

Group Health - Balance 1750

\$1,750 Deductible

Family deductible maximum is 3x individual deductible.



GroupHealth

All benefits shown below are out of network benefits using the First Choice network, www.fchn.com

(Beech Street nationwide). If you go outside the First Choice network, you will be responsible for amount billed above the allowed amount.

See Group Health summary for in-network benefits (80%) which include office visits and lab/x-ray without deductible.

Before the deductible is met: These benefits are not subject to the deductible:

- 1. Preventive Care - \$30 co-pay, then paid at 100% to \$300 per calendar year.**
Includes the following when billed as preventive: Routine physical exam, well child care, adult and child immunizations, routine laboratory, radiology and diagnostic procedures including mammography, pap smear, PSA and colonoscopy. (See contract for complete list of preventive care benefits)
- 2. Vision Care – \$30 of eye exam fee will be reimbursed per 12 months.**
Vision hardware is covered up to \$200 per 12 months, paid at 100%
- 3. Prescription Drugs – Retail limited to a 30 day supply. Mail order available,**
 - Tier 1 (In Network Generic) = \$0 retail co-pay, mail order available
 - (Out of Network Generic) = \$5 retail co-pay
 - Tier 2 (Brand Name Formulary) = Not Covered- Discount at Group Health Pharmacy
 - Tier 3 (Non-Formulary) = Not Covered- Discount at Group Health Pharmacy

After the deductible has been met, all other covered benefits are provided.

- **Office Visits \$30 co-pay plus 40% co-insurance**
- **Specialty Care office visit \$50 plus 40% co-insurance**
- **Lab and X-ray services 40% co-insurance**
- **\$150 Emergency room co-pay (waived if admitted), plus 40% co-insurance.**
- **40% co-insurance for hospital and physician services**
- **Hospital inpatient co-pay of \$300 per day up to first 5 days per admit**
- **\$6,000 annual co-insurance max, plus deductible & co-pays**
(After deductible, you pay 40% of the next 15,000 (\$6,000 max), then Group Health covers 100% of allowable charges)
- **Inpatient rehabilitation – 30 days PCY**
- **Outpatient rehabilitation - 60 visits PCY**
(including massage therapy)
- **Includes inpatient & outpatient mental health**
- **Includes 24 hour “on the job” coverage**
Subscriber only (if not covered by L&I)
- **Includes maternity coverage**
- **Spinal manipulations, 10 PCY, \$30 co-pay**
- **Acupuncture, 8 PCY, \$30 co-pay**
- **Naturopath, 3 visits PCY, \$30 co-pay**
- **Partial list of Exclusions: brand name drugs, TMJ, chemical dependency.**

AGE	\$1750 DEDUCTIBLE	
	NS	SMOKER
<25	\$256	\$307
25-29	\$311	\$373
30-34	\$325	\$387
35-39	\$300	\$360
40-44	\$314	\$376
45-49	\$359	\$429
50-54	\$442	\$531
55-59	\$528	\$635
60-64	\$682	\$818
65>	\$682	\$818
Per child	\$147	

*This flyer was prepared by the **Health Insurance Connection, Inc.**

This is a brief summary of benefits and is not a certificate of coverage. For full coverage provisions, including a description of waiting periods and limitations, refer to a benefit brochure and contract. This summary is not a contract. Rates are scheduled to increase July 1, 2012. However, due to health care reform mandated coverage there could be a slight increase before that date.