EFFECTIVE JUNE 1, 2016
LEGAL SERVICES NYC
SUMMARY OF BENEFITS

	CIGNA OAP OPTION		HIP PRIME
	IN NETWORK	**OUT OF NETWORK**	
Physician Office Visits	$20 per visit	70% of Charges*	No Copay
Specialist Office Visits	$20 per visit	70% of Charges*	No Copay
Annual Deductible	$150 single** $300 family**	$500 single** $1,000 family**	N/A
Annual Out of Pocket Maximum (includes deductible and copays)	$750 single** $1,500 family**	$1,500 single*** $3,000 family***	N/A
Prescription Drugs	$10 generic $20 brand $35 non-preferred Mail Order for Maintenance & Specialty Drugs: 2x retail copay for 90-day supply	70% of Charges*	$5 generic $5 brand (subject to drug formulary[1]) Mail Order: Copay is reduced by 50%. Up to a 90 day supply may be obtained.
• Hospital and physician services	$500 copay per admission, then 100% after plan deductible****	70% of Charges*	No Copay
• Semi-private room & board	Limited to semi-private room negotiated rate	Limited to semi-private room negotiated rate	No Copay
• Surgeon's Fees In Patient Out Patient	No charge after plan deductible	70% of Charges*	No Copay

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	IN NETWORK	**OUT OF NETWORK**	
• Annual Adult Preventive	No charge; no plan deductible	70% of charges after plan deductible*	No Copay
• Well-child care through age 18	No charge; no plan deductible	70% of charges after plan deductible*	No Copay
• Well Woman Coverage	No Charge	100% of Charges	No Copay
• Pap Test	No Charge	No charge	No Copay
• Mammogram	No Charge	70% of Charges*	No Copay
• X-ray & Lab tests	No Charge after plan deductible	70% of Charges*	No Copay
• Prenatal, postnatal care in physician's office	$20 for first visit to confirm pregnancy	70% of Charges*	No Copay
• Outpatient surgery including physician and facility services	$20 per visit; 60 visit combined annual max	70% of Charges*	No Copay
• Second medical and surgical opinion	$20 copay	70% of Charges*	No Copay
• Chiropractic services	$20 per visit; unlimited visits	70% of Charges*	No Copay
Mental Health Care Inpatient	$500 per admission then 100% after plan deductible	70% of Charges*	No Copay;
Outpatient	$20 per visit	70% of Charges*	No Copay;
Alcohol & Substance Abuse Care Inpatient rehabilitation	$500 per admission copay then 100% after plan deductible	70% of Charges*	No Copay;
Outpatient rehabilitation	$20 per visit	70% of Charges*	No Copay;

	CIGNA OAP OPTION		HIP PRIME
	IN NETWORK	**OUT OF NETWORK**	
Emergency Room	$50 copay; waived if admitted	$50 copay, then 100% after plan deductible; waived if admitted. If not a true emergency, 70% of plan deductible	No Copay
Urgent Care	No charge after plan deductible and $35 per visit copay; waived if admitted	No charge after plan deductible and $35 (except if not true emergency, then 70% after plan deductible; waived if admitted	No Copay
Home health care	No Charge after $50 home health care deductible	75% after $50 home health care deductible	No Copay; 200 visits per calendar year
Hospice care – Inpatient	No Charge after plan deductible	70% of Charges*	No Copay; 210 days
Hospice care - Outpatient	No charge after plan deductible	70% of Charges	N/A
Skilled Nursing Facility	No Charge after plan deductible; 180 Day Combined Annual Max	70% of Charges*	No Copay; Unlimited days
Outpatient physical, speech, and occupational therapy	$20 Copay 60 visits max/calendar year**	70% of Charges* 60 visits max/calendar year**	No Copay; 90 visits per calendar year
Infertility Services	$20 per visit Diagnostic and Testing Only+	70% of Charges*	State Mandate
Durable Medical Equipment	No Charge after plan deductible	70% of Charges*	$0 annual deductible
Optical Care			
• N/A	N/A	N/A	No Copay
• N/A	N/A	N/A	$45 for a complete pair every 24 months

+Limited to procedures for the correction of infertility (excludes In-vitro, GIFT, ZIFT, etc.)

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FOOTNOTES

**Subject to calendar year deductible and 250% of Medicare reimbursement for out-of-network services.*
***Legal Services NYC will reimburse you for your in-network deductible, as well as up to a maximum $150 of the single OON deductible if the $500 is met (you are responsible for the first $350) and up to $250 of the family OON deductible if the $1,000 is met (you are responsible for the first $750.00) per family*
****Legal Services NYC will reimburse you up to $300 per person once you have paid out $1,500 (you are responsible for the first $1,050) per person and up to $650 once you have paid out$3,000 (you are responsible for the first $2,100) per family*
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.

INSURANCE CARRIER WEBSITES

CIGNA Healthcare: www.mycigna.com
Customer Service: 800.244.6224

HIP Health Plan of NY: www.emblemhealth.com
Customer Service: 800.447.8255

Guardian Dental: www.guardiananytime.com
Customer Service: 800.541.7846

PRESCRIPTION DRUG MAIL-ORDER SERVICES

CIGNA: CIGNA Home Delivery Pharmacy www.mycigna.com
Po Box 1019
Horsam, PA 19044-9705
800.835.3784

HIP: Medco Health Solutions Inc. www.medcohealth.com
PO Box 747050
Cincinnati, OH 45274-7050
800.457.1020