

Indemnity Schedule of Benefits Summary

Schedule of Benefits	Plan A	Plan B
Lifetime Maximum: The most (COMPANY) will pay for the costs of non-Emergency Services over the course of your life.	Unlimited	Unlimited
Calendar Year Deductible: The amount you must pay each year for covered services before (COMPANY) has an obligation to pay any amount.	\$2,500	\$2,000
Maximum Deductible Per Family:	\$5,000	\$4,000
Percentage Covered After Deductible Is Met: The annual maximums after which you no longer have to pay for specific services.	70% of eligible benefits of first \$10,000 of eligible charges; 100% thereafter.	70% of eligible benefits of first \$10,000 of eligible charges; 100% thereafter.
Percentage Covered for Outpatient Treatment of Accidental Injury:	70%	70%
Lifetime Maximum for Inpatient Care for Substance Abuse:	\$10,000	\$10,000
Treatment for Inpatient Mental Health Disorders:	30 day limit for inpatient mental health treatment; no coverage for outpatient treatment.	30 day limit for inpatient mental health treatment; no coverage for outpatient treatment.
Hospital Inpatient Care:	Includes semi-private room, intensive care and cardiac care services and supplies and other hospital services.	Includes semi-private room, intensive care and cardiac care services and supplies and other hospital services.
Pre-Admission Certification:	Pre-admission certification is required for all hospital admissions. Emergency or maternity care admissions must be certified within 48 hours. A \$500.00 penalty may apply if you are hospitalized and pre-admission certification has not been obtained.	Pre-admission certification is required for all hospital admissions. Emergency or maternity care admissions must be certified within 48 hours. A \$500.00 penalty may apply if you are hospitalized and pre-admission certification has not been obtained.
Length of Stay:	Unlimited as long as medically necessary.	Unlimited as long as medically necessary.
Hospice Care:	Benefits are provided for inpatient and outpatient hospice care.	Benefits are provided for inpatient and outpatient hospice care.
Outpatient Surgery:	Covered, subject to deductible and coinsurance.	Covered, subject to deductible and coinsurance.
Child Wellness Services/Preventive Care for Children:	Includes age appropriate immunizations and laboratory expenses. No deductible applies.	Includes age appropriate immunizations and laboratory expenses. No deductible applies.
Preventive Care for Adults	Includes Routine Colorectal Screenings, Routine Mammogram Screenings, Routine Pap Tests and Exams, Prostate Specific Antigen (PSA) Tests, Routine Lab, X-ray, and immunizations. Covered at 100% with deductible waived.	Includes Routine Colorectal Screenings, Routine Mammogram Screenings, Routine Pap Tests and Exams, Prostate Specific Antigen (PSA) Tests, Routine Lab, X-ray, and immunizations. Covered at 100% with deductible waived.
Maternity:	Covered as any other illness. Maternity care admissions must be certified within 48 hours.	Covered as any other illness. Maternity care admissions must be certified within 48 hours.
Prescription Drugs:	Covered, subject to deductible and coinsurance.	Covered, subject to deductible and coinsurance.

The premium amount you pay for this policy is set by our office. As the cost of health care rises, the premium for this policy may have to be increased periodically. You will be notified by the insurance carrier at least 60 days in advance of any premium increase.

Please note that when you move into a new 10-year age bracket, your premium will be increased to the amount shown below for the applicable age bracket.

