

Deductible Medical Plan - Group Health

October 1, 2003 - September 30, 2004

Information provided is in summary format. Any difference between the summary provided and actual contract will be settled in favor of the contract.

	<u>In-Network</u>
Network	<u>Group Health Providers</u>
Deductible	\$500 Individual/\$1,500 Family
Coinsurance	80% after deductible
Out-of-Pocket Max	\$2,000 Individual/\$6,000 Family
Maximum Benefit	Unlimited
Office Visits	\$20 copay, then 80% after deductible
Preventive Care (well baby care, well adult visits, following adult/child schedules)	\$20 copay, then 100% Deductible <u>does not</u> apply.
Diagnostic Lab & X-Ray	80% after deductible
Ambulance	80%; GHC initiated non-emergency transfers covered at 100% (Deductible <u>does not</u> apply.)
Hospital Inpatient	80% after deductible
Emergency Room*	GHC: \$75 copay (waived if admitted) Deductible and coinsurance apply. Non-GHC: \$125 copay. Patient must notify GHC within 24 hours. Deductible and coinsurance apply.
Chiropractic - 10 visits/yr	\$20 copay, then 80% after deductible
Rehabilitation:	
Inpatient - 60 days/condition/yr	80% after deductible
Outpatient - 60 visits/condition/yr	\$20 copay, then 80% after deductible
Mental Health:	
Inpatient - 12 days/yr	80% after deductible
Outpatient - 20 visit/yr	\$30 copay for individual session or \$20 copay for group session, then 80% after deductible
Chemical Dependency:	\$11,285 max in 24 month period
Inpatient	80% after deductible
Outpatient	\$20 copay, then 80% after deductible
Prescription Drugs - Retail (Participating Pharmacies)	Generic: \$15 copay Brand Name: \$30 copay
Rx Dosages - Retail	30-day supply
Prescription Drugs - Mail Order	Generic: \$30 copay Brand Name: \$60 copay
Rx Dosages - Mail Order	90-day supply
Vision - One exam/yr	\$20 copay See the self-funded NBN <u>Vision Plan Summary</u> offered by SSD.
Hearing - One exam/yr	\$20 copay
Notes	*No benefits are payable for services outside of the Group Health Managed Care Network unless it is a medical emergency. Also, referrals are generally required from your Primary Care Provider (PCP) for care outside your PCP.