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Area Westchester 10589	GHI EPO Renewal EPOc 40/1000/90%/500 (EPOc)		GHI EPO Renewal EPO 40/100/500 (EPO)		GHI PPO Renewal PPO 40/500/100/2000 (PPO)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<u>Drug Card</u>						
Prescription Card	0/30/50/50/750max		0/30/50/50/750max		0/25/40/50/750max	
<u>Major Medical</u>	UCR=N/A		UCR=N/A		UCR=70%	
Deductible Ind/Fam	\$1,000/\$3,000		N/A		N/A \$2,000/\$6,000	
Co-Insurance	90%		N/A		N/A 70%	
Out-of-Pocket	\$500/\$1,500		N/A		N/A \$3,000/\$9,000 excl ded	
Office Co-pay	\$40 Copay/\$0 dep		\$40/\$0 dep		\$40 Copay/\$0 dep Ded & Colns	
DXL/Lab Fees	\$40-PCP/Ded&Coins-OP /\$0 dep		\$40/\$0 dep		\$40 Copay/\$0 dep Ded & Colns	
Specialist Co-pay	\$40 Copay/\$0 dep		\$40/\$0 dep		\$40 Copay/\$0 dep Ded & Colns	
Lifetime Maximum	Unlimited		Unlimited		Unlimited Unlimited Lifetime/\$500,000 Annual	
<u>Hospital Benefits</u>						
Hospital In-Patient	Ded & Colns		\$500 Copay		\$500 Copay Ded & Colns	
Hospital Out-Patient	Ded & Colns		\$250 Copay		No Charge Ded & Colns	
Emergency Room	\$100 Copay		\$100 Copay		\$100 Copay \$100 Copay	
Private Nursing	Not Covered		Not Covered		Not Covered Not Covered	
<u>Surgical Benefits</u>						
Surgical In-Patient	Ded & Colns		No Charge		No Charge Ded & Colns	
Surgical Out-Patient	Ded & Colns		\$250 Copay		No Charge Ded & Colns	
<u>Mental Health</u>						
Mental Nervous In-Patient	Ded & Colns 30 days max/yr		\$500 Copay 30 days max/yr		\$500 Copay 30 days max cal yr In/Out Net Cmb In/Out Net Cmb	
Substance Abuse In-Patient	Ded & Colns 7 days max/yr- Detox 30 days max/yr- Rehab		\$500 Copay 7 days max/yr- Detox 30 days max/yr- Rehab		\$500 Copay 7 days max cal yr. Detox 30 days cal yr/60 days lifetime: Rehab Ded & Colns In/Out Net Cmb	
Mental Nervous Out-Patient	\$40 Copay/\$0 dep 30 visits max/yr		\$40 Copay/\$0 dep 30 visits max/yr		\$40 Copay/\$0 dep 30 visits max cal yr In/Out Net Cmb In/Out Net Cmb	
Substance Abuse Out-Patient	\$40 Copay/\$0 dep 60 visits max/yr 20 visits max/yr- Family		No Charge/\$0 dep 60 visits max/yr 20 visits max/yr- Family		No Charge/\$0 dep 60 visits max cal yr; up to 20 fam visits In/Out Net Cmb Ded & Colns In/Out Net Cmb	
<u>Other</u>						
Well Care(Up to 19)	No Charge		No Charge		No Charge Ded & Colns	
Routine Adult Care	No Charge- Annual Physical		\$40 Copay		\$40 Copay Ded & Colns	
Chiropractic Care	\$40 Copay /\$0 dep		\$40 Copay /\$0 dep		\$40 Copay /\$0 dep Ded & Colns	
Home Health Care	20% Coinsurance (deductible waived)		Covered in Full/ 200 visits max/yr.		Covered in Full Ded & Colns	
Non-Authorization	Penalty Applies		Penalty Applies		Penalty Applies Penalty Applies	
Single	1 x	305.79	1 x	353.63	1 x	470.81
EE with Spouse	1 x	672.72	1 x	777.94	1 x	1,035.71
EE with Child(ren)	1 x	583.90	1 x	674.75	1 x	897.37
Family	1 x	905.96	1 x	1,047.05	1 x	1,392.72
Medicare	0	0.00	0	0.00	0	0.00
Monthly Cost	4	2,468.37	4	2,853.37	4	3,796.61
Annual Cost	29,620.44		34,240.44		45,559.32	

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment.

(d) Non-Formulary / Oral Contraceptive / Deductible

