

*Medically Underwritten and Especially Designed
for Small Employers in Pennsylvania*

PARTICIPATING PROVIDER PLANS - Small Group Trust

(Through Insurance Services Industry Trust - ISIT)

For Businesses of 1 to 24 Lives

℞ Par Pro Flex

Inpatient 1st Dollar Plan

℞ Par Pro Flex II

Inpatient Co-pay Plan



Fully Insured and Underwritten by: **Inter-County Hospitalization/Health Plan**

PAR PROVIDER PLANS

Through Insurance Services Industry Trust (ISIT) Small Group Trust

PAR PROVIDER PLAN FEATURES

- ❑ Available outside of the 5-county area only (Bucks, Chester, Delaware, Montgomery, Philadelphia).
- ❑ Managed Care Provisions - \$100 Individual Maximum Wellness Benefit with Office Copay as described in benefit summary.
- ❑ Emergency Accident Supplement - \$300 per accident.
- ❑ Coordination of Benefits Provision.
- ❑ Deductible Carry - Over Provision (from last 3 months of prior year).
- ❑ Maternity - Outside of the 5-county area: Sole Proprietors: Maternity is covered for complications only.
Groups size 2-24: Maternity coverage optional.
- ❑ Toll-free numbers:
Gettysburg Health Administrators: Member Services and Billing - (800)497-4474.
ICHP: Claims information - (800)492-2385.
- ❑ \$2,000,000 Plan Lifetime Maximums.
- ❑ Davis Vision Discount Program available as an option for the 1st Dollar Inpatient plan.

PREMIUM STABILIZATION THROUGH CLAIMS COST CONTAINMENT

- ❑ Small Group Trust - Participants form an actuarial base to spread risk among small employers.
- ❑ Selected Groups - Evidence of prior carrier (and prior rates, if requested) required.
- ❑ Selection of Plan Deductibles - Encourages employees to share in medical utilization.
- ❑ First Year Rate Guarantees.

MANAGED CARE PROVISIONS

\$100 Individual Maximum Wellness Benefit Per Calendar Year

- ❑ Well Baby Care: Well Baby Exams (office visit and associated tests).
- ❑ Routine Physical Examinations and History: Includes office visit and routine associated diagnostic services when a part of the exam (in addition to Pennsylvania state mandated benefits for immunizations, pap smears, and annual gynecological exams).

Office Visit Copay Program

- ❑ Subscribers pay a copayment per medical office visit when using an Inter-County (ICHP) Participating Provider. For office visits to non-participating providers, subscriber must pay the plan's deductible and coinsurance amounts.

Inter-County Participating Provider Program-Important Advantages

- ❑ Plan has 32,000 practicing physicians and other providers in Pennsylvania ensuring cost effective medical care.
- ❑ Inter-County Participating Providers bill Inter-County directly (with no claim forms).
- ❑ Participating Providers accept Inter-County's contractual allowance as payment in full for covered services (with no balance billing). Subscribers are responsible to pay any applicable deductible and coinsurance amounts Inter-County bases its contractual payment on Usual, Customary and Reasonable fees (UCR). Even if your Participating Provider charges more than the UCR for a covered service, you cannot be billed for the excess charge.
- ❑ Free choice of physicians with "Fee for Services" retained in the Par Provider Plan. Individuals enrolled in the Par Provider Plan are supplied and may use the "Listing of Inter-County Participating Providers" (participating panel of contracted physicians) or go outside the network to other non-participating physicians for care.
(NOTE: Subscribers are responsible to pay a non-participating provider for charges which exceed Inter-County's UCR allowance.)
- ❑ All of these advantages add up to another substantial advantage - using ICHP Participating Providers not only controls subscriber out-of-pocket costs, it also controls the overall claims cost of your ISIT-Par Provider Plan, therefore controlling premium costs.

Utilization Review

- ❑ Pre-certification of admissions and procedures. (NOTE: Failure to follow Utilization Management provisions may result in reduced benefits under the plan.)
- ❑ Continued Stay Review.
- ❑ Case Management.



