



## GHI PPO 40 Plus

HealthPass GHI	GHI PPO 40 Plus (PPO)	
Benefit	In-Network	Out-Network
<b>Embedded Drug Card</b>	0/25/40/50/1000max	
<b>Major Medical</b>		
Deductible Ind/Fam	N/A	\$2,000/\$6,000
Co-Insurance	N/A	70% of \$10,000*
Out-of-Pocket	N/A	\$3000/\$9000
Office Copay	\$40 Copay/\$0 dep	Ded & Coins
DXL/Lab Fees	\$40 Copay/\$0 dep	Ded & Coins
Specialist Copay	\$40 Copay/\$0 dep	Ded & Coins
Lifetime Maximum	Unlimited	\$500,000 PMPCY
<b>Hospital Benefits</b>		
Hospital In-Patient	\$500 Copay	Ded & Coins
Hospital Out-Patient	No Copay	Ded & Coins
Emergency Room	\$100 Copay	\$100 Copay
Private Nursing	Not Covered	Not Covered
<b>Surgical Benefits</b>		
Surgical In-Patient	Incl in Hospital Copay	Ded & Coins
Surgical Out-Patient	No Copay	Ded & Coins
<b>Mental Health</b>		
Mental Nervous In-Patient	\$500 Copay 30 Days/Cal. Yr.	Ded & Coins
Substance Abuse In-Patient	\$500 Copay 7 Days Max Cal Yr. Detox 30 Days/Cal Yr./60 Days lifetime: Rehab	Covered In Network Only
Mental Nervous Out-Patient	\$40 Copay/\$0 dep 30 Visits/Cal. Yr.	Ded & Coins
Substance Abuse Out-Patient	No Copay/\$0 dep 60 Visits Max Cal Yr; up to 20 Family Visits	Ded & Coins
<b>Other</b>		
Well Care (Up to 19)	No Copay	Ded & Coins
Routine Adult Care	\$40 Copay	Ded & Coins
Chiropractic Care	\$40 Copay/\$0 dep	Ded & Coins
Home Health Care	Covered in Full	Ded & Coins
Optical (1 exam every 24 months)	\$10 Copay	Not Covered

\* 70th percentile of HIAA  
1.29.08

The above rates and benefits are for general information and discussion purposes only and not valid unless approved by the carrier. Final rates are determined by the carrier's underwriting guidelines and final enrollment. The insurance policy, not general rates and descriptions in this website or printed output, will for the contract between the insured and the carrier.

(d) Non-Formulary / Oral Contraceptive / Deductible