

GHI Small Business Advantage Program

GHI's Small Business Advantage Program offers small businesses the benefits they need and the freedom to see the doctors they choose — in or out of network — for most covered services.

Controlling Health Coverage Costs for Even the Smallest Businesses

With the GHI Small Business Advantage Program, New York State businesses with anywhere from one to fifty eligible employees can enjoy medical, hospital and prescription drug benefits at premium rates that won't break their budget. Featuring a range of popular benefits, this GHI offering allows group members to receive covered services from a vast network of doctors. Members can also receive services from non-network practitioners, but their out-of-pocket costs will increase. In addition, this plan offers, free of charge, a number of special value-added discounts and services designed to help keep group members healthy.*

Plenty of Easy Choices

A complete benefits package. The GHI Small Business Advantage Program offers medical, hospital and prescription drug benefits.

Employee Assistance Program (EAP). As a special program feature, group members have access to the GHI employee assistance program at no additional cost.

Real freedom of choice. Members can use either network or non-network doctors to receive most covered services. No physician referrals are required. Members' out-of-pocket expenses, including deductibles and coinsurance, increase when they receive care from out-of-network practitioners.

Large provider network. Members may choose to receive covered services from more than 106,000 doctors and other practitioners at nearly 172,000 locations in GHI's tristate network of primary care physicians, specialists, hospitals and other practitioners.

Drug coverage. Prescription drug coverage is also a feature of the GHI Small Business Advantage Program. Members have access to thousands of network pharmacies nationwide, including most chains.



Plan Features Save You Time

Reduced paperwork. There are no claim forms to file when members use network providers.

Around-the-clock customer service.

Members have anywhere, anytime access to doctor listings, eligibility, claims status and benefits information at **GHI.com**, or by calling our automated phone system, the GHI AnswerLine.

Discount Programs Save You Money

GHI Healthy Discounts Program*:

GHI programs offer group members a wide variety of cost-saving, health-related programs. Current discounted services include weight-loss programs, laser vision surgery, massage and acupuncture therapy, fitness-center memberships, and more.

*GHI cannot ensure that a particular vendor will remain in the program. These programs are not insured by GHI.



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GHI and HIP are EmblemHealth companies

Group Health Incorporated (GHI), HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

GHI Small Business Advantage Program

Covered Services	In-Network	Out-Of-Network
Hospital/facility copayment per admission (single hospital confinement)	\$500	\$1,000
Hospital/facility coinsurance	None	25%
Hospital/facility coinsurance maximum (per calendar year)	None	\$5,000
Hospital/facility allowance	GHI contracted fee schedule	150% of Medicare-based fee schedule
Medical copayment/coinsurance	\$30 per office visit	25%
Medical allowance	GHI contracted fee schedule	100% of Medicare-based fee schedule
Medical annual deductible (per calendar year)	None	\$1,000 per person/\$3,000 per family
Medical coinsurance maximum (per calendar year)	None	\$10,000 per person/\$30,000 per family
Annual maximum (combined medical/hospital per calendar year)	None	Unlimited
Lifetime maximum	None	Unlimited
Inpatient hospital acute care services, including maternity and routine nursery care.* 365 days per single hospital confinement.	Covered in full after \$500 copayment	25% coinsurance after \$1,000 copayment per single hospital confinement
Skilled nursing facility care.* 60 days per person per calendar year.	Covered in full	25% coinsurance (copayment waived)
Hospice care* — inpatient and outpatient. 210 days per person per lifetime.	Covered in full	Covered in-network only
Outpatient/ambulatory surgery*	Covered in full after \$100 copayment	25% coinsurance after \$100 copayment
Physician and specialist office visits	\$30 copayment	Covered in-network only
Chiropractic care	\$30 copayment	Covered in-network only
Annual adult physical examination, including OB/GYN	Covered in full	Covered in-network only
Well baby & well child care up to age 26	Covered in full	25% coinsurance after deductible
Diagnostic lab and radiology procedures performed in physician's office	\$30 copayment	Covered in-network only
Emergency room facility charges	Covered in full after \$100 copayment	Covered in full after \$100 copayment
Emergency room professional charges	Covered in full	Covered up to 100% of the FAIR Health Benchmarks at the 80th percentile
Inpatient mental health — 30 days per calendar year	Covered in full after \$500 copayment	25% coinsurance after \$1,000 copayment per single hospital confinement
Inpatient chemical dependency treatment	Not covered	Not covered
Outpatient mental health — professional services	\$30 copayment	Not covered
Outpatient mental health — hospital-based facility services combined 20 days per calendar year	Covered in full	25% coinsurance
Outpatient chemical dependency treatment — 60 visits per calendar year, up to 20 visits for family therapy	\$30 copayment	25% coinsurance

DRUG PROGRAM

Retail Pharmacy Program (Covered In-Network Only)	Generic/Preferred/Non-preferred	Deductible	Annual Maximum
30-day supply	Member pays: \$10/50%/50%	\$100 ind/\$300 family	None
Home Delivery Pharmacy Program (Covered In-Network Only)	Generic/Preferred/Non-preferred	Deductible	Annual Maximum
90-day supply	Member pays: \$20/50%/50%	None	None
Mandatory mail after initial fill and one refill for maintenance medications.			

Dependent coverage until age 26 (end of birthday month) regardless of student status.

This brochure is not a complete benefit description or contract and should only be viewed as a summary to assist you in understanding this program. Coverage is subject to all terms, conditions, limitations and exclusions of the Certificate of Insurance. In the event of any inconsistency between this brochure and the Certificate of Insurance, the Certificate of Insurance shall govern.

No annual and lifetime dollar limits on essential benefits for in- or out-of-network care. Essential benefits include ambulatory care; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative care; laboratory services; preventive and wellness services and chronic disease management; pediatric services, including oral and vision care, and any other services described in the Patient Protection and Affordable Care Act.

Pre-existing condition limitations are waived for enrollees under age 19.

EmblemHealth company small group benefit plans include all benefits required by the federal Patient Protection and Affordable Care Act (PPACA). For more details about how the regulations apply to you, visit www.emblemhealthreform.com.

Note: For rider options, visit www.ghi.com/pdf/sbap_riders.pdf.

*Services require pre-approval. Note: maternity services do not require pre-approval.