services under one roof.
- On-site laboratories for blood work.
- Reduced paperwork. With CompreHealth, there are generally no claims to file.
- 24/7 customer service. Provider listings, eligibility, benefits, and more are available at www.emblemhealth.com, or by calling our automated phone system.

RESPECT

At EmblemHealth, we understand the things that matter to members about their health care coverage—including respect for their time, intelligence, and money.


EmblemHealth[®]
GHI and HIP are EmblemHealth companies
www.emblemhealth.com



HIP Health Plan of New York has been awarded the 2009 J.D. Power and Associates "Highest Member Satisfaction among Commercial Health Plans in the New York-New Jersey Region".

* EmblemHealth cannot ensure that a particular vendor will remain in the program. These programs are not covered services underwritten by Group Health Incorporated (GHI) as part of the EmblemHealth CompreHealth EPO.

HIP Health Plan of New York received the highest numerical score among large commercial health plans in the New York-New Jersey region in the proprietary J.D. Power and Associates 2009 National Health Insurance Plan StudySM. Study based on 33,007 total member responses, measuring 13 plans in the New York-New Jersey region (excludes Medicare and Medicaid). Proprietary study results are based on experiences and perceptions of members surveyed in December 2008 and January 2009. Your experiences may vary. Visit jdpower.com

Benefit Highlights

CompreHealth

We offer groups this affordable, network-only plan with care coordinated by a PCP. This summary will give you a good idea of the plan's benefits.

Services	In Network
Office Visits	PCP/Specialist Office Visit Copayment
Office Visit and Diagnostic Copays for Dependent Children/Students to Age 19	Covered in Full
Annual Physical Checkup	Office Copayment
Preventive Mammography, Pap Smear, Prostate Screening	Covered in Full
Well-Baby and Well-Child Care	Covered in Full
Inpatient Hospital Services	Hospital Copayment
Skilled Nursing Facility Care	Covered in Full
Hospice Care—Inpatient and Outpatient	Covered in Full
Ambulatory Surgery Facility	Ambulatory Surgery Copayment
Home Health Care	Covered in Full
Chiropractic Care	Specialist Office Visit Copayment
Diagnostic Lab and Radiology	Included in Hospital or Office Visit Copayment
Emergency Room Facility	ER Facility Copayment
Inpatient Mental Health Care	Hospital Copayment
Outpatient Mental Health Care	Specialist Office Visit Copayment
Inpatient Detox	Hospital Copayment
Outpatient Chemical Dependency Care	Specialist Office Visit Copayment, not to exceed \$25
Refractive Eye Exam Frames and Lenses	Specialist Office Visit Copayment \$45 Copayment
Prescription Drugs*	Prescription Drug Copayment, if selected

* No copay for generic prescription drugs received through EmblemHealth's PBM, available depending on the prescription drug rider selected.

The EmblemHealth CompreHealth program is underwritten by HIP Health Plan of New York and provides in-network benefits only. Except for emergency hospital care, no out-of-network services are covered. Coverage is subject to all terms, conditions, limitations, and exclusions set forth in the contract and certificate of insurance. Refer to HIP policy form numbers HMO 155-23-EMHMOCONTR (05/08), et al.

EmblemHealth, Inc. insurance plans are underwritten by Group Health Incorporated (GHI), HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

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

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
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
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
Emergency Room Copay	\$100 Copay per visit
Option 4	
PCP Office Visits	\$15 Copay per visit with \$0 Child Copay
Specialist Office Visits	\$20 Copay per visit with \$0 Child Copay
Hospital Admission	\$100 Copay per Hospital Admission
Emergency Room Copay	\$50 Copay per visit
Option 5	
PCP Office Visits	\$20 Copay per visit with \$0 Child Copay
Specialist Office Visits	\$25 Copay per visit with \$0 Child Copay
Hospital Admission	\$200 Copay per Hospital Admission
Emergency Room Copay	\$50 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 Brand Maximum
Prescription Drugs LN4	\$0/\$30/Contraceptives Included/\$50 Non-Formulary, \$1,000 Brand Maximum
Prescription Drugs LN5	\$0/\$30/Contraceptives Included/\$50 Non-Formulary, Unlimited Brand Maximum