



GHI EPO Share 40 1k Plus

HealthPass GHI	GHI EPO Share 40 1k Plus (EPOc)
Benefit	In-Network
Embedded Drug Card	0/30/50/50/1000 retail max/unlimited mail order
Major Medical	
Deductible Ind/Fam	\$1,000/\$3,000
Co-Insurance	90% of \$5,000
Out-of-Pocket	\$500/\$1,500
Office Copay	\$40/\$0 dep
DXL/Lab Fees	\$40-PCP/Ded & CoIns-OP/\$0 dep
Specialist Copay	\$40/\$0 dep
Lifetime Maximum	Unlimited
Hospital Benefits	
Hospital In-Patient	Ded & CoIns
Hospital Out-Patient	Ded & CoIns
Emergency Room	\$100 Copay
Private Nursing	Not Covered
Surgical Benefits	
Surgical In-Patient	Ded & CoIns
Surgical Out-Patient	Ded & CoIns
Mental Health	
Mental Nervous In-Patient	Ded & CoIns 30 days max/yr
Substance Abuse In-Patient	Ded & CoIns 7 days max/yr- detox 30 days max/yr- rehab
Mental Nervous Out-Patient	\$40 Copay/\$0 dep 30 visits max/yr
Substance Abuse Out-Patient	\$40 Copay/\$0 dep 60 visits max/yr 20 visits max/yr- Family
Other	
Well Care (Up to 19)	No Copay
Routine Adult Care	No Copay - Annual Physical
Chiropractic Care	\$40 Copay/\$0 dep
Home Health Care	20% Coins (ded waived)
Optical (1 exam every 24 months)	\$10 Copay
(hardware only children under age 19)	\$20 Copay
1 time every 24 months)	

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