

GBA Insurance Trust, Inc.
2012 Summary of Medical Benefits--Plan #781
High Deductible Health Plan / Health Savings Account Eligible
PPO

| | | |
|--|---|------------------------------|
| <u>Lifetime Maximum</u> | UNLIMITED | |
| <u>Calendar Year Deductibles</u> | | |
| Individual (In-Network and Out-of-Network) | \$3,050 | |
| 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) | \$5,550 | \$5,950 |
| Family Plan (Deductible Included) | \$10,000 | \$11,900 |
| <u>Co-Insurance Amount Payable After Deductible Satisfied</u> | | |
| Office Visits | 80% | 70% |
| Inpatient Hospital & Physician | 80% | 70% |
| Prescription Drugs | 80% | 70% |
| Emergency Services (Life Threatening Med. Conditions) | 80% | 80% |
| Skeletal Adjustments | 80% | 70% |
| Preventive Care* | Included | Limited |
| <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 | |

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

**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.*