

GBA Insurance Trust, Inc.
2014 Summary of Medical Benefits--Plan # 280

PPO

<u>Lifetime Maximum</u>	UNLIMITED	
<u>Calendar Year Deductibles</u>		
Individual (In-Network and Out-of-Network)	\$750	
Family (In-Network and Out-of-Network)	\$2,250	
<u>Deductible and Co-Insurance Out-of-Pocket Maximum</u>		
Individual (In-Network and Out-of-Network)	\$4,250	
Family (In-Network and Out-of-Network)	\$8,500	
	<u>In-Network</u>	<u>Out-of-Network</u>
<u>Co-Insurance % Payable Unless Specified (After Deductible)</u>	80%	60%
<u>Emergency Services (Life Threatening Med. Conditions)</u>	80%	80%
<u>Office Visits After Deductible</u>	80%	60%
<u>Prescription Drug Program Co-Payment</u>		
Generic/Brand Name Formulary/ Non-Formulary**	\$15/\$35/\$60	60%
Brand Name requested Generic Equivalent Available - \$200 per calendar year deductible	\$60	60%
Voluntary Mail Order--Maintenance RX (Formulary Only) (2 copays for 3 month supply)	\$30/\$70	NA
<u>Preventive Care*</u>	Included	Limited
<u>Skeletal Adjustments</u>	80%	60%
<u>Additional Information:</u>		
Physician Network on the Internet	www.anthem.com	
Paragon Customer Service	877-380-0193	
Claims on the Internet	www.paragonbenefits.com	
Plan Certificates	http://www.gabankers.com/GBAIT/gbaithome.asp	
Nurse Line "Blue Choice On Call"	888-724-2583	
Mail Order	http://www.gabankers.com/GBAIT/gbaithome.asp	

This is a summary and not a contract. Please refer to certificate booklet for complete benefit details.

**Co-Pays, Co-Insurance and Deductibles waived for in-network preventive care services that meet the requirements of federal and state law including certain screenings, immunizations, and physician visits.*

***If generic alternative available to a brand name RX, must choose generic; otherwise, \$200 per calendar year deductible and \$60 copay will apply*