

Your Medical Coverage

We recognize your health care needs are unique. What you and your family need in a health plan may not be the same as the family next door; therefore, for 2011, we will offer a *choice* of three (3) medical options offered by Blue Cross Blue Shield:

Plan A: With this 80% Plan, you will see higher Member contributions and a higher level of benefits. This coverage will cost more up front; however, your share of the cost may be lower when you need medical care depending on the provider you choose.

Plan B and C: These are HDHP Plans that are HSA qualified. An HSA provides a tax vehicle to set aside money for current and future medical expenses. In fact, HSAs are triple-tax-advantaged. Contributions go into the account on a tax-free basis, earnings on contributions grow tax-free, and distributions from the account (as long as they are for qualified medical expenses) are paid out tax-free.

Medical ID Cards

*If you elect medical coverage, you will be receiving a new medical identification card prior to **January 1**. Keep the new card with you at all times so that you will have it available when you need medical services. The card identifies your medical plan and gives instructions for providers on where to send claim information.*

Pre-Admission Certification (PAC) is required for **all** hospital admissions except emergency or maternity delivery admissions. Please notify BCBS with forty-eight (48) hours of an emergency or maternity admission.

PAC Certification determinations are available by phone through BCBS pre-certification staff twenty-four (24) hours a day, seven (7) days a week for urgent/non-elective care that must be performed within twenty-four (24) hours after the PAC request, without which a significant threat to the patient's health or well-being will be posed. Your contract provides Covered Services when outpatient services are Medical Necessary. Certain outpatient procedures require pre-certification from BCBSGA. Such services include, but are not limited to, outpatient surgical procedures, diagnostic imaging procedures, laboratory services, and Durable Medical Equipment. This outpatient pre-certification is a requirement for both In-Network and Out-of-Network benefits. Please contact BCBSGA for a detailed listing.

Emergency services **do not** require pre-certification.

Your Medical Coverage (continued)

The **Medical Plan Comparison Chart** explains the benefit levels available in each of the plans offered. You are responsible for knowing the benefits available in your medical plan, including deductibles, co-pays, prior authorization requirements, and benefit exclusions. Summary plan descriptions, which contain complete details of the plan provisions, are available on the Wealth Advisor Benefits Plan website, www.wealthadvisorbenefits.com. Hard copies are available upon request.

2011		Plan A		Plan B (HSA)		Plan C (HSA)	
Medical Plan Comparison		What you Pay:		What you Pay:		What you Pay:	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible							
Individual		\$2,000	\$4,000	\$3,000		\$2,500	
Family		\$6,000	\$12,000	\$6,000		\$5,000	
Out-of-Pocket Expense Max							
Individual		\$2,000	\$4,000	\$5,000	\$10,000	\$2,500	\$5,000
Family		\$6,000	\$12,000	\$10,000	20,000	\$5,000	\$10,000
Lifetime Maximum		unlimited		unlimited		unlimited	
Coverage Levels							
Preventive Care Office Visits		plan pays 100%	40% after Ded.	plan pays 100%	30% after Ded.	plan pays 100%	30% after Ded.
Physician Office Visits		\$25 copay	40% after Ded.	plan pays 100%	30% after Ded.	plan pays 100%	30% after Ded.
Specialist Office Visits		\$25 copay	40% after Ded.	plan pays 100%	30% after Ded.	plan pays 100%	30% after Ded.
Inpatient Hospital Care (Daily room, board and general nursing care at semi-private room rate)		20% after Ded.	40% after Ded.	plan pays 100%	30% after Ded.	plan pays 100%	30% after Ded.
Inpatient Physician Care (surgeon, anesthesiologist, radiologist, pathologist, etc.)		20% after Ded.	40% after Ded.	plan pays 100%	30% after Ded.	plan pays 100%	30% after Ded.
Outpatient Facility/hospital charges		20% after Ded.	40% after Ded.	plan pays 100%	30% after Ded.	plan pays 100%	30% after Ded.
Pharmacy							
Retail (31-day supply)							
Preferred Generic		\$15		20% after Ded.		20% after Ded.	
Preferred Brand		\$30		20% after Ded.		20% after Ded.	
Non-Preferred Brand		\$60		20% after Ded.		20% after Ded.	
90-day supply)		\$60		Not Covered		Not Covered	
Cost							
Member Only		\$702.96		\$498.36		\$583.89	
Member + Spouse		\$1,405.92		\$996.71		\$1,167.79	
Member + Child		\$1,335.63		\$946.88		\$1,109.40	
Member + Family		\$2,108.87		\$1,495.06		\$1,749.57	

Your Dental Coverage



By providing coverage for routine preventive care, a comprehensive dental plan encourages Members to maintain a healthy lifestyle and good oral hygiene by seeking dental check-ups on a regular basis. During routine exams, a dentist checks for early signs of tooth decay, often catching minor problems before they become larger and more costly to treat. But the benefits of regular dental screenings extend beyond healthy teeth and gums.

The chart below provides a brief summary of the benefits provided by Blue Cross Blue Shield.

Benefit Provisions	2011 Dental Plan
Deductibles	
Single	\$50
Family	\$150
Percentage Covered by Plan	
Preventive	100%
*Basic	80% after deductible
*Major	50% after deductible
Orthodontia	50% after deductible
Annual Maximum	\$1,000 paid per participant
Orthodontia Lifetime Maximum	\$1,000
Orthodontia Limiting Age	19
Premium / Month	
Member Only	\$41.82
Member + Spouse	\$83.63
Member + Child(ren)	\$79.44
Family	\$125.45

* You are responsible for reading contents of contract details.

Your Vision Coverage

VSP is the provider of your vision coverage.

The chart below details the benefits available.

You may also access the www.vsp.com web page for more information.



Vision Service Plan	Coverage
Eye Exam	\$10
Material Co-Pay	\$25
Frames	Covered once every (24) months
Lenses	Covered once every (12) months
Contact Lenses (necessary)	\$135 allowance
Premium / Month	
Member Only	\$ 8.30
Member + 1	\$12.02
Family	\$21.57