INDIVIDUAL AND FAMILY PLANS

GroupHealth®

Group Health HealthPays® Core Bronze HSA

The HealthPays Core Bronze HSA plan is a lower-cost, high-deductible plan that is compatible with a health savings account (HSA). This plan gives you access to the Core plans network—the same network of providers previously known as the Group Health network.

Effective Jan. 1, 2015. Available direct from Group Health.

COVERAGE		
Annual deductible Deductible does not apply to services noted with ◆	$4,000 per member or $8,000 per family	
Member coinsurance	20%	
Out-of-pocket maximum	$6,450 per member or $12,900 per family	
BENEFITS	**After deductible is met, you pay:**	
Office visits	20% coinsurance	
Preventive care services	Covered in full ◆	
Maternity care Routine outpatient prenatal and postpartum visits Labor and delivery—inpatient	 Covered in full ◆ 20% coinsurance	
Chiropractic/manipulative therapy 10 visits PCY	20% coinsurance	
Acupuncture 12 visits PCY	20% coinsurance	
Lab/radiology services	20% coinsurance	
Devices, equipment, and supplies Including prosthetics	20% coinsurance	
Outpatient surgery	20% coinsurance	
Emergency care	20% coinsurance	
Ambulance	20% coinsurance	
Hospital stays—inpatient	20% coinsurance	
Skilled nursing 60 days PCY	20% coinsurance	
Adult vision 1 routine exam per year	20% coinsurance	
Pediatric vision 1 routine exam per year; Hardware–1 pair of lenses and frames per year or annual supply of contacts	Covered in full ◆	
Pediatric dental Class I - Preventive Exam	Covered in full ◆	
Prescription drugs Cost per 30-day supply	Filled at pharmacy: 20% preferred generic 40% preferred brand, including specialty brand	Filled by mail order: 15% preferred generic 35% preferred brand, including specialty brand

Coverage is provided by Group Health Cooperative.

PCY = Per calendar year

For more information, including premium rates, visit ghc.org/if.

PRIMARY CARE: Acupuncture • Audiology • Chemical Dependency/Substance Abuse • Chiropractic/Manipulative Therapy • Emergency Medicine (where ER copay doesn't apply) • Enterostomal Therapy • Family Planning • Family Medicine • Health Education • Internal Medicine • Massage Therapy • Mental Health • Midwifery • Naturopathy • Nutrition • Obstetrics/Gynecology • Occupational Medicine • Occupational Therapy • Optometry • Osteopathy • Pediatrics • Physical Therapy • Respiratory Therapy • Speech Therapy • **NOTE:** The specialty care copay will apply if a service is provided by a specialty care provider.

SPECIALTY CARE: Acupuncture • Allergy and Immunology • Anesthesiology • Cardiology (pediatric and cardiovascular disease) • Chiropractic/Manipulative Therapy • Critical Care Medicine • Dentistry • Dermatology • Endocrinology • Gastroenterology • Genetics • Hematology • Hepatology • Infectious Disease • Neonatal-Perinatal Medicine • Nephrology • Neurology • Oncology • Ophthalmology • Orthopedics • Otolaryngology (ear, nose, and throat) • Pathology • Physiatry (Physical Medicine) • Podiatry • Pulmonary Medicine/Disease • Radiology (nuclear medicine, radiation therapy) • Rheumatology • Sports Medicine • General Surgery (all surgical specialties) • Urology

This is an overview of benefits. The contents are not to be accepted or construed as a substitute for the provisions of the medical coverage agreement. Other terms and conditions may apply. A list of excluded services and other limitations can be found in each plan's Summary of Benefits and Coverage document.

14-IF-1236-02 10-2014