



## HP GHI PPO 30

HealthPass GHI	HP GHI PPO 30 (PPO)	
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Benefit	In-Network	Out-Network
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<b>Drug Cards Available (Employer Chosen)</b>	10/20/40/Yes/0 10/20/40/50/200	
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<b>Major Medical</b>		
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Deductible Ind/Fam	N/A	\$1000/\$3000
Co-Insurance	100%	70% of \$10,000*
Out-of-Pocket	N/A	\$3000/\$9000
Office Copay	\$30 Copay/\$0 dep	70% After Ded
DXL/Lab Fees	\$30 Copay/\$0 dep	70% After Ded
Specialist Copay	\$30 Copay/\$0 dep	70% After Ded
Lifetime Maximum	Unlimited	\$500,000 PMPCY

<b>Hospital Benefits</b>		
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Hospital In-Patient	Covered in Full Preauthorization Required	70% After Ded Preauthorization Required
Hospital Out-Patient	Covered in Full Preauthorization Required	70% After Ded Preauthorization Required
Emergency Room	\$100 Copay	\$100 Copay
Private Nursing	Not Covered	Not Covered

<b>Surgical Benefits</b>		
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Surgical In-Patient	Covered in Full Preauth. Required	70% After Ded
Surgical Out-Patient	Covered in Full Preauth. Required	70% After Ded

<b>Mental Health</b>		
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Mental Nervous In-Patient	No Copay 30 Days/Cal. Yr. Preauthorization Required	70% After Ded
Substance Abuse In-Patient	No Copay 7 Detox/Cal. Yr. 30 Days/Cal. Yr.	Not Covered
Mental Nervous Out-Patient	\$30 Copay/\$0 dep 30 Visits/Cal. Yr. Preauthorization Required	70% After Ded
Substance Abuse Out-Patient	Covered in Full/\$0 dep 60 Visits/Cal. Yr. 20 Family Therapy	70% After Ded 60 Visits/Cal. Yr. 20 Family Therapy

<b>Other</b>		
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Well Care (Up to 19)	Covered in Full	70% After Ded
Routine Adult Care	\$30 Copay	70% After Ded
Chiropractic Care	\$30 Copay/\$0 dep	70% After Ded
Home Health Care	Covered in Full, 200 Visits/Cal. Yr.	70% After Ded, 200 Visits/Cal. Yr.
Optical (1 exam every 24 months)	\$10 Copay	Not Covered

\* 70th percentile of HIAA  
Mandatory mail order on maintenance medication.  
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