

NEW YORK HMO COPAYMENT GUIDELINES
(UPDATED 10/06)

<u>Service</u>	<u>Old Maximum</u>	<u>New Maximum</u>
Inpatient Hospital	\$500/cont. confinement	\$1,000/cont. confinement
Primary Care	\$25/visit	\$30/visit
Specialty Care	\$40/visit	\$50/visit
Maternity	\$25/visit 20% up to \$200 for delivery	\$30/visit 20% up to \$300 for delivery
Ambulatory Surgery (Facility)	\$75	\$150
Surgery	20% up to \$200	20% up to \$300
Diagnostic Lab	20% up to \$100/procedure \$500 annual max	20% up to \$100/procedure \$500 annual max
Radiology	20% up to \$100/procedure \$500 annual max	20% up to \$100/procedure \$500 annual max
Preadmission testing	20% up to \$100/procedure \$500 annual max	20% up to \$100/procedure \$500 annual max
Home Health Care	\$25/visit	\$30 for 1 st 52 visits, \$0 after
Chemotherapy	\$25/visit	\$30 for 1 st 52 visits, \$0 after
Dialysis	\$25/visit	\$30 for 1 st 52 visits, \$0 after
Diab eq/supplies	\$25	\$30 for 1 st 52, \$0 after
Outpatient Chem Dependence	\$25	\$30 for 1 st 52 visits, \$0 after
ER	\$100(waived if admitted)	\$150(waived if admitted)
Ambulance	\$100	\$100
Urgent Care		\$35