

Group Referral

PLAN DESIGN YOU ARE INTERESTED IN:

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
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Rates per:

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

NOTES:

