

2014 HIP VIP MEDICARE RATES

GROUP NAME: NASSAU COUNTY OFFICE
 CONTRACT NUMBER(S): 1007611000
 MARKETING REP: G. RISUCCI

January 1, 2014 Rates % Change		NYC \$504.36 15.4%	Nassau \$565.36 13.5%	Westchester \$656.36 11.4%	Suffolk \$656.36 11.4%
Base Plan	PEVSP2	HIP VIP	HIP VIP	HIP VIP	HIP VIP
High Option Copay Riders	Yes	High Option	High Option	High Option	High Option
PCP Copay	RVOV00	\$0 PCP Copay	\$0 PCP Copay	\$0 PCP Copay	\$0 PCP Copay
Specialist Copay	RVSU00	\$0 Specialist Copay	\$0 Specialist Copay	\$0 Specialist Copay	\$0 Specialist Copay
Chiro Copay	RVCH00	\$0 Chiro Copay	\$0 Chiro Copay	\$0 Chiro Copay	\$0 Chiro Copay
IP Copay	RVIP33	Unlimited Days; \$0.00 Co pay per admission	Unlimited Days; \$0.00 Co pay per admission	Unlimited Days; \$0.00 Co pay per admission	Unlimited Days; \$0.00 Co pay per admission
IP Therapy Copay	RVIT00	\$0 IP Therapy Admit Copay	\$0 IP Therapy Admit Copay	\$0 IP Therapy Admit Copay	\$0 IP Therapy Admit Copay
IP Detox Copay	RVDX00	\$0 IP Detox Admit Copay, Unlimited Days	\$0 IP Detox Admit Copay, Unlimited Days	\$0 IP Detox Admit Copay, Unlimited Days	\$0 IP Detox Admit Copay, Unlimited Days
ER Copay	RVER00	\$0 ER Copay	\$0 ER Copay	\$0 ER Copay	\$0 ER Copay
Urgent Care Copay	RVURG0	\$0 Urgent Care Copay	\$0 Urgent Care Copay	\$0 Urgent Care Copay	\$0 Urgent Care Copay
SNF Benefit	RVSNF2	\$0 SNF Copay (21 - 100 days)	\$0 SNF Copay (21 - 100 days)	\$0 SNF Copay (21 - 100 days)	\$0 SNF Copay (21 - 100 days)
Ambulance Copay	RVAMB0	\$0 Ambulance Copay	\$0 Ambulance Copay	\$0 Ambulance Copay	\$0 Ambulance Copay
AmSurg Copay	RVAM00	\$0 Amb Surg Copay	\$0 Amb Surg Copay	\$0 Amb Surg Copay	\$0 Amb Surg Copay
OP Facility Copay - MRI,CAT,PET	RVDG00	\$0 Copay - MRI,PET,CAT	\$0 Copay - MRI,PET,CAT	\$0 Copay - MRI,PET,CAT	\$0 Copay - MRI,PET,CAT
X-Ray Copay	RVXR00	\$0 X-Ray Copay	\$0 X-Ray Copay	\$0 X-Ray Copay	\$0 X-Ray Copay
Radiation Therapy Copay	RVTH00	\$0 Radiation Therapy Copay	\$0 Radiation Therapy Copay	\$0 Radiation Therapy Copay	\$0 Radiation Therapy Copay
Lab Copay	RVLB00	\$0 Outpatient Lab Copay	\$0 Outpatient Lab Copay	\$0 Outpatient Lab Copay	\$0 Outpatient Lab Copay
Eye Exam Copay	RVEY00	\$0 Eye Exam Copay	\$0 Eye Exam Copay	\$0 Eye Exam Copay	\$0 Eye Exam Copay
OP Therapies Copay	RVPT00	\$0 Copay PT, OT, ST	\$0 Copay PT, OT, ST	\$0 Copay PT, OT, ST	\$0 Copay PT, OT, ST
OP Mental Health Copay	RVPY00	\$0 Outpatient MH Copay	\$0 Outpatient MH Copay	\$0 Outpatient MH Copay	\$0 Outpatient MH Copay
OP Sub. Abuse Copay	RVOS00	\$0 Outpatient SA Copay	\$0 Outpatient SA Copay	\$0 Outpatient SA Copay	\$0 Outpatient SA Copay
