

**GBA Insurance Trust, Inc.**  
**2014 Summary of Medical Benefits--Plan # 290**

**PPO**

<b><u>Lifetime Maximum</u></b>	<b>UNLIMITED</b>	
<b><u>Calendar Year Deductibles</u></b>		
Individual (In-Network and Out-of-Network)	\$1,500	
Family (In-Network and Out-of-Network)	\$4,500	
<b><u>Deductible and Co-Insurance Out-of-Pocket Maximum</u></b>		
Individual (In-Network and Out-of-Network)	\$5,000	
Family (In-Network and Out-of-Network)	\$10,000	
<b><u>Medical (Excluding Rx) Co-Payment Out-of-Pocket Maximum</u></b>		
Individual	\$1,350	
Family	\$2,700	
	<b><u>In-Network</u></b>	<b><u>Out-of-Network</u></b>
<b><u>Co-Insurance % Payable Unless Specified (After Deductible)</u></b>	80%	60%
<b><u>Emergency Services (Life Threatening Medical Conditions)</u></b>	80%	80%
<b><u>Co-Payment (Preferred Providers Only)</u></b>		
Office Visit Co-Pay - Primary Care Physician	\$40	NA
Office Visit Co-Pay - Specialist Physician	\$50	NA
Surgery office visits	80%	60%
Urgent Care Center Copay	\$60	\$60*
<b><u>Prescription Drug Program Co-Payment</u></b>		
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
<b><u>Preventive Care***</u></b>	Included	Limited
<b><u>Skeletal Adjustments</u></b>	80%	60%
<b><u>Additional Information:</u></b>		
Physician Network on the Internet	<a href="http://www.anthem.com">www.anthem.com</a>	
Paragon Customer Service	877-380-0193	
Claims on the Internet	<a href="http://www.paragonbenefits.com">www.paragonbenefits.com</a>	
Plan Certificates	<a href="http://www.gabankers.com/GBAIT/gbaithome.asp">http://www.gabankers.com/GBAIT/gbaithome.asp</a>	
Nurse Line "Blue Choice On Call"	888-724-2583	
Mail Order	<a href="http://www.gabankers.com/GBAIT/gbaithome.asp">http://www.gabankers.com/GBAIT/gbaithome.asp</a>	

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

*\*Urgent care center out-of-network--Plan pays 60% after copay and deductible*

*\*\*If generic alternative available to a brand name RX, must choose generic;*

*otherwise, \$200 per calendar year deductible and \$60 copay will apply*

*\*\*\*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.*