**Par Pro Flex
Inpatient 1st Dollar**



Benefit	Participating Provider
Lifetime Maximum	\$2,000,000
Hospital	100%
Inpatient	
Outpatient	80% after deductible
Surgical	80% after deductible
Supplemental Accident	100% of 1st \$300 per accident
Primary Physician Office Visit (Family Practitioner, Internists, Pediatrics)	\$15 co-pay
Specialist Office Visit (Excluding Mental Illness, Substance Abuse, Surgery or Pregnancy)	\$25 co-pay
Prescription Drug Card Includes Oral Contraceptives	Standard Option: <input type="checkbox"/> \$10 generic/\$20 brand Formulary Options: <input type="checkbox"/> \$15 generic/\$25 brand/\$50 non-preferred <input type="checkbox"/> \$100 deductible, then \$15 generic/\$25 brand/\$50 non-preferred <small>*(Available ONLY with the \$100, \$250, and \$500 Deductible Plans with a \$5,000 Coinsurance Level)</small>
Immunizations, Pap Smear, Mammography, OB/GYN exam	Pennsylvania State Mandated Benefits
Maternity	Outside of the 5-county area: Sole Proprietors: Complications only. Group size 2-24: Maternity coverage optional.
Well Baby Care, Routine Physical Exam, Diagnostic Services	\$100 annual individual maximum
Mental Illness ((\$25,000 Lifetime Maximum))	Inpatient * 80% UCR for the 1 st 30 days in a calendar year ----- Outpatient 50% (30 treatments maximum per calendar year)
Substance Abuse (First and Subsequent Course of Treatment)	Inpatient Treated as any other illness 80% for first 30 days in calendar year; 50% thereafter ----- Outpatient 50%

Note 1: After coinsurance level has been met, plan pays 100% of eligible expenses until lifetime maximum has been reached.
Note 2: Subscribers are responsible to pay non-participating providers for charges, which exceed Inter-County's UCR allowance.
Note 3: Participating Providers accept ICHP's contractual allowance as payment in full for covered services (with no balance billing). Subscribers are responsible to pay any applicable deductible and coinsurance amounts. Inter-County bases its contractual payment on Usual, Customary and Reasonable fees (UCR). Even if your Participating Provider charges more than the UCR for a covered service, you cannot be billed for the excess.
Note 4: All co-pays or prescription annual deductible do not apply to major medical deductible or out-of-pocket maximum.
 * Subscribers are responsible to pay non-participating providers for charges, which exceed Inter-County's UCR allowance.

PLAN OPTIONS	Deductibles (2 per family)	Coinsurance Percentages	Coinsurance Levels (2 per family)	Coinsurance Total Amounts	Out-of-Pocket Maximums
	\$100	80/20%	\$2,000	\$400	\$500
	*\$100	80/20%	\$5,000	\$1,000	\$1,100
	\$250	80/20%	\$2,500	\$500	\$750
	*\$250	80/20%	\$5,000	\$1,000	\$1,250
	\$300	80/20%	\$3,500	\$700	\$1,000
	*\$500	80/20%	\$5,000	\$1,000	\$1,500

Note: This plan summary provides plan highlights only. Specific plan provisions are governed by the Master Group Contract between Inter-County and Insurance Services Industry Trust (ISIT).



Par Pro Flex II
Inpatient Co-pay Plan



Benefit	Participating Provider
Lifetime Maximum	\$2,000,000
Hospital/Surgical	Covered with a \$100 co-pay/day up to \$500 max/admission (waived if readmitted within 90 days of discharge), then deductible and co-ins to Out-of-Pocket max.
Inpatient:	
Outpatient:	\$50 co-pay / day, then deductible and coinsurance.
Supplemental Accident	100% of first \$300 per accident, then deductible and co-ins.
Primary Physician Office Visit (Family Practitioner, Internists, Pediatrics)	\$15 co-pay
Specialist Office Visit (Excluding Mental Illness, Substance Abuse, Surgery or Pregnancy)	\$25 co-pay
Prescription Drug Card Includes Oral Contraceptives	Prescription Drug Annual Deductible \$50, then \$15 generic / \$25 brand copayment (90 day mail order supply, same deductible and copayment)
Immunizations, Pap Smear, Mammography, and OB/GYN exam	Pennsylvania State Mandated Benefits
Maternity	Outside of the 5-county area: Sole Proprietors: Complications only. Group size 2-24: Maternity coverage optional.
Well Baby Care, Routine Physical Exams, Routine Diagnostic Services	\$100 annual individual maximum
Mental Illness ((\$25,000 Lifetime Maximum))	** 80% UCR for the 1st 30 days in a calendar year
Inpatient	
Outpatient	50% (30 treatments maximum per calendar year)
Substance Abuse (First and Subsequent Course of Treatment)	Treated as any other illness 80% for first 30 days in calendar year; 50% thereafter
Inpatient	
Outpatient	50%

