



GHI-Small Business Advantage Plan

Group Name _____ Effective Date _____ Group Rep _____

Rating Structure:

2-Tier Sole Proprietor

4-Tier Groups of 2-50

		Network	Non-Network
Inpatient hospital* coverage and inpatient medical ¹ services		Covered in Full after \$500 copay	25% Coinsurance after \$1,000 copay per confinement
Skilled Nursing Facility Care*	60 days per calendar year	Covered in Full	25% Coinsurance (copay waived)
Hospice Care* (inpatient/in-home)	210 days per lifetime	Covered in Full	Covered In-network only
Inpatient Maternity, routine Nursery Care		Covered in Full after \$500 copay	25% Coinsurance after \$1,000 copay
Inpatient Admission* for Medical Rehabilitation (i.e. PT Physical Medicine and Rehabilitation)		Not Covered	Not Covered
Pre-Admission Testing		Covered in Full	25% Coinsurance
Ambulatory Surgery*		Covered in Full after \$100 copay	25% Coinsurance after \$100 copay
Outpatient (hospital) Diagnostic Lab & Radiology	Place of service: Hospital	Covered in Full after \$50 copay	25% Coinsurance
Home Health Care Services*	200 visits per calendar year	Covered in Full	Covered In-network only
Office visits, including allergy care, Chiropractic Care		\$30 copay	Covered In-network only
Maternity Pre-Postnatal Care		Covered in Full	Covered In-network only
Annual Physical Check-up (Adult)		\$30 copay	Covered In-network only
Preventive Mammography and Pap Smear & Prostate Screening		\$30 copay	Covered In-network only
Physical Therapy, Osteopathic Manipulation, Occupational Therapy	30 visits per calendar year	\$30 copay	Covered In-network only
Speech Therapy	10 visits per calendar year	\$30 copay	Covered In-network only
Well baby and Well Child Care including immunizations	up to age 19	Covered in full	25% Coinsurance after deductible
Diagnostic Lab and Radiology billed by a provider	Place of Service: Office	\$30 copay	Covered In-network only
Emergency Care Facility	ER copay waived if admitted	Covered in Full after \$100 copay charge (waived if admitted)	Covered up to allowed charge after \$100 copay (waived if admitted)
Emergency Admission professional charges		Covered in Full	Covered up to 100% of HIAA at the 80th %ile
DME: *Precert required when the amt is > \$2,000		\$100 ded., \$1,500 annual max	Covered In-network only
Ground Ambulance		N/A	Covered up to UCR, subject to deductible and coinsurance
Air Ambulance		N/A	Covered up to \$10,000 per occurrence
Home infusion Therapy *		Covered in Full	Covered In-network only
Inpatient Mental Health		Not Covered	Not Covered
Inpatient Chemical Dependency Detox & Rehab		Not Covered	Not Covered
Outpatient Chemical Dependency	60 visits per calendar year, up to 20 family visits	\$30 copay	25% Coinsurance
Outpatient Mental Health		Not Covered	Not Covered

¹ Non-participating providers (anesthesiologist, radiologist, pathologist, asst. surgeon) in a network Hospital is covered up to 100% of HIAA at the 80th %ile

* Pre-certification Required

Prescription Coverage Retail	Prescription Coverage Mail Order
\$10/50%/50%/\$100 ded/\$3,000 annual retail max.	\$20/50%/50% Mandatory Mail

The benefits described herein are only benefit highlights of the coverage available. The terms, limitations, conditions and exclusions of the insurance contract and certificate will govern.

Available Optional Riders: (additional cost)	<input type="checkbox"/> Mental Health Hospital Coverage PLH-5007	<input type="checkbox"/> Mental Health Medical Coverage PLH-1229B
	<input type="checkbox"/> Alcoholism and Substance Abuse Hospital coverage PLH-5008	<input type="checkbox"/> Skilled Nursing Facility Care PLH-5005
		<input type="checkbox"/> Nursing Services PLC-1094B

Dependent/Student	19/23	
Financial	Network	Non-Network
Hospital Copay	\$500	\$1,000
Hospital Coinsurance	None	25%
Hospital Coinsurance Max	None	\$5,000
Hospital Allowed Charge	GHI's Fee Schedule	150% of Medicare
Office Visit Copay/Coinsurance	\$30	25%
Medical Deductible	None	\$1,000/\$3,000
Medical Coinsurance Max	None	\$10,000 pp/\$30,000 Family
Medical Allowed Charge	GHI's Fee Schedule	100% of Medicare
Annual Out-of-Network Max	Unlimited	\$1,000,000
Lifetime Max	None	None

