

# Group Health Medical Benefits Highlights Effective August 1, 2014 - I.B.E.W. Local 77

The purpose of this document is to help you make decisions; it is not a contract.

Group Health -- Local 77	Group Health -- Most/L77 Plan
<b>GENERAL DESIGN</b>	
<b>Deductible (per calendar year)</b>	
No deductible	No deductible
<b>Annual Out of Pocket Maximum (OOP Max)</b> includes copayments and coinsurances for medical services and prescription drug copays	
\$750 per person, \$1,500 per family	\$2,000 per person; \$4,000 per family
<b>Hospital Copay</b>	
None	\$200 per admission
<b>Hospital Pre-admission Authorization</b>	
Except for maternity or emergency admissions, must be authorized by GHC	Except for maternity or emergency admissions, must be authorized by GHC
<b>Choice of Providers</b>	
All care and services must be approved and/or provided by GHC or GHC designated providers. Members may self-refer to most GHC specialists.	All care and services must be approved and/or provided by GHC or GHC designated providers. Members may self-refer to most GHC specialists.
<b>COVERED EXPENSES</b>	
<b>Acupuncture</b>	
Paid at 100% after \$10 copay. Self-referred up to 8 visits per condition per calendar year. Additional visits when approved by plan.	\$15 copay for up to 8 visits per condition per year self-referred. Additional visits when approved by plan.
<b>Alcohol/Drug Abuse Treatment</b>	
Inpatient: Paid at 100% Outpatient: Paid at 100% after \$10 copay	Inpatient: Paid at 100% after \$200 copay per admission Outpatient: Paid at 100% after \$15 copay
<b>Contraceptives</b>	
For contraceptive drugs and devices, see Prescription Drug benefit	For contraceptive drugs and devices, see Prescription Drug benefit
<b>Durable Medical Equipment</b>	
Paid at 80%	Paid at 80%
<b>Emergency Medical Care</b>	
➤ <b>Urgent Care Clinic</b>	
Paid at 100% after \$10 copay	Paid at 100% after \$15 copay
➤ <b>Emergency Room (copays waived if admitted)</b>	
GHC facility: Paid at 100% after \$75 copay Non-GHC facility: Paid at 100% after \$75 copay	GHC facility: Paid at 100% after \$100 copay Non-GHC facility: Paid at 100% after \$100 copay
➤ <b>Ambulance</b>	
Paid at 80% GHC-initiated non-emergency transfers are paid at 100%	Paid at 80% GHC-initiated non-emergency transfers are paid at 100%
<b>Allergy Shots</b>	
Paid at 100% after \$10	Paid at 100% after \$15 copay