* After coinsurance level has been met, plan pays 100% of eligible expenses until lifetime maximum has been reached.
 ** Subscribers are responsible to pay non-participating providers for charges, which exceed Inter-County's UCR allowance.
Note 1: Participating Providers accept ICHP's contractual allowance as payment in full for covered services (with no balance billing). Subscribers are responsible to pay any applicable deductible and coinsurance amounts. Inter-County bases its contractual payment on Usual, Customary and Reasonable fees (UCR). Even if your Participating Provider charges more than the UCR for a covered service, you cannot be billed for the excess charge.
Note 2: All co-pays or prescription annual deductible do not apply to major medical deductible or out-of-pocket maximum.

PLAN OPTIONS	Deductibles (2 per family)	Coinsurance Percentages	Coinsurance Levels (2 per family)	Coinsurance Total Amounts	Out-of-Pocket Maximums
	\$100	80/20%	\$5,000	\$1,000	\$1,100
	\$250	80/20%	\$5,000	\$1,000	\$1,250
	\$500	80/20%	\$5,000	\$1,000	\$1,500

Note: This plan summary provides plan highlights only. Specific plan provisions are governed by the Master Group Contract between Inter-County and Insurance Services Industry Trust (ISIT).



\$1,000 Deductible
Par Pro Flex Inpatient 1st Dollar



Benefit	Participating Provider				
Lifetime Maximum	\$2,000,000				
Hospital	Inpatient	100%			
	Outpatient	80% after deductible			
Surgical	80% after deductible				
Supplemental Accident	100% of 1st \$300 per accident				
Primary Physician Office Visit (Family Practitioner, Internists, Pediatrics)	\$25 co-pay				
Specialist Office Visit (Excluding Mental Illness, Substance Abuse, Surgery or Pregnancy)	\$40 co-pay				
Prescription Drug Card Formulary Options: Includes Oral Contraceptives	<input type="checkbox"/> \$15 generic/\$25 brand/\$50 non-preferred <input type="checkbox"/> \$100 deductible, then \$15 generic/\$25 brand/\$50 non-preferred				
Immunizations, Pap Smear, Mammography, OB/GYN exam	Pennsylvania State Mandated Benefits				
Maternity	Outside of the 5-county area: Sole Proprietors: Complications only. Group size 2-24: Maternity coverage optional.				
Well Baby Care, Routine Physical Exam, Diagnostic Services	\$100 annual individual maximum				
Mental Illness (\$25,000 Lifetime Maximum)	Inpatient	* 80% UCR for the 1 st 30 days in a calendar year			
	Outpatient	50% (30 treatments maximum per calendar year)			
Substance Abuse (First and Subsequent Course of Treatment)	Inpatient	Treated as any other illness 80% for first 30 days in calendar year; 50% thereafter			
	Outpatient	50%			
<p><i>Note 1:</i> After coinsurance level has been met, plan pays 100% of eligible expenses until lifetime maximum has been reached.</p> <p><i>Note 2:</i> Subscribers are responsible to pay non-participating providers for charges, which exceed Inter-County's UCR allowance.</p> <p><i>Note 3:</i> Participating Providers accept ICHP's contractual allowance as payment in full for covered services (with no balance billing). Subscribers are responsible to pay any applicable deductible and coinsurance amounts. Inter-County bases its contractual payment on Usual, Customary and Reasonable fees (UCR). Even if your Participating Provider charges more than the UCR for a covered service, you cannot be billed for the excess.</p> <p><i>Note 4:</i> All co-pays or prescription annual deductible do not apply to major medical deductible or out-of-pocket maximum.</p> <p>* Subscribers are responsible to pay non-participating providers for charges, which exceed Inter-County's UCR allowance.</p>					
PLAN OPTIONS	Deductibles (2 per family)	Coinsurance Percentages	Coinsurance Levels (2 per family)	Coinsurance Total Amounts	Out-of-Pocket Maximums
	\$1,000	80/20%	\$5,000	\$1,000	\$2,000

Note: This plan summary provides plan highlights only. Specific plan provisions are governed by the Master Group Contract between Inter-County and Insurance Services Industry Trust (ISIT).



