

Group Health Core Silver

Core plans combine high-quality care and great value. Core plans are a good choice if you qualify for financial assistance through Washington Healthplanfinder, or if you are looking for one of our lower-cost plans. Core plans give you access to the same network of providers previously known as the Group Health network.

Effective Jan. 1, 2014. Available through Washington Healthplanfinder.

COVERAGE			
Annual deductible Deductible does not apply to services noted with ♦	\$1,500 per member or \$3,000 per family		
Member coinsurance	20%		
Out-of-pocket limit	\$6,350 per member or \$12,700 per family		
BENEFITS			
	After deductible is met, you pay:		
Office visits	\$20 primary / \$30 specialty copay per visit		
Preventive care services	Covered in full ♦		
Maternity care Routine outpatient prenatal and postpartum visits	Covered in full ♦		
Labor and delivery	20% coinsurance		
Chiropractic/manipulative therapy 10 visits PCY	\$20 primary / \$30 specialty copay per visit		
Acupuncture 12 visits PCY	\$20 primary / \$30 specialty copay per visit		
Lab/X-ray services	20% coinsurance		
Devices, equipment, and supplies (including prosthetics)	20% coinsurance		
Outpatient surgery	20% coinsurance		
Emergency care	\$150 copay + 20% coinsurance		
Ambulance	20% coinsurance		
Hospital stays—inpatient	20% coinsurance		
Skilled nursing 60 days PCY	20% coinsurance		
Pediatric vision 1 routine exam PCY; Hardware—1 pair of lenses and frames or contacts PCY	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 COPAYS APPLY TO:

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

SPECIALTY CARE COPAYS APPLY TO: Allergy and Immunology • Anesthesiology • Cardiology (pediatric and cardiovascular disease) • 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.