

GBA Insurance Trust, Inc.
2012 Summary of Medical Benefits--Plan # 295

PPO

<u>Lifetime Maximum</u>	UNLIMITED	
<u>Calendar Year Deductibles</u>		
Individual (In-Network and Out-of-Network)	\$4,000	
Family (In-Network and Out-of-Network)	\$8,000	
<u>Out of Pocket Expense Per Calendar Year</u>		
	<u>In-Network</u>	<u>Out-of-Network</u>
Individual (Deductible Included)	\$4,000	\$8,000
Family (Deductible Included)	\$8,000	\$16,000
<u>Co-Insurance % Payable Unless Specified (After Deductible)</u>	100%	70%
<u>Emergency Services (Life Threatening Medical Conditions)</u>	100%	100%
<u>Co-Payment (Preferred Providers Only)</u>		
Office Visit Co-Pay - Primary Care Physician	\$40	NA
Office Visit Co-Pay - Specialist Physician	\$40	NA
Surgery office visits	100%	70%
Urgent Care Center Copay	\$60	\$60*
<u>Prescription Drug Program Co-Payment</u>		
Generic/Brand Name Formulary/ Non-Formulary**	\$15/\$35/\$60	70%
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>	100%	70%
<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	
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.

**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, \$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.*