

GBA Insurance Trust, Inc.
2008 Summary of Medical Benefits--Plan # 780
High Deductible Health Plan / Health Savings Account Eligible

Lifetime Maximum

UNLIMITED

Calendar Year Deductibles

Individual (In-Network and Out-of-Network)	\$2,750
Family (In-Network and Out-of-Network)	\$5,000

Out of Pocket Expense Per Calendar Year

	<u>In-Network</u>	<u>Out-of-Network</u>
Individual Plan (Deductible Included)	\$2,750	\$5,250
Family Plan (Deductible Included)	\$5,000	\$10,500

Co-Insurance Amount Payable After Deductible Satisfied **

Office Visits	100%	60%
Inpatient Hospital & Physician	100%	60%
Prescription Drugs	100%	60%
Emergency Services (Life Threatening Med. Conditions)	100%	60%
Inpatient Psychiatric Care ***	100%	60%
Skeletal Adjustments (\$500 Maximum Benefit)	100%	60%
Preventive Care	\$500 max	Limited
Ages 1-5	100%*	60%*
Ages 6-17	100%*	60%
Adult PAP Smear, PSA & corresponding facility charge	100%*	60%
Adult routine physical by schedule	100%*	0%
Routine Mammogram	100%*	100%*

For more information:

Physician Network on the Internet	www.bcbsga.com
Paragon Customer Service	877-380-0193
Claims on the Internet	www.paragonbenefits.com
Plan Certificates	www.gabankers.com/gbait.booklets.htm