# RENEWAL PLAN
**RATES FOR:** HOFSTRA UNIVERSITY  
**EFFECTIVE DATE:** 01/01/2017  
**PLAN OPTION:** HIP POS - 70% - LG  
**NETWORK:** HIP PRIME NETWORK  
**CONTRACT #:** 4020388004  
**AREA:** Downstate NY  
**Comment:** Also valid for 4020388904. Old benefit set PPSTD2709.

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## SCHEDULE OF BENEFITS

<table>
<thead>
<tr>
<th>BASE BENEFIT</th>
<th>CODE</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>BASE PLAN:</td>
<td>PPSTD2</td>
<td>HIP POS - 70% - LG</td>
</tr>
</tbody>
</table>

### DEDUCTIBLE AND COINSURANCE:
- **DEDUCTIBLE**
  - Individual: $250  
  - Family: $500  
- **MAX COINSURANCE**
  - Individual: $5,000  
  - Family: $10,000

### BASE PLAN COPAYS:
- **PCP VISIT**
  - RPOVA7 $15 Copay - PCP Office Visits
- **SPECIALIST VISIT**
  - RPSVB4 $15 Copay - Specialist
- **AMBULATORY SURG.**
  - RPAMA6 No Copay - Ambulatory Surgery
- **EMERGENCY ROOM**
  - RPERA4 $50 Copay - ER

### ADDITIONAL RIDERS:
- **RX**
  - RPNX66 $10/$15/$30 Non-Formulary.
- **DME**
  - RPDM0A Covered In Full
- **SNF DAYS**
  - RPSNA8 45 Day Limit
- **HHC VISITS**
  - RPBCB4 $15 copay, 40 Visits - HHC
- **IP THERAPIES**
  - RPITC6 30 Day Limit - IP Therapies
- **OP THERAPIES**
  - RPOTE9 120 visits
- **IP MH CARE**
  - RPMU08 Unlimited Days
- **IP ALC/SA DETOX**
  - RPDXA8 Unlimited Days - IP ALC & SA Detox
- **IP ALC/SA REHAB**
  - RPSUA8 Unlimited Days - IP ALC & SA Rehab
- **OP ALC/SA REHAB**
  - RPUSA8 $15 Copay, Unlimited Visits - ALC & SA Rehab
- **OP MH CARE**
  - RPYUB4 Unlimited Visits $15 copay
- **DIALYSIS COPAY**
  - RPDKA7 $15 Copay Dialysis Treatment
- **REFRACTIVE EYE**
  - RPREA6 $15 Copay - Refractive Eye Exam
- **DIABET. SUPPLY COPAY**
  - RPDS08 $15 Copay - Diabetic Supplies
- **PREV. DENTAL**
  - RPREV Preventive Included
- **FERTILITY**
  - N/A Base Benefit - Infertility
- **OPTICAL**
  - RPORPC Eyeglasses $35 Every 24 Mos.
- **HEALTH FITNESS CENTER REIMBURS.**
  - N/A N/A
- **ALTERNATIVE MEDICINE BENEFITS**
  - N/A N/A
- **NURSE ADVICE LINE**
  - N/A Not Covered
- **WELLNESS RIDER**
  - N/A Not Covered
- **NETWORK FACTOR**
  - N/A HIP Prime Net Area Factor All Locations
- **DEPENDENTS**
  - **CLASS TWO**
    - N/A Class 2 Dependents Not Covered
  - **DEPENDENT CHILDREN**
    - DC26M Dep Children To EOM In Which They Turn 26
  - **DOMESTIC PARTNERS**
    - N/A Domestic Partners Covered
  - **GRANDCHILDREN**
    - N/A Grandchildren Not Covered
  - **STUDENT DEPENDENTS**
    - SD26M Students To EOM In Which They Turn 26
  - **MAXIMUM OOP**
    - RBX02 $6,600 Ind/$13,200 Fam OOP Max
  - **OTHER**
    - RPT0PC Family Planning Services - Included

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**COMMENTS:**

- RATES FILED FOR USE WITH NYSID.
- The quoted premium will change if changes to applicable New York State premium tax or other taxes and assessments go into effect after the start date of this contract period or renewal.
- Certain benefit changes and associated rates that comprise the premiums shown are subject to approval by the New York State Insurance Department.
- We determine the allowed amount paid for covered services from health care providers not in our network of participating providers.

HIP Health Plan of New York (HIP) and HIP Insurance Company of New York are EmblemHealth companies.

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**Ver:** Log#: U00000739121 UW: DN MR: BS: Rate Version: Date: 11/11/2016 2:15:03 pm