Home Health Care Copay	RVHH00	\$0 Home Health Care Copay	\$0 Home Health Care Copay	\$0 Home Health Care Copay	\$0 Home Health Care Copay
Hearing Exam Copay	RVHE09	\$0 Copay Hearing Exam w/ 1 Routine visit per year	\$0 Copay Hearing Exam w/ 1 Routine visit per year	\$0 Copay Hearing Exam w/ 1 Routine visit per year	\$0 Copay Hearing Exam w/ 1 Routine visit per year
Podiatry Copay	RVPD00	\$0.00 Co pay Medicare; 4 Routine Visits per year \$0.00 Co pay	\$0.00 Co pay Medicare; 4 Routine Visits per year \$0.00 Co pay	\$0.00 Co pay Medicare; 4 Routine Visits per year \$0.00 Co pay	\$0.00 Co pay Medicare; 4 Routine Visits per year \$0.00 Co pay
Other Riders					
DME	RVDMM2	DME Covered in full	DME Covered in full	DME Covered in full	DME Covered in full
Private Duty Nursing	N/A	Not Covered	Not Covered	Not Covered	Not Covered
Hearing Aid	RVHRA1	Max \$500 every 3 years for hearing aids	Max \$500 every 3 years for hearing aids	Max \$500 every 3 years for hearing aids	Max \$500 every 3 years for hearing aids
Dialysis Copay	RVKD00	\$0 Dialysis Copay	\$0 Dialysis Copay	\$0 Dialysis Copay	\$0 Dialysis Copay
Dialysis Transportation	N/A	Not Covered	Not Covered	Not Covered	Not Covered
Optical	RVOPTC	1 Pair/12 months, \$0 copay	1 Pair/12 months, \$0 copay	1 Pair/12 months, \$0 copay	1 Pair/12 months, \$0 copay
Dental	RVPREV	Preventive Dental	Preventive Dental	Preventive Dental	Preventive Dental
Part B Rx	R1BX00	Covered drugs including Part B covered chemotherapy covered In Full	Covered drugs including Part B covered chemotherapy covered In Full	Covered drugs including Part B covered chemotherapy covered In Full	Covered drugs including Part B covered chemotherapy covered In Full
Preventive Services	RVPRV1	Covered	Covered	Covered	Covered
OOP Max Rx Riders	RVBEN8	\$3,400 Annual Maximum Out-of-Pocket	\$3,400 Annual Maximum Out-of-Pocket	\$3,400 Annual Maximum Out-of-Pocket	\$3,400 Annual Maximum Out-of-Pocket
Rx Riders	R1RX2M	RX-COV IN FULL,50% NONFORM CPY EGWP	RX-COV IN FULL,50% NONFORM CPY EGWP	RX-COV IN FULL,50% NONFORM CPY EGWP	RX-COV IN FULL,50% NONFORM CPY EGWP
LIS Rx Rider	N/A	Not Covered	Not Covered	Not Covered	Not Covered
LIS Premium Subsidy Rider	N/A	Not Covered	Not Covered	Not Covered	Not Covered

*PLEASE NOTE THAT THESE RATES ARE EFFECTIVE 1/1/2014
 ** PLEASE REFER TO THE DETAILED BENEFIT SUMMARY FOR A COMPLETE LISTING OF BENEFITS

IT 10/01/2013
 Version 9.25.13

PEVSP2056
 PEVSP1N469
 Benefit Sets / Rider codes are not finalized, but benefits quoted are correct!

PEVSP2056
 PEVSP1N469

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Group Benefit Administrator Acknowledgement

Date: _____