

HIP Plan Payment Information – In Network Benefits

MEDICAL EXPENSE	Primary Plan Pays:	Member responsibility on HIP Plan:	HIP Plan will Pay
Deductible	\$6,000 Single \$12,000 Family	\$200 Single \$200 Family (\$200/person)	90% after HIP deductible
Coinsurance	100% after deductible	10% after HIP deductible	90% after HIP deductible
Out of Pocket Maximum	\$6,650 Single, \$13,300 Family, which consists of deductible + drug card copays incurred after Anthem deductible is met	\$680 Single \$1,360 Family (\$680/person)	
Maximum Benefit to be paid by HIP Plan:			\$5,970 Single \$11,940 Family
Preventive Services	Covered in full	Anthem covers in full	\$0
Physician Office Visits	100% after deductible	Deductible + 10% of next \$4,800 in covered charges, then covered at 100%	90% of next \$4,800 in covered charges, then covered at 100%
Urgent Care	100% after deductible	Deductible + 10% of next \$4,800 in covered charges, then covered at 100%	90% of next \$4,800 in covered charges, then covered at 100%
Emergency Room	100% after deductible	Deductible + 10% of next \$4,800 in covered charges, then covered at 100%	90% of next \$4,800 in covered charges, then covered at 100%
All other services	100% after deductible	Deductible + 10% of next \$4,800 in covered charges, then covered at 100%	90% of next \$4,800 in covered charges, then covered at 100%
Prescription Drugs	\$10/\$35/\$70/25% to \$200/max after deductible	Deductible + 10% of next \$4,800 in covered charges, then covered at 100%	90% of next \$4,800 in covered charges, then covered at 100%

HIP PLAN will reimburse for (check all that apply)

- In-network deductible
 Out of network deductible
 Coinsurance
 Co-payments
 Rx

OTHER: _____

What documentation will be accepted as proof of payment for reimbursement? (check all that apply):

- Explanation of Benefits (EOB) from Primary Carrier
 Online statements from Primary Carrier showing single and family accumulators
 Bag receipts for prescriptions
 Pharmacy print-outs for prescriptions
 Other (please describe):

HIP Plan Payment Information – Out of Network Benefits

MEDICAL EXPENSE	Primary Plan Pays:	Member responsibility on HIP Plan:	HIP Plan will Pay
Deductible	\$12,000 Single \$24,000 Family	\$400 Single \$800 Family (\$400/person)	80% after HIP deductible
Coinsurance	100% after deductible	20% after HIP deductible	80% after HIP deductible
Out-of-Pocket Maximum	\$15,000 Single, \$30,000 Family, which consists of deductible, coinsurance, & drug card copays/coinsurance	\$2,320 Single \$4,640 Family (\$2,320/person)	
Maximum Benefit to be paid by HIP Plan:			\$12,680 Single \$25,360 Family
Preventive Services	Covered in full	Anthem covers in full	\$0
Physician Office Visits	70% after deductible	Deductible + 20% of next \$9,600 in covered charges, then covered at 100%	80% of next \$9,600 in covered charges, then covered at 100%
Urgent Care	70% after deductible	Deductible + 20% of next \$9,600 in covered charges, then covered at 100%	20% of next \$9,600 in covered charges, then covered at 100%
Emergency Room	70% after deductible	Deductible + 20% of next \$9,600 in covered charges, then covered at 100%	20% of next \$9,600 in covered charges, then covered at 100%
All other services	70% after deductible	Deductible + 20% of next \$9,600 in covered charges, then covered at 100%	20% of next \$9,600 in covered charges, then covered at 100%
Prescription Drugs	After deductible, \$70/prescription or 50% coinsurance, whichever is greater	Deductible + 20% of next \$9,600 in covered charges, then covered at 100%	80% of next \$9,600 in covered charges, then covered at 100%

HIP PLAN will reimburse for (check all that apply)

In-network deductible Out of network deductible Coinsurance Co-payments Rx

OTHER: _____

What documentation will be accepted as proof of payment for reimbursement? (check all that apply):

- Explanation of Benefits (EOB) from Primary Carrier
- Online statements from Primary Carrier showing single and family accumulators
- Bag receipts for prescriptions
- Pharmacy print-outs for prescriptions
- Other (please describe):