

GHI Small Business Advantage Program Benefits Summary

Services	Maximum	In-network	Out-of-network
Hospital facility copayment per single hospital confinement		\$500	\$1,000
Hospital facility coinsurance			25%
Hospital facility coinsurance maximum (per calendar year)			\$5,000
Hospital facility allowance		GHI contracted rate	GHI's reasonable and customary charge
Medical copayment/coinsurance		\$30	25%
Medical allowance		GHI CBP fee schedule	GHI Medicare based fee schedule
Medical annual deductible (per calendar year)			\$1,000 per person/ \$3,000 per family
Medical coinsurance maximum (per calendar year)			\$10,000 per person/ \$30,000 per family
Annual maximum (combined medical/hospital per calendar year)			\$1,000,000
Lifetime maximum		None	None
Dependent children eligible until:	19, end of year		
Dependent student eligible until:	23, end of year		
Hospital inpatient services*: performed and billed by a hospital			
Acute care including: maternity and routine nursery care	365 days per single hospital confinement	Covered in full after \$500 copayment	25% coinsurance after \$1,000 copayment
Admissions for mental health and chemical dependency treatment		Not covered	Not covered
Medical rehabilitation		Not covered	Not covered
Outpatient services performed and billed by a hospital			
Pre-admission testing		Covered in full	25% coinsurance
Outpatient diagnostic laboratory		Covered in full after \$50 copayment	
Outpatient diagnostic radiology		Covered in full	
Outpatient dialysis		Covered in full	
Physical therapy	30 visits per person per calendar year	Covered in full	25% coinsurance
Chemotherapy		Covered in full	25% coinsurance
Radiation therapy		Covered in full	25% coinsurance
Outpatient/ambulatory surgery*		Covered in full after \$100 copayment	25% coinsurance after \$100 copayment
Other hospital-based services			
Skilled nursing facility care*	60 days per person per calendar year	Covered in full	25% coinsurance (copay waived)
Hospice care*— inpatient and outpatient	210 days per person per lifetime	Covered in full	Covered in-network only
Home health care services*	200 visits per person per calendar year	Covered in full	Covered in-network only
Medical services performed and billed by a provider other than a hospital			
Home and office visits, including outpatient clinic visits			
Chiropractic care			
Allergy care			
Physical therapy, osteopathic manipulation, occupational therapy	30 visits per person per calendar year	\$30 copayment	Covered in-network only
Speech therapy	10 visits per person per calendar year		
Diagnostic lab and radiology procedures			
Out-of-hospital specialists consultation			
Surgery out-of-hospital		Covered in full	25% coinsurance after deductible
Surgery in the hospital			
In-hospital medical care ¹		Covered in full	25% coinsurance after deductible
In-hospital consultations			
maternity services		Covered in full	25% coinsurance after deductible

¹Out of network providers (anesthesiologist, radiologist, pathologist and assistant surgeons) in a network Hospital is covered up to 100% of Ingenix/HIAA at the 80th percentile. Policy form number PLH-SGC-1003, PLH-SGC-1004, PLH-SGC-1005, et al.

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Services	Maximum	In-network	Out-of-network
Medical services performed and billed by a provider other than a hospital			
Home infusion therapy		Covered in full	Covered in-network only
Anesthesia		Covered in full	25% coinsurance after deductible ¹
Chemotherapy		Covered in full	Covered in-network only
Radiation therapy			
Wellness Care performed and billed by a provider other than a hospital			
Well baby and well child care up to age 19		Covered in full	25% coinsurance after deductible
Immunizations			
Preventive mammography and pap smear screening			
Preventive prostate screening			
Annual adult physical examination, including OB/GYN		\$30 copayment	Covered in-network only
Emergency care			
Emergency room facility charges		Covered in full after \$100 copayment	Covered up to hospital/facility allowed charge after \$100 copayment
Emergency room professional charges		Covered in full	Covered up to 100% of Ingenix/HIAA at the 80th percentile
Emergency ambulance (ground)		See out of network	GHI's reasonable and customary charge, subject to medical deductible and coinsurance
Emergency ambulance (air)		See out of network	Covered up to \$10,000 per occurrence
Emergency admission – facility charges	365 days per single hospital confinement	Covered in full	Covered up to the hospital/facility allowed charge
Emergency admission – professional charges		Covered in full	Covered up to 100% of Ingenix/HIAA at the 80th percentile
Inpatient mental health and chemical dependence treatment performed and billed by a facility*			
Mental health		Not covered	Not covered
Chemical dependence detox			
Chemical dependence rehabilitation			
Durable medical equipment			
Durable medical equipment services (Pre-certification required for items that cost \$2,000 or more)		Covered in full after \$100 deductible, \$1,500 annual maximum	Covered in-network only
Outpatient mental health and chemical dependence*			
Chemical dependence Treatment	60 visits per calendar, up to 20 visits for family therapy	\$30 copayment charge	25% coinsurance
Mental health treatment		Not covered	Not covered

*Precertification required

¹ Services received from out-of-network providers (anesthesiologist, radiologist, pathologist and assistant surgeons) in a network hospital are covered up to 100% of Ingenix/HIAA at the 80th percentile.

Retail Pharmacy Program 30 day supply (Covered in network only)	Mail Order Pharmacy Program 90 day supply (Covered in network only)
Generic/Preferred/Non-preferred	Generic/Preferred/Non-preferred
Member pays: \$10/50%/50%	Member pays: \$10/50%/50%
\$100 deductible per person, \$300 per family	Mandatory mail after initial fill and one refill
Annual maximum per person \$3,000	

This chart is not a complete benefit description or contract and should only be viewed as a summary to assist you in understanding this program. Coverage is subject to all terms, conditions, limitations and exclusions of the Certificate of Insurance. In the event of any inconsistency between this chart and the Certificate of Insurance of Insurance, the Certificate shall govern.