

Group Health - Balance 1250

\$1,250 Deductible

Family deductible maximum is 3x individual deductible.



GroupHealth

All benefits shown below are out of network benefits using the First Choice network, www.fchn.com

(Beech Street nationwide). If you go outside the First Choice network, you will be responsible for amount billed above the allowed amount.

See Group Health summary for in-network benefits which include office visits and x-ray/lab without deductible.

Before the deductible is met: These benefits are not subject to the deductible:

- 1. Preventive Care is paid at 100% to \$300 per calendar year.**
Well adult and well child physicals, immunizations, pap smears, mammogram, prostate/colorectal cancer screening. (\$600 family annual benefit maximum)
- 2. Vision Care – \$30 of eye exam fee will be reimbursed per 12 months.**
Vision hardware is covered up to \$200 per 12 months, paid at 100%
- 3. Prescription Drugs – \$3,000 maximum** per person per calendar year (not subject to deductible)
Includes birth control pills and mental health drugs.
*Must use generic when there is an exact generic equivalent.
 - Tier 1 (Generic) = \$15 retail co-pay, mail order available only in-network
 - Tier 2* (Brand Name Formulary) = 30% co-pay for retail or mail order
 - Tier 3* (Non-Formulary) = 50% co-pay for retail or mail order

After the deductible has been met, all other covered benefits are provided.

- **Office Visits \$30 co-pay**
- **Lab and X-ray services 100%**
- **\$150 Emergency room co-pay** (waived if admitted), plus 20% co-insurance.
- **20% co-insurance for hospital and physician services**
- **Hospital inpatient co-pay of \$200 per day up to first 5 days per admission.**
- **\$5,000 annual co-insurance max**, plus deductible and co-pays (After deductible, you pay 20% of the next 25,000 (\$5,000 max), then Group Health covers 100% of allowable charges to 2 million)
- **2 million lifetime maximum**
- **Inpatient rehabilitation – 30 days PCY**
- **Outpatient rehabilitation - 60 visits PCY** (including massage therapy)
- **Includes inpatient/outpatient mental health**
- **Includes 24 hour “on the job” coverage** Subscriber only (if not covered by L&I)
- **Includes maternity coverage**
- Spinal manipulations, 10 PCY, \$30 co-pay
- Acupuncture, 8 PCY, \$30 co-pay
- Naturopath, 3 visits PCY, \$30 co-pay

WESTERN WASHINGTON[‡] BALANCE \$1250

	NON-SMOKER	SMOKER
Dependent child under 25*	\$146	\$146
Adult age 24 or under	\$231	\$277
25–29	\$280	\$336
30–34	\$293	\$350
35–39	\$271	\$325
40–44	\$283	\$339
45–49	\$323	\$387
50–54	\$399	\$481
55–59	\$477	\$572
60–64	\$615	\$739

When three or more children are covered, the first two up to age 25 are billed.

*This flyer was prepared by the **Health Insurance Connection, Inc.**

(253) 848-7653

www.healthinswa.com

This is a brief summary of benefits and is not a certificate of coverage. For full coverage provisions, including a description of waiting periods and limitations, refer to a benefit brochure and contract. This summary is not a contract.

Rates guaranteed until July 1, 2011.

05/10

Group Health - Balance 1750

\$1,750 Deductible

Family deductible maximum is 3x individual deductible.



GroupHealth

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(Beech Street nationwide). If you go outside the First Choice network, you will be responsible for amount billed above the allowed amount.

See Group Health summary for in-network benefits which include office visits and lab/x-ray without deductible.

Before the deductible is met: These benefits are not subject to the deductible:

- 1. Preventive Care is paid at 100% to \$300 per calendar year.**
Well adult and well child physicals, immunizations, pap smears, mammogram, prostate/colorectal cancer screening. (\$600 family annual benefit maximum)
- 2. Vision Care – \$30 of eye exam fee will be reimbursed per 12 months.**
Vision hardware is covered up to \$200 per 12 months, paid at 100%
- 3. Prescription Drugs – \$3,000 maximum per person per calendar year (not subject to deductible)**
Includes birth control pills and mental health drugs.

*Must use generic when there is an exact generic equivalent.

Tier 1 (Generic)	= \$15 retail co-pay, mail order available only in-network
Tier 2* (Brand Name Formulary)	= 30% co-pay for retail or mail order
Tier 3* (Non-Formulary)	= 50% co-pay for retail or mail order

After the deductible has been met, all other covered benefits are provided.

- **Office Visits \$30 co-pay**
- **Lab and X-ray services 100%**
- **\$150 Emergency room co-pay (waived if admitted), plus 30% co-insurance.**
- **30% co-insurance for hospital and physician services**
- **Hospital inpatient co-pay of \$200 per day up to first 5 days per admission**
- **\$6,000 annual co-insurance max, plus deductible & co-pays**
(After deductible, you pay 30% of the next 20,000 (\$6,000 max), then Group Health covers 100% of allowable charges to 2 million)
- **2 million lifetime maximum**
- **Inpatient rehabilitation – 30 days PCY**
- **Outpatient rehabilitation - 60 visits PCY**
(including massage therapy)
- **Includes inpatient & outpatient mental health**
- **Includes 24 hour “on the job” coverage**
Subscriber only (if not covered by L&I)
- **Includes maternity coverage**
- **Spinal manipulations, 10 PCY, \$30 co-pay**
- **Acupuncture, 8 PCY, \$30 co-pay**
- **Naturopath, 3 visits PCY, \$30 co-pay**

WESTERN WASHINGTON[‡] BALANCE \$1750

	NON-SMOKER	SMOKER
Dependent child under 25*	\$122	\$122
Adult age 24 or under	\$196	\$235
25–29	\$237	\$285
30–34	\$248	\$296
35–39	\$229	\$275
40–44	\$240	\$287
45–49	\$274	\$328
50–54	\$338	\$405
55–59	\$403	\$485
60–64	\$521	\$625
65 +	\$521	\$625

When three or more children are covered, the first two up to age 25 are billed.

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