

GBA Insurance Trust, Inc.
2010 Summary of Medical Benefits--Plan # 719
High Deductible Health Plan / Health Savings Account Eligible
(Early Retiree Plan)

<u>Lifetime Maximum</u>	UNLIMITED	
<u>Calendar Year Deductibles</u>		
Individual (In-Network and Out-of-Network)	\$2,750	
Family (In-Network and Out-of-Network)	\$5,000	
	<u>In-Network</u>	<u>Out-of-Network</u>
<u>Out of Pocket Expense Per Calendar Year</u>		
Individual Plan (Deductible Included)	\$5,250	\$5,950
Family Plan (Deductible Included)	\$10,000	\$11,900
<u>Co-Insurance Amount Payable After Deductible Satisfied **</u>		
Office Visits	80%	60%
Inpatient Hospital & Physician	80%	60%
Prescription Drugs	80%	60%
Emergency Services (Life Threatening Med. Conditions)	80%	80%
Skeletal Adjustments (\$500 Maximum Benefit)	80%	60%
Preventive Care	Included	Limited
Ages 1-5	80% *	60% *
Ages 6-17	80% *	60%
Adult PAP Smear, PSA & corresponding facility charge	80% *	60%
Adult routine physical by schedule	80% *	0%
Routine Mammogram	80% *	60% *
<u>Additional Information:</u>		
Physician Network on the Internet		www.bcbsga.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

**Deductible waived*

*** Complies with State and Federal mandated benefits & reimbursements where applicable*

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