



Brooklyn HealthWorks Summary of Benefits

Brooklyn HealthWorks is a Healthy NY plan designed for Brooklyn small employers, underwritten by GHI, and administered by the Brooklyn Chamber of Commerce in partnership with the New York State Department of Financial Services.



EmblemHealth[®]

GHI and HIP are EmblemHealth companies

EmblemHealth insurance plans are underwritten by Group Health Incorporated (GHI), GHI HMO Select, Inc. (GHI HMO), HIP Health Plan of New York (HIP) and HIP Insurance Company of New York.

TOTAL HDHP COPAYMENT SCHEDULE

Inpatient Hospital Services (Including Inpatient Maternity Care)	
Daily room & board General nursing care Special diets Miscellaneous hospital services & supplies	\$500 copayment per continuous confinement
Outpatient Hospital Services	
Diagnostic & treatment services	\$20 copayment per visit
Home health care (following hospital stay/surgery)	
Outpatient surgery	\$75 facility copayment
Physician Services	
Diagnostic & treatment services Consultant & referral services Anesthesia services Second surgical opinion Second opinion for cancer Physical therapy (following hospital stay/surgery) Surgical services (including breast reconstruction following a mastectomy)	\$20 copayment per visit 20% or \$200, whichever is less
Pre-admission Testing	\$20 copayment
Maternity Care	
Prenatal care Postnatal care Delivery Home visit	\$10 copayment per visit (prenatal) \$10 copayment per visit (postnatal) 20% or \$200, whichever is less No copayment
Adult Preventive Health Care	
Mammography screening Cervical cytology screening Prostate screening Periodic physical examinations (once every 3 years) Adult immunizations	Covered in full (for new groups enrolling on and after 4-1-10 and existing groups who make a plan change upon renewal; effective date of enhanced benefit for existing groups is the group's renewal date) \$20 copayment per visit (for existing groups who enrolled prior to 4-1-10 making no plan change upon renewal)
Child Preventive Health Services	
Preventive and primary care immunization Scheduled well-care visits	Covered in full Covered in full
Diabetic Equipment & Supplies and Self-Management Education	
	\$20 copayment per visit for self-education \$20 copayment per each item of equipment \$20 copayment per 34 day supply of insulin, hypoglycemics and supplies
Diagnostic X-Ray & Lab Services	\$20 copayment per visit
Emergency Services	\$50 copayment per visit (waived if hospital admission results from visit)
Therapeutic Services	
Radiological services Chemotherapy Renal dialysis	\$20 copayment per visit
Blood and Blood Products	\$20 copayment per visit

With the exception of (1) well-baby and well-child care (up to the age of 19), including immunizations; and (2) adult preventive services (including a physical examination once every three years, mammography, pap smear, prostate screening exam and immunizations); and (3) pre-natal care, the plan annual deductible (\$1,200 for individual coverage and \$2,400 for family coverage) must be satisfied before GHI will provide coverage for covered services. After the deductible has been satisfied, the co-payment amounts listed here apply for all covered services up to the annual out-of-pocket maximum.

For additional information about how the deductible and co-payments work for this high deductible plan, please refer to the back of the Brooklyn HealthWorks Fact Sheet with current rates or contact your broker's office or Brooklyn HealthWorks at 718-596-4550.

BROOKLYN HEALTHWORKS SUMMARY OF BENEFITS/COPAYMENT SCHEDULE (continued)

Prescription Drugs (optional)

Deductible:

Subject to the over-all plan deductible (\$1,200 individual / \$2,400 family). There is no separate prescription drug deductible on the Total HDHP.

Copayment:

\$10 per generic drug per 34-day supply

\$20 per brand name drug plus difference in cost between the brand name drug and its generic equivalent per 34-day supply

Mail order program:

\$20 per generic drug per 90-day supply

\$40 per brand name drug per 90-day supply plus the difference in cost between the brand name drug and its generic equivalent

Out-of-Network Benefits – NONE

Out-of-network services are not covered except for emergency hospital care. All claims submitted from a provider outside of GHI's tri-state network will not be covered and the individual subscriber will be responsible to pay 100% of the claim.

NO ANNUAL OR LIFE-TIME MAXIMUM ON MEDICALLY NECESSARY COVERED PRESCRIPTION DRUGS AND MEDICAL SERVICES.

SERVICES NOT COVERED: Ambulance, Dental Care, Vision Care, Durable Medical Equipment, External Prosthetics, Ostomy Supplies, Mental Health Services, Advance Infertility Services, Chiropractic Care, Skilled Nursing Facility, Permanent Nursing Home Stays, Speech Therapy, Hospice Care, Chemical Dependency Services, Routine Foot Care, Personal Care Services, Private Duty Nursing Services, Cosmetic Surgery Not Otherwise Medically Necessary.

LOW-COST DENTAL AND VISION PLANS AVAILABLE UPON REQUEST.

PRE-EXISTING CONDITIONS:

PRE-EXISTING CONDITIONS FOR ADULTS (SUBSCRIBERS 19 AND OLDER) MAY BE EXCLUDED FOR UP TO 12 MONTHS UPON ENROLLMENT WITHOUT PROOF OF PRIOR CREDITABLE COVERAGE. THIS EXCLUSION DOES NOT APPLY FOR CHILDREN UNDER AGE 19.

The benefits described here are only brief highlights of the coverage available. Some benefits may have calendar year limits and/or maximums. The terms, limitations, conditions, and exclusions of the insurance contract and certificate will govern.