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Benefits

Plan:
Medical: CBP
 Category 285
Pharmacy
 Diabetic Supply Only

Major Medical Deductible Requirement

	Contract Deductible	Amount Used	Amount Remaining
John	\$200	\$0	\$200
Family	\$500	\$0	\$500

Dependent Child Coverage

Dependent children are covered until age 19. College age students - until 23.

Benefits Summary

Financials

Requirement	Comments	In Network	Out of Network
Individual Deductible			\$200
Family Deductible			\$500

Wellness Care

Requirement	Comments	In Network	Out of Network
Well Child Care		Covered In Full	Allowed Charge
Annual Physical Exam		\$15 Copay	Allowed Charge
Mammography		\$15 Copay	Deductible and Coinsurance
Pap Smear Screening		\$15 Copay	Deductible and Coinsurance

Medical Services Performed and Billed by Provider

Service	Comments	In Network	Out of Network
Home and Office Visit		\$15 Copay for Medical Provider and \$20 Copay for Surgeons/Surgical Subspecialties	Deductible and Coinsurance
Chiropractic Care	Pre-Certification	\$15 Copay	Deductible and Coinsurance
Allergy Visits	30 Visits Per Year; Pre-Cert	\$15 Copay for Medical Provider and \$20 Copay for Surgeons/Surgical Subspecialties	Deductible and Coinsurance
Physical Therapy/Occupational Therapy	16 Visits Per Year; Pre-Cert	\$15 Copay for Medical Provider and \$20 Copay for Surgeons/Surgical Subspecialties	Deductible and Coinsurance
Speech Therapy	16 Visits Per Year; Pre-Cert	\$15 Copay for Medical Provider and	Deductible and Coinsurance

		\$20 Copay for Surgeons/Surgical Subspecialties	
Diagnostic Lab		\$15 Copay	Deductible and Coinsurance
Diagnostic Radiology	Pre-Certification	\$15 Copay	Deductible and Coinsurance
High Tech Radiology			
Surgery			
Surgery In Hospital	Precertification for Podiatry Surgery	Covered In Full	Deductible and Coinsurance
Surgery Out-of-Hospital	Precertification for Podiatry Surgery	Covered In Full	Deductible and Coinsurance
Anesthesia		Covered In Full	Deductible and Coinsurance
In Hospital Care		Covered In Full	Deductible and Coinsurance
Vision Service		Not Covered	Not Covered
Routine Podiatric Care		Not Covered	Not Covered
Home IV Therapy	Pre-Certification	Covered In Full	Allowed Charge
Durable Medical Equipment	\$2000000 Life Time Max	\$100 Deductible per Year; \$2000000 Life Max	\$100 Deductible per Year; \$2000000 Life Max
Private Duty Nursing	\$200000/Year;Pre-Cert	Allowed Charge	Deductible and Coinsurance

GHI participating medical providers/practitioners and participating mental health care providers will require a \$15 copayment per visit. These include providers who practice:

Allergy	Nephrology
Audiology	Neurology
Bacteriology	Nuclear Medicine
Cardiology	Nurse Practitioner
Certified Nurse Midwife	Oncology
Chiropractor	Pain Management
Endocrinology	Pathology
Family Practice	Pediatrics
Gastroenterology	Physical Medicine and Rehabilitation
General Practice	Physical Therapy
Geriatric Medicine	Preventive Medicine
Gynecology and Obstetrics	Pulmonary Diseases
Hematology	Reproductive Endocrinology
Infectious Diseases	Rheumatology
Internal Medicine	Screening Centers
Medical Genetics	Speech Pathology
Neonatology	Therapeutic Radiology

GHI participating Surgeons, all Surgical Subspecialties, and Dermatologists will require a \$20 copayment per visit. These include providers who practice: Cardiothoracic and Thoracic Surgery; Colon and Rectal Surgery; General Surgery; Neurological Surgery; Ophthalmology; Oral Surgery; Orthopaedic and Hand Surgery; Otolaryngology; Plastic Surgery; Podiatry and Podiatric Surgery; Traumatic Surgery; Urology; Vascular and Veno Surgery.

Hospital Inpatient Services Performed and Billed by Hospital

Requirement	Comments	In Network	Out of Network
Inpatient Acute Care		*	*
Medical Rehabilitation		*	*

Emergency Services

Emergency Room

Other Services

Skilled Nursing		*	*
Hospice		*	*
Home Health Care	In-Network: 200 Visits ; Out-of-Network: 40 Visits Per Calendar Year; Pre-Certification Required	Covered in Full	\$50.00 Per Admission & Subject to Coinsurance

Outpatient Mental Health & Substance Abuse

Substance Abuse Treatment Rehabilitation	60 Visits Per Calendar Year; Pre-Certification Required	Covered in Full	Allowed Charge and Subject to Coinsurance
Outpatient Mental Health	30 Visits Per Year; Pre-Cert	\$15 Copay	Deductible

Inpatient Mental Health & Substance Abuse

Inpatient Mental Health	30 Days Per Calendar Year; Pre-Certification Required	Covered in Full	Allowed Charge and Subject to Coinsurance
Substance Abuse Treatment			
Substance Abuse Treatment Detoxification	30 Days Per Calendar Year; Pre-Certification Required	Covered in Full	Covered in Full
Substance Abuse Treatment Rehabilitation	30 Days Per Calendar Year; Pre-Certification Required	Covered in Full	Allowed Charge and Subject to Coinsurance

Prescription Coverage

Prescription Drug		Diabetic Supply Only	Not Covered
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** These services may be covered under your Empire BlueCross BlueShield hospital program.*

Pre-Certification Information**Chiropractic Care**

Please call ALIGNIS at 1-800-808-8831 for preauthorization.

High-Tech Radiology

For High-Tech Radiology, such as CT Scans, and MRIs, MRAs and PET scans call CareCorp at 1-800-835-7064 for preauthorization.

Home Health

Call (212) 615-4662 in NYC or 1 (800) 223-9870 outside NYC.

Mental Health & Substance Abuse

If you have Behavioral Management Program (BMP) coverage, and you need care under the this program, please contact BMP directly at 1 (800) 692-7311. For all other mental health and substance abuse benefits subject to preauthorization, please call (212) 615-4662 in NYC or 1 (800) 223-9870 outside NYC.

The benefits described here are only brief highlights of the coverage available. The terms, limitations, conditions, and exclusions of the applicable insurance contract and certificate will govern. To receive full benefits, you must follow the guidelines of GHI's Coordinated Care program. Benefits and rates are subject to change.