Par Pro Flex
High Deductible Health Plan



Benefit	Participating Provider
Medical Deductible	\$2,000
Lifetime Maximum	\$2,000,000
Hospital	
Inpatient	100% after deductible
Outpatient	100% after deductible
Surgical	100% after deductible
Supplemental Accident	100% of 1st \$300 per accident
Primary Physician Office Visit (Family Practitioner, Internists, Pediatrics)	\$25 co-pay
Specialist Office Visit (Excluding Mental Illness, Substance Abuse, Surgery or Pregnancy)	\$40 co-pay
Prescription Drug Card Includes Oral Contraceptives	<input type="checkbox"/> \$500 deductible, then \$15 generic/\$25 brand/\$50 non-preferred (90 day mail order supply, same deductible and copayment)
Immunizations, Pap Smear, Mammography, OB/GYN exam	Pennsylvania State Mandated Benefits
Maternity	Outside of the 5-county area: Sole Proprietors: Complications only. Group size 2-24: Maternity coverage optional.
Well Baby Care, Routine Physical Exam, Diagnostic Services	\$100 annual individual maximum
Mental Illness ((\$25,000 Lifetime Maximum)	
Inpatient	80%* UCR for the 1 st 30 days in a calendar year after deductible
Outpatient	50% (30 treatments maximum per calendar year) after deductible
Substance Abuse (First and Subsequent Course of Treatment)	
Inpatient	After deductible, treated as any other illness 80% for first 30 days in calendar year., 50% thereafter
Outpatient	50% after deductible
<p><i>Note 1:</i> After coinsurance level has been met, plan pays 100% of eligible expenses until lifetime maximum has been reached.</p> <p><i>Note 2:</i> Subscribers are responsible to pay non-participating providers for charges, which exceed Inter-County's UCR allowance.</p> <p><i>Note 3:</i> Participating Providers accept ICHP's contractual allowance as payment in full for covered services (with no balance billing). Subscribers are responsible to pay any applicable deductible and coinsurance amounts. Inter-County bases its contractual payment on Usual, Customary and Reasonable fees (UCR). Even if your Participating Provider charges more than the UCR for a covered service, you cannot be billed for the excess.</p> <p><i>Note 4:</i> All co-pays or prescription annual deductible do not apply to major medical deductible or out-of-pocket maximum.</p> <p>* Subscribers are responsible to pay non-participating providers for charges, which exceed Inter-County's UCR allowance.</p>	

Note: This plan summary provides plan highlights only. Specific plan provisions are governed by the Master Group Contract between Inter-County and Insurance Services Industry Trust (ISIT).

PRESCRIPTION DRUG CARD BENEFITS

The Prescription Drug Card Program provides benefits for covered drugs and medicines at over 42,000 pharmacies nationwide. The following is a summary of the plan. Please refer to the benefit booklet for limitations.

PLAN OPERATION

The Prescription Drug Card Plan is underwritten by Inter-County Hospitalization Plan, Inc. and administered by PAID Prescription. All Par Pro Flex 1st \$, and Par Pro Flex II plans include a prescription drug plan.

COPAYMENT

The copayment is the portion of drug expense that the individual must pay. These amounts are indicated in the Schedule of Benefits.

COVERED DRUGS

Covered drugs are those that may be dispensed only by prescription according to either state or federal laws. Medicines, which must be compounded through a prescription, are also covered. Benefits for insulin, including needles and syringes, are provided if the insulin is dispensed by prescription.

DISPENSING LIMITATIONS

The amount of a drug, (including insulin) which may be supplied per prescription or refill, is the quantity prescribed up to and including a maximum of a 34-day supply, according to directions, or a quantity of 100 tablets or capsules, whichever is lesser. Mail order drug is a maximum of a 90-day supply.

EXPENSES NOT COVERED

Medications administered while the individual is an inpatient in a hospital, nursing home, etc.; cost of medication covered under Workers' Compensation, government programs or other medical or drug plans; experimental drugs; any non-medical substance with or without a prescription; any drug not considered medically necessary as described under the medical plan.



