

EPO HSA PLAN 54 P

Description of Medical Benefits

\$2500/\$5000 Deductible, 80% / 0% Coinsurance



		In-Network	Out-Of-Network
Deductible	(single/family)	\$2500/\$5000	N/A
Coinsurance		80%	N/A
Coin Max Out of Pocket (excl deduct)	(single/family)	\$2,000	N/A
Calendar Year Maximum Benefit		\$5,000,000	
NETWORK PLAN OPTIONS		Providers	Hospitals
54 P	Platinum	MultiPlan	HIP

PREVENTIVE CARE		After Deductible	After Deductible
Well Child Care (including immunizations)	Benefits are in accordance with the recommendations of the American Academy of Pediatrics and the Advisory Committee on Immunization Practices*	100% (deductible waived)	N/A
Mammography	1 baseline age 35-39 1 screening per year age 40+ Screening at any age with prior history or family history	80%	N/A
Routine OB/GYN visits	1 routine exam per year including pap smear	80%	N/A
Colorectal Cancer Screening	1 screening per year age 50+	80%	N/A
Bone Mineral Density Test		80%	N/A
Prostate Cancer Screening	Screening at any age with prior history 1 screening per year age 40+ with family history 1 screening per year age 50+	80%	N/A
Routine Exams	Up to \$250 per year**	80%	N/A

MEDICAL CARE		After Deductible	After Deductible
Medical office visits		80%	N/A
Specialist consultations		80%	N/A
Laboratory		80%	N/A
X-ray and diagnostic tests		80%	N/A
Rehabilitative services (physical, occupational and speech therapy)		80%	N/A
Spinal manipulation		80%	N/A
Allergy testing and treatment		80%	N/A
anesthesiologist, radiologist, pathologist		80%	N/A
Diabetic equipment, supplies, and self-management education		80%	N/A
Foot Care, other than routine care	Up to \$2,000 per year	80%	N/A
Organ Transplant	Up to \$250,000 lifetime benefit	80%	N/A
HOSPITAL CARE	***Precertification is required	After Deductible	After Deductible
Room and Board	Semi-private room	80%	N/A
Intensive Care		80%	N/A
Other In-Hospital Services		80%	N/A
Outpatient surgery		80%	N/A
Preadmission Tests		80%	N/A
Maternity and newborn care	Automatic newborn coverage for first 31 days. Service of certified nurse midwife included	80%	N/A
Medication dispensed while inpatient		80%	N/A
Private duty nurse	Up to \$125 per day	80%	N/A

*At the present time the benefits are : 11 exams for children between birth and 2 years old, and 1 exam every year from age 2 through 18 years old.

**Benefits are in accordance with the recommendation of the U.S. Preventive Service Task Force for adults age 19 and over, as recommended by a doctor every 1-3 years.

***Precertification is required for hospital admissions, certain elective procedures, and other services as specified by the Plan. Insureds are responsible for obtaining pre-certification for the required services. Non-Compliance Benefit Reduction Penalty applies.

EPO HSA PLAN 54 P

Description of Medical Benefits

\$2500/\$5000 Deductible, 80% / 0% Coinsurance



Description of Medical Benefits (continued)

		In-Network	Out-Of-Network
		After Deductible	After Deductible
EMERGENCY CARE			
Emergency Room		80%	N/A
Local Ambulance		80%	N/A
Other Transportation	Up to \$2,500 for any one hospital confinement, and must be medically necessary	80%	N/A

		After Deductible	After Deductible
OTHER HEALTH CARE			
Prosthetic devices		80%	N/A
Durable medical equipment	Up to \$10,000 lifetime benefit	80%	N/A
Convalescent Care Facility	50% of hospital semi-private room rate, and up to 90 days for any one injury or sickness	80%	N/A
Infertility	Hospital, surgical and medical care for the diagnosis and treatment of correctable medical conditions causing infertility	80%	N/A
Hospice Care	Up to 210 days	80%	N/A
Home Health Care		80%	N/A

		After Deductible	After Deductible
MENTAL HEALTH/ALCOHOLISM/SUBSTANCE ABUSE			
Mental health - inpatient	Up to 30 days per year	80%	N/A
Mental Health - outpatient	Up to 20 visits per year	80%	N/A
Mental Health - treatment for adults and children with biologically based mental illness		80%	N/A
Mental Health - treatment for children with serious emotional disturbances		80%	N/A
Alcoholism/Substance Abuse - inpatient	Up to 30 days per year. Up to 7 days per year in a detoxification facility	80%	N/A
Alcoholism/Substance Abuse - outpatient	Up to 60 visits per year - 20 visits may be for family members	80%	N/A

CASE MANAGEMENT			
The Case Management Program is available when special assistance is needed. Benefit Reduction Penalty applies for refusal to participate in the Case Management Program.			

SERVICES NOT ASSOCIATED WITH A PROVIDER NETWORK			
Prescription Drugs and Medicines			After the deductible is met, paid at 70%.

EXCLUSIONS

This plan does not cover expenses for:

medical care not recommended and approved by a doctor, or received in an U.S. Government owned and operated facility.

medical care for cosmetic purposes, dental care or treatment.

injury or sickness due to war or armed conflict, or due to taking part in a felony.

injury or sickness received outside the United States, Mexico or Canada, or furnished by the insured's immediate family.

injury or sickness that arises out of or in the course of employment for which Workers' Compensation is paid.

custodial care, and routine foot care.

pre-existing condition. But credit for prior creditable coverage is given.

This summary of benefits is intended only to highlight the PerfectHealth plan benefits.
 A complete listing of all the services, limitations, exclusions, terms and conditions of the plan is contained in the Group Policy and Booklet-Certificate.
 If you are interested in any of these plans please contact The PerfectHealth Insurance Company Sales Department at 718-370-6060 or
 or visit us on the web at www.perfectny.com.

EPO HSA PLAN 56 P

Description of Medical Benefits

\$5,000/\$10,000 Deductible, 100% / 0% Coinsurance



PerfectHealth™
Insurance Company

		In-Network	Out-Of-Network
Deductible	(single/family)	\$5,000/\$10,000	N/A
Coinsurance		100%	N/A
Coin Max Out of Pocket (excl deduct)	(single/family)	\$0	N/A
Calendar Year Maximum Benefit		\$5,000,000	
NETWORK PLAN OPTIONS		Providers	Hospitals
56 P		MultiPlan	HIP
NETWORK		Platinum	

PREVENTIVE CARE		After Deductible	After Deductible
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Spinal manipulation		100%	N/A
Allergy testing and treatment		100%	N/A
Services of the physician, surgeon, anesthesiologist, radiologist, pathologist		100%	N/A
Diabetic equipment, supplies, and self-management education		100%	N/A
Foot Care, other than routine care	Up to \$2,000 per year	100%	N/A
Organ Transplant	Up to \$250,000 lifetime benefit	100%	N/A
HOSPITAL CARE	***Precertification is required	After Deductible	After Deductible
Room and Board	Semi-private room	100%	N/A
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- injury or sickness due to war or armed conflict, or due to taking part in a felony.*
- injury or sickness received outside the United States, Mexico or Canada, or furnished by the insured's immediate family.*
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