



## GHI EPO 30 Plus

### HealthPass GHI

### GHI EPO 30 Plus (EPO)

#### Benefit

#### In-Network

#### Embedded Drug Card

0/30/50/50/1000 retail max/unlimited mail order

#### Major Medical

Deductible Ind/Fam	N/A
Co-Insurance	N/A
Out-of-Pocket	N/A
Office Copay	\$30/\$0 dep
DXL/Lab Fees	\$30/\$0 dep
Specialist Copay	\$30/\$0 dep
Lifetime Maximum	Unlimited

#### Hospital Benefits

Hospital In-Patient	\$500 Copay
Hospital Out-Patient	No Copay
Emergency Room	\$100 Copay
Private Nursing	Not Covered

#### Surgical Benefits

Surgical In-Patient	\$500 Copay
Surgical Out-Patient	\$250 Copay

#### Mental Health

Mental Nervous In-Patient	\$500 Copay 30 Days/Yr 60 Days/Lifetime
Substance Abuse In-Patient	\$500 Copay 30 Days/Cal.Yr 60 Days/Lifetime
Mental Nervous Out-Patient	30 Visits/Cal.Yr. \$30 Copay/\$0 dep
Substance Abuse Out-Patient	60 Visits/Cal.Yr. 100% no Copay/\$0dep

#### Other

Well Care (Up to 19)	No Charge
Routine Adult Care	\$30 Copay
Chiropractic Care	\$30 Copay/\$0 dep per visit
Home Health Care	No Charge; 200 visits
Therapy Services In-Patient	\$500 Copay
Therapy Services Out-Patient	\$30 Copay
Durable Medical Equipment	\$100 ded/\$10,000 max/yr
Optical (1 exam every 24 months)	\$10 Copay

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