PREMIUM PLAN SERVICES AND BENEFITS

Full List

- Medical Care
 - EKG (Two per year)
 - Echocardiogram
 - Holter Monitor
 - Pulmonary Function Test (Spirometry)
 - o Urinalysis
 - Blood Sugar
 - Fecal occult blood test
 - PPD (skin test for tuberculosis one per year)
 - Vitamin B-12 and Allergy shot (steroid)
 - Ear Irrigation for wax
 - Flu vaccine (One per year)
 - o Nebulizer Treatment with oxygen concentrator
 - IM/IV treatments (cost of drug is not included)
 - Weight Loss management
 - o Allergy testing through blood test (paid separately to the lab)
 - Tetanus Vaccine (after injury)
 - Vascular Studies (Venous, carotid, peripheral duplex scans)
- Office Based surgical care
 - o Repair of laceration
 - Excision of benign skin lesions
 - Excision of malignant skin lesions
 - Shaving of skin lesions
 - Mole removal skin biopsy
 - o Skin Tag removal
 - Sebaceous cyst removal
 - o Lipoma removal
 - Warts (genital, sole, hand)
 - Partial and full nail removal for fungus in ingrown toe nail
 - Joint injections (steroid)
 - Tendon injections (steroid)
 - Facet joint injections
 - Fine needle aspiration (Thyroid, Breast)
 - Ganglion cyst removal
 - Repair of split ear lobes
 - o Excision of breast mass (Lumpectomy when possible)
 - Lymph node biopsy
 - Pilonidal cystectomy
 - I & D of abscess
 - Application of splint
 - o Application of cast for minor non-displaced fractures
 - Trigger point injections

- o Wound care with debridement
- Circumcision
- Rubber band hemorrhoidectomy
- o Uncomplicated anal fistulectomy
- Carapal Tunnel Release
- Vericose vein ligation
- Gynecological Care
 - Pap smear (One per year)
 - Pregnancy test
 - Family Planning
- Pediatrics
 - o Childhood immunization (Cost for immunization is an additional charge)
 - o Audiometry
- Urgent Care during office hours
- Physical Therapy (Manhattan Only), ten visits per fiscal year
- Lab Test (blood, urine, stool), see appendix V for details
- Imaging: X-rays, Sonograms, Mammogram (one every other year)
- Second opinions
- Pre-surgical testing
- Discount prescription card
- Referral for discounted CT scan and MRI
- Referral for discounted colonoscopy and upper endoscopy