**GEORGIA HEALTH INSURANCE ASSIGNMENT SYSTEM
(INDEMNITY)**

PLAN A

AGE	SINGLE MALE	SINGLE FEMALE	FAMILY
00-19	\$192.50	\$216.86	\$446.99
20-29	\$183.28	\$243.31	\$570.13
30-39	\$233.06	\$333.14	\$698.34
40-49	\$312.43	\$410.33	\$802.64
50-59	\$463.10	\$504.72	\$995.65
60-64	\$592.79	\$564.88	\$1,144.37
65+	\$313.71	\$389.80	\$744.30

**GEORGIA HEALTH INSURANCE ASSIGNMENT SYSTEM
(INDEMNITY)**

PLAN B

AGE	SINGLE MALE	SINGLE FEMALE	FAMILY
00-19	\$211.48	\$238.26	\$491.08
20-29	\$201.35	\$267.29	\$626.36
30-39	\$256.07	\$366.00	\$767.22
40-49	\$343.24	\$450.82	\$881.79
50-59	\$508.77	\$554.51	\$1,093.85
60-64	\$651.25	\$620.60	\$1,257.23
65+	\$344.66	\$428.23	\$814.05

HMO Schedule of Benefits Summary

**You Are Eligible for HMO Plans C & D Only If You Live in the Atlanta Area and Were Previously Covered by an HMO.
Please Contact the Plan Administrator for More Information.**

Schedule of Benefits	Plan C	Plan D
Annual Deductible: The amount you must pay each year for covered services before (COMPANY) has an obligation to pay any amount.	Nothing	Nothing
Lifetime Benefit Maximum: The most (COMPANY) will pay for the cost of non-emergency services over the course of your life.	Unlimited	Unlimited
Supplemental Charge and Co-Insurance Maximums: The annual maximums after which you no longer have to pay for specific services.	Single: \$2,500 Family: \$5,000	Single: \$2,500 Family: \$5,000
Benefits and Services	You Pay	You Pay
Outpatient Visits: Visits to physicians, consultation and treatment by specialists, lab, x-ray and other diagnostic services, medical social services, family planning, dressing, casts, catheters and catheter and ostomy supplies, allergy testing, short-term rehabilitation and physical, speech and occupational therapy, respiratory therapy.	\$30 per visit	\$25 per visit
Allergy Injection Allergy Maintenance Serum	\$10 per visit \$0 Copayment	\$10 per visit \$0 Copayment
Outpatient Surgery: Surgery at designated outpatient surgical facilities.	\$100 per visit	\$75 per visit
Preventive Care: Routine physical examinations, immunizations in general use, mammography, prostate cancer screening, health education, pap smears, vision and hearing screenings, contraceptive guidance.	\$0 per visit	\$0 per visit
Well-child care	\$0 to 2 age	\$0 per visit to age 2
Women's Preventive Services	\$0 cost share	\$0 cost share
In the Hospital: Physician and surgeon services, including surgery, anesthesia and consultations, general nursing care, special duty nursing when prescribed, intensive care, semi-private room (private room, if medically necessary), lab, x-ray, and other diagnostic services.	\$500 per admission	\$300 per admission
Pre-Admission Certification:	Pre-admission certification is required for all hospital admissions. Emergency or maternity care admissions must be certified within 48 hours. A \$500.00 penalty may apply if you are hospitalized and pre-admission certification has not been obtained.	Pre-admission certification is required for all hospital admissions. Emergency or maternity care admissions must be certified within 48 hours. A \$500.00 penalty may apply if you are hospitalized and pre-admission certification has not been obtained.
Prescription Drugs: Up to a 30 days' supply or the standard prescribed amount of drugs and certain accessories.	\$21 for prescriptions and refills obtained at a Kaiser Pharmacy	\$21 for prescriptions and refills obtained at a Kaiser Pharmacy

