

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 Secure Horizons HMO.

Plan Feature	Secure Horizons HMO
Primary Care Office Visit	\$15 copay per visit
Specialist Office Visit	\$15 copay per visit
Preventive Care	No copay
Annual Deductible	None
Annual Out-of-Pocket Maximum	None
Lifetime maximum	Unlimited
Inpatient hospitalization	Full coverage – no limit
Pre-Certification of Surgeries and Procedures	Required
Surgeon's Fees	Full Coverage
Anesthesia, Lab Tests, X-Rays, and In-Hospital Doctors Visits	Full Coverage <i>Lab Fees are covered only when LabCorp is used</i>
Emergency Room	\$50 copay (waived if admitted)
Skilled Nursing Facility	No copay (up to 100 days per benefit period)
Vision Care – Routine Exam	1 eye exam per year (12 month period) Enhanced Benefit: Full coverage (in-network Provider) Standard Benefit (allowance for out-of-network Provider): \$50 reimbursement
Vision Care – Glasses & Contacts	1 pair eyeglasses/lenses per 24 month period Enhanced Benefit: Full coverage (in-network Provider) Standard Benefit (allowance for out-of-network Provider): \$70 reimbursement
Outpatient Mental Health	\$15 copay per visit
Podiatry	No copay (up to 4 visits per year)
Dental Benefits	2 free cleanings per year, other benefits provided according to benefit schedule. Contact customer service at 1-888-336-6563.
Prescription Drugs – Retail	\$4 Generic \$20 Brand - Preferred \$40 Brand Non-Preferred \$40 Preferred Specialty
Prescription Drugs – Mail Order	\$8 Generic \$50 Brand - Preferred \$110 Brand Non-Preferred \$120 Preferred Specialty
Part B Drugs	20% coinsurance