

2008 NYU Retiree Health Plan Summary of Benefits for Medicare-Eligible Participants Over Age 65

The chart below provides an overview of the schedule of services and copays for the HIP VIP Premier HMO.

Plan Feature	HIP VIP Premier HMO
Primary Care Office Visit	New York, Bronx, Kings, Richmond and Queens Counties: \$0 copay Nassau, Suffolk and Westchester Counties: \$10 copay
Specialist Office Visit	New York, Bronx, Kings, Richmond and Queens Counties: \$10 copay Nassau, Suffolk and Westchester Counties: \$15 copay
Preventive Care	Full Coverage
Annual Deductible	None
Annual Out-of-Pocket Maximum	None
Lifetime maximum	Unlimited
Inpatient hospitalization	New York, Bronx, Kings, Richmond and Queens Counties: \$0 copay Nassau: \$50 copay Suffolk and Westchester Counties: \$100 copay
Pre-Certification of Surgeries and Procedures	Required
Surgeon's Fees	Full Coverage
Anesthesia, Lab Tests, X-Rays, and In-Hospital Doctors Visits	Full Coverage
Emergency Room	\$50 copay per visit
Skilled Nursing Facility	\$25 copay from days 21 to 100
Vision Care – Routine Exam	\$15 copay
Vision Care – Glasses & Contacts	100% per year (1 pair of eyeglasses every calendar year. This is in addition to eye glasses received in conjunction with cataract surgery.)
Outpatient Mental Health	\$20 copay per visit
Podiatry	Subject to Specialist copy
Dental Benefits	Not covered
Prescription Drugs – Retail	\$10 Generic \$15 Brand 50% Non-formulary
Prescription Drugs – Mail Order	\$15 Generic (90 day supply) \$22.50 Brand (90 day supply) 50% Non-formulary (90 day supply)
Part B Drugs	N/A