

# Graduate Research Assistant (GRA) Healthcare Plan Option - Summary of Plan Benefits



This plan uses the Blue Cross and Blue Shield of Georgia (BCBSGa) Open Access POS network of providers for healthcare services and CVS/caremark pharmacy network for the prescription drug coverage. Under this healthcare plan, you have the option of covering (1) yourself, or (2) yourself and any eligible child dependents. Spousal coverage is not available under this plan, therefore, family coverage under this plan includes you and your dependent child or children. This plan does not meet the Federal Guidelines for international students holding F-1 or J-1 visas.

Benefit	In-Network BCBSGa Open Access POS	Out-of-Network
<b>Lifetime Maximum</b>	None	None
<b>Maximum Annual Deductible — Medical</b> All services are subject to deductible	\$3,250 Individual/\$6,500 Family For single coverage, once the \$3,250 deductible is met, claims will be paid at 50%. If two or more individuals are covered, the \$6,500 deductible must be met in total (from one or a combination of all covered members) before the plan pays 50%.	\$6,500 Individual/\$13,000 Family For single coverage, once the \$6,500 deductible is met, claims will be paid at 50%. If two or more individuals are covered, the \$13,000 deductible must be met in total (from one or a combination of all covered members) before the plan pays 50%.
Deductibles cannot be accumulated together for in- and out-of-network services		
<b>Maximum Annual Out-of-Pocket Limit</b>	\$5,250 Individual \$10,500 Family	\$10,500 Individual \$21,000 Family
Deductibles, coinsurance and out-of-pocket maximums accumulate separately for in-network and out-of-network services. Pharmacy benefits are subject to separate deductibles and out-of-pocket limits. The maximum annual out-of-pocket limit is the maximum amount an individual or family would pay out of pocket during the year for medical expenses under the plan and does not apply to the following: non-covered items, plan premiums, and balance billing due to out-of-network services.		
<b>Out-of-State/Out-of-Country coverage</b>	In-network coverage that is out-of-state utilizes the BlueCard® National network and out-of-county uses the BlueCard® WorldWide network.	
<b>Primary Care/Office Visit</b>	50% of in-network rate	50% of out-of-network rate
<b>Wellness/Preventive Care</b>	Paid at 100% of network rate; not subject to deductible	Not covered
<b>Specialist Office Visit</b>	50% of in-network rate	50% of out-of-network rate
<b>Laboratory Services</b>	50% of in-network rate	50% of out-of-network rate
<b>Maternity Care</b>	50% of in-network rate	50% of out-of-network rate
<b>Surgery in-office</b>	50% of in-network rate	50% of out-of-network rate
<b>In-Patient Hospital Services</b>	50% of in-network rate	50% of out-of-network rate
<b>Out-Patient Hospital Services</b>	50% of in-network rate	50% of out-of-network rate
<b>Urgent Care</b>	50% of in-network rate	50% of out-of-network rate
<b>Emergency Room</b>	50% of in-network rate	50% of out-of-network rate

Note: Annual deductibles, annual maximum out-of-pocket limits, and annual visit limitations are based on a January 1 – December 31 plan year. For questions regarding the plan services or network, contact BCBSGa at 1-800-424-8950.

**Pharmacy Benefits** — Pharmacy Benefits are provided by CVS/caremark.

<b>Annual Deductible</b> All services are subject to deductible	\$500 Single \$1,000 Employee + Child(ren) Deductible must be met before plan benefits will pay; \$1,000 Family deductible may be met by one or all covered members.
<b>Generic</b>	50% after deductible
<b>Preferred Brand</b>	50% after deductible
<b>Non-preferred Brand</b>	50% after deductible

Note: Coverage is only for in-network.

<b>Annual Out-of-Pocket Maximum</b>	The annual out-of-pocket maximum amounts for members who obtain generic and preferred brand-name prescriptions are as follows: \$1,900 Single \$3,800 Family Upon reaching the annual out-of-pocket maximum, out-of-pocket costs for generic and brand-name prescriptions will be waived for the remainder of the plan year.
<b>Step Therapy and Prior Authorizations</b>	Some medications are not covered unless you receive approval through a coverage review (prior authorization). This review uses plan rules based on FDA-approved prescribing and safety information, clinical guidelines and uses that are considered reasonable, safe and effective. There are other medications that may be covered, but with limits (for example, only for a certain amount or for certain uses) unless you received approval through a review. During this review, CVS/caremark asks your doctor for more information than what is on the prescription before the medication may be covered under your plan. If you go to a pharmacy and you are informed that your prescription cannot be filled because it requires a prior authorization, please have your physician contact CVS/caremark to complete the coverage review.
<b>Other Information</b>	If the member purchases a preferred brand-name prescription drug that is not indicated as "Brand Necessary," and there is a generic equivalent available; only the generic member coinsurance will be applied to the annual out-of-pocket member benefit. The difference in cost between the generic equivalent and the preferred brand-name medication will NOT apply to the annual maximum out-of-pocket member benefit.

Pharmacy Benefits Information CVS/caremark: 1-877-362-3922 TDD: 1-800-231-4403



## 2017 Monthly Rates

	Monthly Rate
<b>Single Coverage (GRA Only)</b>	<b>\$94</b>
Employer	\$312
Total Rate	\$406
<b>Family Coverage (GRA &amp; Eligible Child(ren))</b>	<b>\$419</b>
Employer	\$312
Total Rate	\$731

IMPORTANT: A \$75 monthly tobacco surcharge will be applied to you and/or your covered dependent(s) age 18+ who use tobacco. Certification is required upon enrollment in the GRA Healthcare plan option. If you do not certify, your status will default to tobacco user and a \$75 monthly surcharge will be added to your premium.

### Plan Eligibility

**Graduate Research Assistants:** Graduate Research Assistants who have a research component as part of their job duties will be eligible for the GRA Healthcare Option. If you have questions about your eligibility for or enrollment in this plan, please contact your institution's Human Resources/Benefits Office.

**Eligible Dependents:** Your natural, adopted, or step child(ren) up to age 26; your disabled child(ren) with proof of disability.

### Electing Coverage

You will have the opportunity to elect/change coverage (unless you experience a Qualifying Event) when you initially become eligible and then once a year. Upon graduation or movement to a position in which you are no longer eligible for coverage, you will have the option to continue coverage through COBRA and would be responsible for paying the full cost of the premium plus a 2% administrative fee.

### Making Changes to Your Benefits - Qualifying Events

To make benefit changes as a result of your Life Status Change (Qualifying Event), you must notify your Human Resources/Benefits Office within 30 days of the qualifying event and provide proof of your status change event. You will also need to complete and submit your enrollment or election change. Please contact your Human Resources/Benefits Office for more information. An example of a Qualifying Event is birth or adoption of a child.

### Member ID Cards

You will receive a Member ID card upon enrollment in this plan.

This material is for informational purposes and is not a contract. It is intended to highlight principal benefits only. Every effort has been made to be as accurate as possible; however, should there be a difference between this information and the Plan documents, the Plan documents govern. It is the responsibility of each member to read all Plan-provided materials to fully understand the provisions of the plan.