Underwritten and Insured by:
INTER-COUNTY HOSPITALIZATION PLAN, INC.
INTER-COUNTY HEALTH PLAN, INC.
720 Blair Mill Road
Horsham, PA 19044-2244



Marketed and Administered by:
GETTYSBURG HEALTH ADMINISTRATORS, INC.
404 Baltimore Street • P.O. Box 1060
Gettysburg, PA 17325-1060
(800) 497-4474 • (717) 334-9247

UNDERWRITING GUIDELINES

- 1) Group sizes of 1 to 24 lives are eligible through Gettysburg Health Administrators. Number of lives based on eligible employees. Available outside 5-county area (Bucks, Chester, Delaware, Montgomery, Philadelphia) only.
- 2) A 75% participation of eligible employees is required, but in no event less than 50% of the entire group. Exceptions are as follows:
 - Employees covered by a spouse's insurance (proof of other insurance may be requested by Gettysburg Health Administrators, Inc.).
 - Employees who elect to participate in the Keystone HMO.
 - An employee who has not satisfied the waiting period.
- 3) The minimum employer contribution required is 25% of the total premium.
- 4) The effective date of a new group may be either the first (1st) or fifteenth (15th) of the month.
- 5) An initial premium deposit must accompany the application for group insurance. The initial premium deposit will not be credited to the group account until such time as the formal written notification has been released by Gettysburg Health Administrators. Submission of an application and/or check does not presume or constitute underwriting acceptance or approval.
- 6) Submitted materials are subject to underwriting requirements and review for acceptability and the insurance, as applied for, will not be placed in force until the applicant has received written formal notification of acceptance and the effective date of the coverage from Gettysburg Health Administrators. Gettysburg Health Administrators and Inter-County will not be responsible for cancellation of existing coverage prior to underwriting approval.
- 7) Eligible employees and dependents must provide medical information upon enrollment. Such medical information may be in the form of health questions on a form provided by Gettysburg Health Administrators, a medical report from a doctor or hospital, a physical examination by a doctor or as otherwise required by Gettysburg Health Administrators or Inter-County. Such medical information must be provided without expense to and be sufficient to Gettysburg Health Administrators and Inter-County. Medical information will be required by all employees and dependents at the time the initial group is written and by all subsequent employees and dependents when application for coverage is made.
- 8) If one family, by blood or marriage, comprises more than 50% of a prospective insured group, proof of full-time employment must be submitted on each applicant (i.e. W-2's). Gettysburg Health Administrators may request a notarized statement of confirmation of full-time employment of family members.
- 9) Separate divisions of the same firm may be written as a separate group only if currently insured and operating as individual entities due to plant location, union negotiation, corporate realignment or the like. Group in this situation must be reviewed by Gettysburg Health Administrators prior to quote presentation.
- 10) Retirees are not eligible for coverage under this plan.
- 11) Under certain circumstances, coverage is guaranteed renewable at the option of the employer. Gettysburg Health Administrators can provide an employer with specific information regarding renewability upon request.

COVERED MEDICAL CHARGES

Facility Services	Diagnostic Services
Room and Board	X-Ray Procedures
Ancillary Services	Lab and Pathology Tests
Medical Care	Diagnostic Medical Procedures
Concurrent Care	Allergy Testing
Consultation Services	Therapy Services
Rehabilitation Hospital Confinements	Home Health Care Services
Skilled Nursing Facility Confinements	Skilled Nursing Care
Surgical Services	Therapy Services
Pre-Operative & Post-Operative Medical Care	Hospice Services
Maternity Delivery	Private Duty Nursing Services
Surgical Assistance	Inpatient Services
Anesthesia	Home Services
Second Surgical Opinion Consultation	Ambulance Services
Transplant Services	Durable Medical Equipment
Pre-Admission Testing	Orthotics
Home Visits, Office Visits and Other Outpatient Visits	Prosthetic Appliances
Well Child Care and Immunizations	Replacement and Modification
Routine Physical Examinations	Routine Newborn Care
Psychiatric Benefits	

PRE-EXISTING CONDITION LIMITATION

A pre-existing condition is a condition for which medical advice, diagnosis, care or treatment has been recommended or received within the 90-day period ending on the first day of coverage under the Master Group Contract or, if there is a waiting period, the first day of the waiting period. Payments for all expenses for pre-existing conditions will be limited to \$2,000. Pre-existing condition limitations apply for the 12-month period starting on the first day of coverage under the Master Group Contract or, if there is a waiting period, the first day of the waiting period.

The limitation period for pre-existing conditions may be reduced or eliminated by the total of any periods of prior credible coverage as of the first day of coverage under this plan or, if there is a waiting period, the first day of the waiting period, provided there is not a 63-day or more break in coverage. In order to establish credible coverage, Gettysburg Health Administrators must be provided with proof of credible coverage from prior carrier. Pregnancy is not considered a pre-existing condition.