Maternity and Related Benefits: Delivery and prenatal care and first postnatal visit.	\$500 per delivery	\$300 per delivery
Postnatal visits after the first postnatal visit.	\$30 per visit	\$25 per visit
Emergency Services: In the service area – for emergencies that threaten life or health, call 911 or go to the nearest hospital emergency medical facility, regardless of whether or not it has been designated for emergency care by the company. If you feel that taking the time to call us would not jeopardize your life or health, we encourage you to call us so you can get the appropriate level of care. Plan charges are waived if admitted.	\$100 per visit	\$75 per visit
Mental Health: Short-term therapy.	Inpatient: \$500 per admission (30 days per calendar year) Outpatient: \$30 per visit; 48 visits per year	Inpatient: \$300 per admission (30 days per calendar year) Outpatient: \$25 per visit; 48 visits per year
Alcoholism and Drug Detoxification: Alcohol and Drug detoxification.	Inpatient: \$500 per admission Outpatient: \$30 per visit	Inpatient: \$300 per admission Outpatient: \$25 per visit
Rehabilitation: Short-term physical, speech and occupational therapy in the hospital or in an extended care facility and rehabilitation services.	Inpatient: \$500 per admission Outpatient: \$30 per visit	Inpatient: \$300 per admission Outpatient: \$25 per visit
Ambulance Service: Medically necessary ambulance services.	No Charge	No Charge
Additional Benefits and Services: Dental services and appliances for accidental bodily injury to sound and natural teeth.	50% or first \$1,000 and all charges thereafter	50% or first \$1,000 and all charges thereafter
Non-surgical dental treatment, including splints and appliances, for Temporomandibular Joint Dysfunction when medically necessary.	50% of all charges	50% of all charges
Vision: Eye exams for corrective lenses and screening for eye diseases.	\$15 per visit	\$15 per visit

Form GHBAS-S
Revised 10/12

The premium amount you pay for this policy is set by our office. As the cost of health care rises, the premium for this policy may have to be increased periodically. You will be notified by the insurance carrier at least 60 days in advance of any premium increase.

Please note that when you move into a new 10-year age bracket, your premium will be increased to the amount shown below for the applicable age bracket.

**GEORGIA HEALTH INSURANCE ASSIGNMENT SYSTEM
(HMO or PSHCC)**

PLAN C

AGE	SINGLE MALE	SINGLE FEMALE	FAMILY
00-19	\$184.68	\$208.06	\$428.81
20-29	\$175.84	\$233.40	\$546.97
30-39	\$223.60	\$319.60	\$669.92
40-49	\$299.73	\$393.66	\$770.03
50-59	\$444.27	\$484.22	\$955.19
60-64	\$568.71	\$541.94	\$1,097.86
65+	\$300.97	\$373.94	\$714.04

**GEORGIA HEALTH INSURANCE ASSIGNMENT SYSTEM
(HMO or PSHCC)**

PLAN D

AGE	SINGLE MALE	SINGLE FEMALE	FAMILY
00-19	\$194.68	\$219.33	\$452.05
20-29	\$185.36	\$246.05	\$576.60
30-39	\$235.72	\$336.92	\$706.28
40-49	\$315.97	\$415.00	\$811.76
50-59	\$468.34	\$510.46	\$1,006.95
60-64	\$599.54	\$571.29	\$1,157.36
65+	\$317.28	\$394.21	\$752.73

Answers To The Most Commonly Asked Questions Regarding The Georgia Health Insurance Assignment System

- 1) **Question:** How long do I have to submit my Assignment System application to the Insurance Commissioner's Office?

Answer: You have 63 days from the date your coverage ends for the application to be received in the Commissioner's Office. If you feel like it may not make it in time due to the mailing time involved, you can fax it to the office at (404) 657- 8542. It is very important that your application be received before the 63-day period expires. Applications received after the 63-day limit will be denied.

- 2) **Question:** What services are subject to the deductible?

Answer: All covered services are subject to the deductible unless specified. This includes inpatient treatment, outpatient treatment, services performed in the doctor's office, and prescription drugs.

- 3) **Question:** If my group coverage ends and the assignment policy is not issued by the company until after my coverage ends, will I lose any coverage time?

Answer: No. This policy is retroactive. If your coverage ended on January 31 and the policy was not issued until February 18, the policy effective date would be February 1.

- 4) **Question:** The company I worked for was based in Georgia. The policy that covered the employee was purchased in Georgia. Should I apply for the Assignment System?

