

For more information on these or the other plans that are available from GHI please fax this form back to:

Name

Company

Address

City

State

Zip

Phone

Fax

What region am I located in?

Downstate Region: Bronx, Kings, Manhattan, Nassau, Queens, Richmond, Rockland, Suffolk, and Westchester Counties.

Mid-Hudson Region: Columbia, Delaware, Dutchess, Greene, Orange, Putnam, Sullivan, and Ulster Counties.

Albany Region: Albany, Clinton, Essex, Fulton, Montgomery, Rensselaer, Saratoga, Schoharie, Schenectady, Warren, and Washington Counties.

Utica/Watertown Region: Chenango, Franklin, Hamilton, Herkimer, Jefferson, Lewis, Madison, Oneida, Oswego, Otsego and St. Lawrence Counties.

Syracuse Region: Broome, Cayuga, Chemung, Cortland, Onondaga, Schuyler, Steuben, Tioga and Tompkins Counties.

Rochester Region: Livingston, Monroe, Ontario, Seneca, Wayne, and Yates Counties.

Buffalo Region: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, and Wyoming Counties.



Plan L

&



Plan M

High
Deductible
Coverage

Plans Underwritten by:
Group Health Incorporated
441 Ninth Avenue
New York, NY 10001



Hospital

- ✓ 365 days per single hospital confinement.* GHI will cover all hospital services only if registered in hospital. Bed/board - all nursing care - supplies - equipment related to surgical procedures - recovery, etc.
- ✓ Emergency Care facility charges.
- ✓ Chemical dependency* - 30 days per calendar year/ 60 days lifetime/20 family therapy visits.
- ✓ Home care* - 60 visits per calendar year.
- ✓ Hospice care* - 210 days per lifetime.
- ✓ Mental Health Care* - In-patient - 30 days per calendar year 60 days lifetime.

Medical - (No In-Network Benefits for Medical Portion)

- ✓ Member is reimbursed based upon the 80th percentile of HIAA subject to the combined hospital/medical annual deductible and medical coinsurance.
- ✓ Medical coinsurance: member reimbursed 100% of HIAA at the 80th percentile.
- ✓ Laboratory tests, (diagnostic x-rays and imaging services*).
- ✓ All other general medical care all covered after satisfaction of deductible at 80% of HIAA.

Retail Pharmacy Program - Covered in full in-network.

Member reimbursed 100% of in-network payment subject to combined deductible. For prescriptions purchased out-of-network, member is reimbursed at 100% of in-network payment subject to combined deductible. Member is responsible for any pharmacy charge which exceeds this payment.

Maintenance Mail Order Program - In-network benefit only. Covered in full subject to combined deductible.

General Plan Features

- ✓ Dependent Children/Student Coverage: to the END OF YEAR in which they reach the age of 23.

* Precertification required

** Limitations may apply to certain aspects of coverage. Please consult your certificate of insurance for limitations details.

In-Network

Covered in full subject to deductible

Covered in full subject to deductible

Covered in full subject to deductible

Covered in full subject to deductible

Covered in full subject to deductible

Covered in full subject to deductible

Covered in full subject to deductible - BMP

No In-Network Benefits on Medical Portion.

Out-of-Network

Base Hospital Coverage:

Member reimbursed 100% of average in-network payment. Subject to deductible.

Base Hospital Coverage (see above)

Base Hospital Coverage

Base Hospital Coverage

Base Hospital Coverage

Base Hospital Coverage

Base Medical Coverage:

Medical Benefits are covered under Base Medical Coverage. Member is reimbursed based upon the 80th percentile of HIAA subject to the combined hospital/medical annual deductible and medical coinsurance.

Plan L Rates

Combined Hospital/Medical Benefits:

Annual Deductible: \$1,500/\$3,000 Per year

Coinsurance: None in-network medical; out-of-network member reimbursed 100% of HIAA at 80th percentile

No Lifetime Maximum**

	Groups of 2-50			Groups of 1		
	Ind.	2 Party	Family	Ind.	2 Party	Family
Downstate	762.01	1,630.45	1,937.98	914.33	1,956.37	2,325.38
Mid-Hudson	735.95	1,574.75	1,871.70	883.06	1,889.54	2,245.85
Albany	652.33	1,395.77	1,659.01	782.73	1,674.78	1,990.64
Utica	450.95	965.01	1,146.98	541.09	1,157.91	1,376.26
Syracuse	416.30	890.75	1,058.81	499.51	1,068.81	1,270.46
Rochester	416.30	890.75	1,058.81	499.51	1,068.81	1,270.46
Buffalo	450.53	964.07	1,145.90	540.59	1,156.78	1,374.96

Plan M Rates

Combined Hospital/Medical Benefits:

Annual Deductible: \$2,250/\$4,500 Per year

Coinsurance: None in-network medical; out-of-network member reimbursed 100% of HIAA at 80th percentile

No Lifetime Maximum**

	Groups of 2-50			Groups of 1		
	Ind.	2 Party	Family	Ind.	2 Party	Family
Downstate	598.77	1,270.16	1,507.55	718.46	1,524.06	1,808.90
Mid-Hudson	578.30	1,226.68	1,455.97	693.90	1,471.89	1,747.01
Albany	512.54	1,087.24	1,290.58	614.99	1,304.57	1,548.56
Utica	354.47	751.74	892.25	425.32	902.01	1,070.61
Syracuse	327.21	693.91	823.69	392.61	832.62	988.34
Rochester	327.21	693.91	823.69	392.61	832.62	988.34
Buffalo	361.24	766.33	909.54	433.45	919.51	1,091.35

Note: This brochure is for comparative purposes only. For complete details please consult the certificate of insurance.