

## Group Health Core Plus Gold

Core Plus plans combine high-quality care and great value. With Core Plus Gold you get three office visits per year at just your office visit copayment—without having to pay your deductible first. Core Plus plans give 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			
<b>Annual deductible</b> Deductible does not apply to services noted with ♦	\$600 per member or \$1,200 per family		
<b>Member coinsurance</b>	20%		
<b>Out-of-pocket maximum</b>	\$4,500 per member or \$9,000 per family		
BENEFITS			
	After deductible is met, you pay:		
	Deductible does not apply to first 3 office visits ♦		
<b>Office visits</b>	Primary: \$10 copay per visit Specialty: \$30 copay per visit		
<b>Preventive care services</b>	Covered in full ♦		
<b>Maternity care</b> Routine outpatient prenatal and postpartum visits Labor and delivery—inpatient	Covered in full ♦ 20% coinsurance		
<b>Chiropractic/manipulative therapy</b> 10 visits PCY	Primary: \$10 copay per visit Specialty: \$30 copay per visit		
<b>Acupuncture</b> 12 visits PCY	Primary: \$10 copay per visit Specialty: \$30 copay per visit		
<b>Lab/radiology services</b>	20% coinsurance		
<b>Devices, equipment, and supplies</b> Including prosthetics	20% coinsurance		
<b>Outpatient surgery</b>	20% coinsurance		
<b>Emergency care</b>	\$200 copay + 20% coinsurance		
<b>Ambulance</b>	20% coinsurance		
<b>Hospital stays—inpatient</b>	20% coinsurance		
<b>Skilled nursing</b> 60 days PCY	20% coinsurance		
<b>Adult vision</b> 1 routine exam per year	Primary: \$10 copay per visit Specialty: \$30 copay per visit		
<b>Pediatric vision</b> 1 routine exam per year; Hardware—1 pair of lenses and frames per year or annual supply of contacts	Covered in full ♦		
<b>Pediatric dental</b> Class I - Preventive Exam	Covered in full ♦		
<b>Prescription drugs</b> Cost per 30-day supply	<table border="0"> <tr> <td>Filled at pharmacy: \$10 preferred generic ♦, 20% preferred brand, including specialty brand</td> <td>Filled by mail order: \$5 preferred generic ♦, 15% preferred brand, including specialty brand</td> </tr> </table>	Filled at pharmacy: \$10 preferred generic ♦, 20% preferred brand, including specialty brand	Filled by mail order: \$5 preferred generic ♦, 15% preferred brand, including specialty brand
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For more information,  
including premium rates,  
visit [ghc.org/if](http://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 • Psychiatry (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.