

# Long Island University

## HMO Benefit Plan

## Your Cost

### Preventive Care

• Physical Examinations (Adult)	\$5 Copay
• Physical examinations (Well Child)	
Ages 0-2      7 visits per year	
Ages 3-5      1 visit per year	No Charge
Ages 6-12     1 visit for every 2 years	
Ages 13-18    1 visit for every 3 years	
• Immunizations	
• Hearing Tests for children through age 17	
• Well child care in excess of above	\$5 Copay

### Routine and Specialty Services

• Primary Care Office Visits	
• Specialist Consultations and Treatment	\$5 Copay
• Allergy Testing and Treatment	
• Short-Term Physical, Occupational or Speech Therapy	
• Diagnostic Tests including x-ray and laboratory	No Charge

### For Women Only

• Members may select a personal Vytra Ob/Gyn, thus eliminating the need to obtain a referral from their Primary Care Physician.	\$5 Copay
• Routine Exams including pap tests	
• Maternity Care including prenatal visits, delivery and postnatal care	No Charge

### Hospital Services

• Preadmission Testing	
• Room and Board, semiprivate room, no day limits	
• Intensive and Cardiac Care	
• Physician Services including surgery and anesthesiology	
• Short-Term Physical, Occupational or Speech Therapy	No Charge
• Diagnostic Services including x-ray and laboratory testing	
• All Drugs and Medications	
• Nursing Services	
• Skilled Nursing Facility Care for up to 45 days per calendar year	
• Maternity Services	

### Mental Health/ Substance Abuse Services

<i>Outpatient</i>	Visits 1-3: \$5 Copay
• Up to 20 Mental Health Visits in a calendar year for crisis intervention	Visits 4-20 \$25 Copay
• Up to 60 Visits in a calendar year for treatment of alcohol or drug abuse	\$5 Copay

### *Inpatient*

• Up to 30 Days of Psychiatric Care in a calendar year	No Charge
• Up to 3 Periods of Medical Detoxification in a calendar year	

### Emergency Services

• Medically Necessary Emergency Treatment in an outpatient non-hospital or hospital facility	\$25 Copay Waived if Admitted
• Medically Necessary Emergency Transportation	No Charge

### Pharmacy Services

• Prescription Drugs (including contraceptives & prescription vitamins e.g. prenatal and pediatric fluoride)	\$5 Copay
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<b>Chiropractic Services</b>	\$5 Copay
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This is a brief summary of benefits and should be used only as a guide. You must refer to the Vytra Health Plans Agreement for Comprehensive Services for a complete description of requirements for coverage, covered services, limitations, and exclusions.