

Group Referral

CURRENT MEDICAL PLAN DESIGN:

Carrier:

| | | |
|-------------------------------|----------------------------------|-----------------------------|
| Aetna | Guardian HealthNet | HSA-Health Savings Account |
| Atlantis Health Plans | Guardian PHCS | LIA Health Alliance |
| Child Health Plus | Healthy New York | MSA-Medical Savings Account |
| Cigna Health Care | HealthPass | MDNY |
| Empire Blue Cross Blue Shield | HIP Health Plans of NY | Oxford Health Plans |
| Family Health Plus | Horizon Health Care | Perfect Health |
| FSA-Flexible Spending Account | Horizon BCBS of NJ | Vytra Health Plans |
| GHI-Group Health Incorporated | HRA-Health Reimbursement Account | WellChoice |

Name of Plan: _____

Type: HMO EPO PPO POS INDEMNITY Other: _____

Office Co-pay: \$0 \$5 \$10 \$15 \$20 \$25 \$30 \$40 \$50 Other: _____

Prescription RX: _____ RX Deductible: \$0 \$50 \$100 \$150 \$200 \$250 \$500

Co-Insurance: N/A 50% 60% 70% 80% 90% 100%

In Network Deductible: N/A \$200 \$250 \$300 \$500 \$750 \$1,000 \$2,000 \$5,000

Out Network Deductible: N/A \$200 \$250 \$300 \$500 \$750 \$1,000 \$2,000 \$5,000

UCR Level: N/A 70% Standard 80% High 90% Very High

Hospital Co-pay: N/A \$100 \$250 \$500 \$1,000 \$2,000 Other: _____

Emergency Co-pay: N/A \$35 \$50 \$75 \$100 \$500 Other: _____

Additional Riders:

| | | |
|---------------|--------------------------|-------------------------|
| Dental | Private Duty Nursing | Hospital Deductible |
| Vision | Skilled Nursing Facility | Alcohol/Substance Abuse |
| Mental Health | Dependant Age | Remove Pre-X Conditions |

Other: _____

Number of Employees:

| | | | |
|--------|---------------|--------------|--------|
| Single | Emp. & Spouse | Emp. & Child | Family |
|--------|---------------|--------------|--------|

Rates per:

| | | | |
|--------|---------------|--------------|--------|
| Single | Emp. & Spouse | Emp. & Child | Family |
|--------|---------------|--------------|--------|

IF NECESSARY, PLEASE ATTACH RENEWAL LETTER, CURRENT BILL, NYS-45 AND IMPORTANT DOCTORS / PRESCRIPTIONS OR ANY OTHER INFORMATION THAT MIGHT BE HELPFUL.

NOTES:

