

SUMMARY COMPARISON OF HEALTH AND THOSE RETIREES NOT ELIGI

TYPE OF PLAN	PPO/INDEMNITY	HMO	POS	HMO	
NAME OF PLAN	GHI-CBP	HIP PRIME	HIP PRIME POS	EMPIRE EPO	
MONTHLY COST RATES EFFECTIVE 9/1/09 (SUBJECT TO CHANGE)	BASIC COVERAGE: \$0 EMPLOYEE OPTION Individual: \$6.08 Family: \$15.32 RETIREE OPTION Individual: \$113.15 Family: \$211.60	BASIC COVERAGE:\$0 RETIREE OPTION Individual: \$107.35 Family: \$263.13	BASIC ONLY Individual: \$154.44 Family: \$378.50 BASIC WITH RETIREE OPTION Individual: \$331.94 Family: \$813.33	BASIC ONLY Individual: \$335.18 Family: \$858.98 BASIC WITH RETIREE OPTION Individual: \$425.89 Family: \$1,081.34	
PHONE	GHI: 212-501-4444 BC: 800-433-9592	800-HIP-TALK		800-767-86	
WEB SITE	www.ghi.com ww.empireblue.com	www.hipusa.com		www.empireblu	
OVERVIEW	MEDICAL/SURGICAL • In-Network or Participating Provider	Participating provider's services provided at no cost except \$15 co-pay for office visits to Medical Providers/Practitioners. \$20 for Surgeons, all Surgical Subspecialties and Dermatologists (a full list appears on www.ghi.com).	Covered in full. \$0 co-pay.	In network: \$0 co-pay. Covered in full. Out of Network: Covered 80% after deductible.	\$15 co-pay.
	• Out-of-Network or Non-Participating Provider Deductible	\$200 deductible per person (\$500 per family) per calendar year.	Not applicable	\$250 annual deductible per person (\$500 for a family).	In-network benefits only.
	Co-Insurance/Schedule	After deductible met, GHI pays 100% of the NYC Non-Participating Provider Schedule of Allowances. (Note: Schedule does not represent current provider charges.) If you have the Optional Rider, the Rider will provide for an average 75% increase in existing NYC Schedule of Allowances for in-hospital and related procedures.	\$0 co-pay.	80% of the customary charges as determined by HIP. Customary charges are based on nationally recognized fee schedule. Patient responsible for 20% plus charges in excess of customary charge.	Not applicable. In-network benefits only.
	Stop Loss/Catastrophic	If you use non-participating physicians for in-hospital care, you may incur catastrophic expenses. GHI Catastrophic Coverage pays additional amounts under such circumstances. When you have, in a calendar year, \$1,500 in covered out-of-pocket expenses, GHI pays 100% of the catastrophic allowed charge as determined by GHI. The service to which Catastrophic Coverage applies and also the services which contribute to the \$1,500 deductible are: surgery, anesthesia, maternity care, in-hospital medical care, radiation, chemotherapy and expenses related to in-hospital X-ray and laboratory services.	No limit in network.	After \$2,000 co-insurance per person (\$4,000 for family) payment at 100% of customary charges. Charges in excess of covered charges remain the patient's responsibility.	Not applicable. In-network benefits only.
	Maximums	\$2,000,000 lifetime per person. In-network no maximum.	Unlimited.	In network: Unlimited. Out-of-network, \$5,000,000 annual per member.	Unlimited.
	Notification and/or Approval	No notification or approval required to go out of network.	There is no charge if you are referred by your primary physician and use services in network.	Must contact plan prior to going out of network for certain services (hospital, skilled nursing, ambulatory surgery, home care, MRI's, CAT scans).	Precertification required for inpatient admission; home health care; home infusion therapy; physical therapy; occupational therapy; hospice; skilled nursing; speech therapy; cardiac rehab; MRI; MRA; durable medical equipment; inpatient & outpatient surgery; maternity; air ambulance.
	Sample Restrictions (POS Plan)	Not applicable.	Not applicable	Adult preventive care not covered outside network. (Preventive care for children covered out of network subject to deductible and co-insurance.)	In-network benefits only.
	HOSPITALIZATION • In-Network or Participating Provider	After \$300 deductible per admission (\$750 per person per calendar year maximum). For employees and non-Medicare retirees: Full 365 days covered by Blue Cross under basic. New York City Healthline must be contacted to avoid penalty of \$250 per day to a maximum of \$500 per admission prior to any scheduled hospital admission and within 48 hours of emergency admission.	Covered in full. \$100 co-pay.	In network: \$0 co-pay. Covered in full. Out-of-network: Covered 80% after deductible.	As many days as medically necessary, semi-private room & board covered in full with prior precertification from Empire's Medical Management and subject to co-pay of \$250 individual/maximum \$625 per calendar year per contract.
	• Out-of-Network or Non-Participating Provider		Not applicable		In-network benefits only.
	IN-HOSPITAL SPECIALIST CONSULTATION	Payment in full for participating providers. Reimbursement for non-participating is covered under NYC Schedule of Allowances. Limited to one per specialty per confinement for each condition. Covered only upon referral of your provider.	Covered in full.	In network: \$0 co-pay. Covered in full. Out-of-network: Covered 80% after deductible.	All services covered in full with prior precertification from Empire's Medical Management and subject to co-pay of \$250 individual/maximum \$625 per calendar year per contract for any inpatient admission.
SURGERY (In or out of hospital)	Payment in full for participating providers. Reimbursement for non-participating is covered under NYC Schedule of Allowances. Mandatory Health Line notification required for surgical procedures. Blue Cross covers outpatient facility charges after 20% deductible (max. of \$200 per individual)	\$50 co-pay ambulatory. Inpatient covered in full.			
ASSISTANT AT SURGERY	Schedule of Allowances.	Covered in full.			
IN-HOSPITAL ANESTHESIA	Payment in full for participating providers. Reimbursement for non-participating is covered under NYC Schedule of Allowances.	Covered in full.			
MATERNITY AND RELATED CARE	Blue Cross covers mother's hospital stay after \$300 deductible. For most other charges, GHI payment in full for participating providers. Reimbursement for non-participating is covered under NYC Schedule of Allowances. See Newborn Well-Baby Nursery Charges below.	Covered in full.			
NEWBORN WELL-BABY NURSERY CHARGES	Initial in-hospital pediatric visit payment in full for participating providers. Reimbursement for non-participating is covered up to a \$60 maximum per confinement.	Covered in full.			
NEWBORN WELL-BABY MEDICAL CARE	Eleven out-of-hospital visits covered from birth through 23 months. Ages 2-19: one out-of-hospital visit per year according to the New York State Department of Health Guidelines.	Covered in full.			