Answer: If your employer's group health plan was a fully-insured plan issued in Georgia, then the policy is subject to Georgia Insurance Laws, which requires the insurance company that provided your health insurance coverage the time it ended to offer an Enhanced Conversion Policy to eligible persons losing access to group health insurance. Persons losing access to group coverage under a fully-insured health plan issued in Georgia are not eligible for coverage under the Assignment System. The benefits for Enhanced Conversion Policies are the same benefits that are offered in the Assignment System Policy. You should contact your old employer or insurance company to see if you are eligible for this coverage.

If your Georgia-based employer's group health plan is a self-insured plan, then the plan is not subject to Georgia Insurance Laws, and you can apply for the Assignment System if you meet the eligibility requirements detailed in the next question.

- 5) **Question:** What are the qualifications for coverage under the Assignment System?

Answer: In order to be eligible for coverage under the Assignment System you must meet the following guidelines:

- 1) You must be a Georgia resident.
- 2) You must have completed COBRA, if it was available.
- 3) The previous group plan you were covered under must have been self-insured or the policy must have been issued out of another state.
- 4) You cannot be eligible for any other health insurance policy, including Medicare, Medicaid, group or individual coverage.
- 5) The insured must have 18-months of previous continuous creditable coverage.

6) **Question:** What is a Certificate of Creditable Coverage?

Answer: The Certificate of Creditable Coverage is supplied to you by your former employer or insurer once your coverage ends. This certificate is also called a Certificate of Group Health Coverage or a Certificate of Prior Coverage. This certificate is used by the company to verify if you meet the requirements under the Assignment System. The certificate usually indicates the entire time you were covered by the insurance company. In some situations you may have to supply multiple certificates to prove that you have the required 18-months of previous continuous credible coverage. This form must be supplied in order for you to be assigned to a company. You will need to contact your former employer, insurer, or administrator if you have not received this certificate by the time you are sending your application to this office. Please remember, you cannot be assigned without a Certificate of Creditable Coverage. However, do not hold your application beyond the 63 day period while you wait for your Certificate. If time is running out, you should send in your application before the 63 day period expires. You can mail or fax your Certificate of Creditable Coverage at a later date.

7) **Question:** What is Creditable Coverage?

Answer: Most health insurance coverage is Creditable Coverage. For the purposes of the Assignment System, Creditable Coverage includes individual health insurance, group health insurance, coverage under COBRA, Medicare, and Medicaid.

8) **Question:** Who determines the premium amount that is paid for the Assignment Policy? Will this amount ever increase?

Answer: The premium amount you pay for this policy is set by our office. Unfortunately, as the cost of health care rises, the premium for this policy may have to be increased periodically. Please note that when you move into a new 10-year age bracket, your premium will be increased to the amount shown in the rate schedules for the applicable age bracket.

9) **Question:** Once my application has been submitted, how long will it be before I am assigned to an insurance company?

Answer: Once the application is received in this office, you are usually assigned within 5 working days. However, due to mailing times both to our office and back to you, it can take approximately 15 working days for you to receive a letter from this office indicating to which company you have been assigned. The same could be true for receiving correspondence from the insurance company. On average, the whole process can take approximately 30 days from the time your application is received in our office until the time you receive your policy from the insurance company. Of course, some applications are processed faster and some take longer because additional information is required. Always remember that this policy is retroactive back to the date the group coverage ended. You should keep any claims incurred during this time so they can be sent to the insurance company once you are assigned.

10) **Question:** Due to delays in obtaining my Certificate of Creditable Coverage, my policy was not issued until 2 months after my group policy lapsed. Will I be responsible for paying the back premium that is due on my policy?

Answer: Yes. This policy is retroactive back to the date that your group coverage ended. In order for the policy to cover any claims that occur during this time and to avoid any lapses in coverage, you are responsible for any back premium that is due.

11) **Question:** Should I send in my premium check with my application?

Answer: No. Once you are assigned to an insurance company, you will receive correspondence from the insurance company with instructions on where your premium payments need to be sent.