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<b>Gender Reassignment Services</b>	
Covered as any other service; copays/coinsurance depend on type and location of service provided.	Covered as any other service; copays/coinsurance depend on type and location of service provided.
<b>Hearing Aids (per ear, every 36 months)</b>	
Not covered	Up to \$1,000
<b>Home Health Care</b>	
Paid at 100% when authorized. No visit limit.	Paid at 100% when authorized. No visit limit.
<b>Hospital Inpatient</b>	
Paid at 100%	Paid at 100% after \$200 copay per admission
<b>Hospital Outpatient</b>	
Paid at 100% after \$10 copay	Paid at 100% after \$15 copay
<b>Hospice</b>	
Paid at 100% when authorized	Paid at 100% when authorized
<b>Maternity Care (delivery and related hospital)</b>	
Paid at 100%	Paid at 100% after \$200 copay per admission
<b>Maternity Care (prenatal and postpartum)</b>	
Paid at 100% after \$10 copay. Routine care not subject to outpatient services copay.	Paid at 100% after \$15 copay. Routine care not subject to outpatient services copay.
<b>Mental Health Care (inpatient)</b>	
Paid at 100%	Paid at 100% after \$200 copay
<b>Mental Health Care (outpatient)</b>	
Paid at 100% after \$10 copay per individual, family or couple session.	Paid at 100% after \$15 copay
<b>Physician Office Visit (routine and specialist)</b>	
Paid at 100% after \$10 copay	Paid at 100% after \$15 copay
<b>Prescription Drugs (retail)</b>	
For a 30-day supply: <b>Generic:</b> \$10 copay <b>Brand:</b> \$10 copay Contraceptive drugs and devices are covered in full. Selected preventive over-the-counter drugs covered at 100% in certain situations. Your pharmacy copays will apply to the annual out of pocket maximum.	For a 30 day supply: <b>Generic:</b> \$15 copay <b>Brand:</b> \$30 copay Contraceptive drugs and devices are covered in full. Selected preventive over-the-counter drugs covered at 100% in certain situations. Your pharmacy copays will apply to the annual out of pocket maximums
<b>Prescription Drugs (mail order)</b>	
For a 90 day supply <b>Generic:</b> \$30 copay <b>Brand:</b> \$30 copay Contraceptive drugs and devices are covered in full. No copay on all smoking cessation prescription drugs through mail-order. Your pharmacy copays will apply to the annual out of pocket maximums.	For a 90 day supply: <b>Generic:</b> \$45 copay <b>Brand:</b> \$90 copay Contraceptive drugs and devices are covered in full. No copay on all smoking cessation prescription drugs through mail-order. Your pharmacy copays will apply to the annual out of pocket maximums.

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<b>Preventive Care</b>	
Paid at 100% Covers adult physical and well child exams and most immunizations and preventive services	Paid at 100% Covers adult physical and well child exams and most immunizations and preventive services
<b>Rehabilitation Services (inpatient)</b>	
Paid at 100% Maximum of 60 days per calendar year for occupational, speech, and physical therapy	Paid at 100% after \$200 copay per admission
<b>Rehabilitation Services (outpatient)</b>	
Paid at 100% after \$10 copay Maximum of 60 visits per calendar year for occupational, speech, and physical therapy	Paid at 100% after \$15 copay Maximum of 60 visits per calendar year for occupational, speech and physical therapy.
<b>Skilled Nursing Facility</b>	
Paid at 100%; maximum of 60 days per calendar year	Paid at 100%. 60 day maximum per calendar year
<b>Smoking Cessation</b>	
Paid at 100% for individual/group sessions through Quit For Life. Nicotine replacement therapy included in Prescription Drugs benefit. No copay on all smoking cessation prescription drugs through mail-order.	Paid at 100% for individual/group sessions through Quit For Life. Nicotine replacement therapy included in Prescription Drugs benefit. No copay on all smoking cessation prescription drugs through mail-order.
<b>Spinal Manipulations</b>	
Paid at 100% after \$10 copay. Self-referral to GHC designated providers. Must meet GHC protocol. Maximum of 10 visits per calendar year.	Paid at 100% after \$15 copay Self-referral to GHC designated providers. Must meet GHC protocol. Maximum of 10 visits per calendar year.
<b>Sterilization Procedures</b>	
Inpatient: Paid at 100% Outpatient: Paid at 100% after \$10 copay Women's sterilization procedures are covered in full	Inpatient: Paid at 100% after \$200 copay Outpatient: Paid at 100% after \$15 copay Women's sterilization procedures covered in full
<b>Temporomandibular Joint Services</b>	
Covered as any other service; copays/coinsurance depend on type and location of service provided.	Covered as any other service; copays/coinsurance depend on type and location of service provided.
<b>Tooth Injury (due to accident)</b>	
Not covered	Not covered
<b>Vision Exam/Hardware</b>	
Exam: Paid at 100% after \$10 copay. One exam every 12 months. Hardware: Not included	Exam: Paid at 100% after \$15 copay. One exam every 12 months. Hardware: Not covered
<b>X-ray and Lab Tests</b>	
Paid at 100%	Paid at 100%