

Group Health Core Plus Silver

Core Plus plans combine high-quality care and great value. With Core Plus Silver 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			
Annual deductible Deductible does not apply to services noted with ♦	\$1,250 per member or \$2,500 per family		
Member coinsurance	30%		
Out-of-pocket maximum	\$6,350 per member or \$12,700 per family		
BENEFITS			
	After deductible is met, you pay:		
	Deductible does not apply to first 3 office visits ♦		
Office visits	Primary: \$20 copay per visit Specialty: \$45 copay per visit		
Preventive care services	Covered in full ♦		
Maternity care Routine outpatient prenatal and postpartum visits Labor and delivery—inpatient	Covered in full ♦ 30% coinsurance		
Chiropractic/manipulative therapy 10 visits PCY	Primary: \$20 copay per visit Specialty: \$45 copay per visit		
Acupuncture 12 visits PCY	Primary: \$20 copay per visit Specialty: \$45 copay per visit		
Lab/radiology services	30% coinsurance		
Devices, equipment, and supplies Including prosthetics	30% coinsurance		
Outpatient surgery	30% coinsurance		
Emergency care	\$200 copay + 30% coinsurance		
Ambulance	30% coinsurance		
Hospital stays—inpatient	30% coinsurance		
Skilled nursing 60 days PCY	30% coinsurance		
Adult vision 1 routine exam per year	Primary: \$20 copay per visit Specialty: \$45 copay per visit		
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	<table border="0"> <tr> <td>Filled at pharmacy: \$10 preferred generic ♦, 40% preferred brand, including specialty brand</td> <td>Filled by mail order: \$5 preferred generic ♦, 35% preferred brand, including specialty brand</td> </tr> </table>	Filled at pharmacy: \$10 preferred generic ♦, 40% preferred brand, including specialty brand	Filled by mail order: \$5 preferred generic ♦, 35% preferred brand, including specialty brand
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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 • 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.