ELIGIBILITY

FULL-TIME EMPLOYEES

An employee of the company who works at least 30 hours per week for the company for compensation in the form of salary, wages, or commission. In the case of a proprietorship or partnership, the individual proprietor or each of the partners whose principal occupation is to conduct the company's business, and whose duties for the company normally require at least 30 hours per week, shall be deemed a full-time employee.

No member of the Board of Directors shall be deemed a full-time employee unless such person is otherwise eligible as a bona fide employee of the company.

DEPENDENTS

The employee's: (1) spouse, including a common-law spouse if publicly declared; or (2) unmarried, natural born or legally adopted child who wholly depends on the employee for support and maintenance, including a stepchild; or (3) unmarried child age 19 or older who is unable to earn his own living due to a physical or mental illness or handicap (subject to Continuation of Eligibility Guidelines as stated in the Master Group Contract); or (4) a grandchild except that a child of a dependent child shall be covered from birth as required by law. Dependents may not be on active military service.

FULL-TIME STUDENT

An unmarried child 19 years of age but less than 25 years of age who is considered a full-time student by the registrar of an accredited school or university. Inter-County considers full-time enrollment to be 12 credits per semester or equivalent.



ICHP State Mandated Benefits

The following memo discusses all state mandated benefits: Mammograms, Childhood Immunizations and OB/GYN visits, including Pap Smears.

As stated in the ICHP sales brochure, the state mandated benefits are in addition to the \$100 wellness benefits and are paid outside of this wellness benefit.

Routine Mammograms:

The routine mammogram per calendar year for women age 40 and over. The plan deductible and coinsurance will apply.

Routine OB/GYN Visit and Pap Smear:

While the \$15 Office Visit according to the contract does not apply to the OB/GYN visit, ICHP as a courtesy is administering the benefit this way. The reading of the pap smear is subject to the coinsurance provisions, 80%. Deductible does NOT apply to these services.

Childhood Immunizations:

Deductible and Coinsurance do NOT apply. These would be covered at 100%. Additionally, ICHP does cover the Chicken Pox vaccine under this benefit.

Well-Baby Benefit:

The co-pay does not apply, there is a \$100 benefit for any well-baby care. After the \$100 is exhausted, office visits and procedures are paid at plan level.

Chiropractic Benefit:

If billed as an Office Visit, then member pays only Office Co-pay.

If billed as Spinal Manipulation or adjustment, then procedures are subject to Deductible and Coinsurance.



404 Baltimore Street • Gettysburg, PA 17325
(800)497-4452 • (717)334-3826

Since 1937:



Inter-County has provided health insurance and administrative services to employers and individuals in Pennsylvania for over 60 years. Today, the company remains one of the oldest non-profit health insurance carriers based in Pennsylvania, and it is also affiliated with two of the Commonwealth's largest non-profit insurance companies.

In 1978, Inter-County established a medical-surgical plan and participating provider network making it the first plan in the Commonwealth to offer both hospitalization and medical-surgical coverage from a single source. It remains Pennsylvania's only non-profit group health insurer to offer hospitalization, medical-surgical and major medical coverage. Today, Inter-County's physician network includes more than 32,000 primary care and specialty care physicians representing approximately two-thirds of practicing physicians in Pennsylvania.

Inter-County has assigned a Dedicated Service Unit to ISIT to provide participants with claims administration and customer service by representatives who are thoroughly versed in ISIT's Par Provider Plans. This Dedicated Service Unit is accessible by a toll-free number. Inter-County's service is backed by claims and customer service representatives averaging more than ten years of health benefits experience.

Gettysburg Health Administrators, Inc., as service bureau, and Inter-County, as insurer, share a 20 year association serving the needs of Pennsylvania's small business employers and their employees.

Since 1979:

Gettysburg Health Administrators, Inc., an affiliate of Gettysburg Insurance Services, Inc. (GISI), has been associated with Inter-County Health Plan and is operating as a Third Party Administrator performing duties in Marketing, Underwriting, Billing, Accounting, and Information Systems to participants in Insurance Services Industry Trust (ISIT) (formerly, Gettysburg Insurance Services Industry Trust/GISIT). ISIT currently has more than 2,000 Employer Group Plans covering more than 10,000 employees and their families.

Gettysburg Health Administrators, Inc. also provides Group Ancillary Products including:

- Life and AD&D
- Disability - Short and Long Term
- Dental Care



**“Large Enough To Serve You
Small Enough to Know You”**