

GMS Mine Repair / Pioneer Conveyor Health Care Plan

MEDICAL BENEFITS Lifetime Maximum \$1,000,000		
Benefit	In-Network	Out-of-Network
Calendar Year Deductible	\$100 per person \$200 per family	\$500 per person \$1,000 per family
Out-of-Pocket Maximum (does not include deductibles; copays; penalty amounts; ineligible charges)	N/A N/A	\$2,500 per person + deductible \$5,000 per family + deductible
<u>Hospital Services</u> -Inpatient -Outpatient -Anesthesia	100% after \$150 copay 100% 100%	70% after deductible 70% after deductible 70% after deductible
<u>Urgent/Emergency Services</u> -Urgent Care Center -Emergency Room	100% after \$25 copay 100% after \$125 copay	70% after deductible 70% after deductible
<u>Physician Services</u> -Office Visits -Surgery (Outpatient) in MD office -Surgery (Outpatient) at Hospital -Surgery (Inpatient)	100% after \$15 copay 100% after \$15 copay 100% after \$100 copay 100%	70% after deductible 70% after deductible 70% after deductible 70% after deductible
Laboratory & X-Ray	100% after \$15 copay	70% after deductible
<u>Preventive Care (Age 2 and over)</u> -Physical Exam & Related Tests <i>\$250 calendar year maximum</i> -GYN Exam & PAP Test -Mammogram -Immunizations	100% after \$15 copay	70% after deductible
<u>Well Baby Care (Birth to age 2)</u> -Physical Exam & Related Tests -Immunizations	100% after \$15 copay	70% after deductible
Home Health Care <i>100 visit per calendar year maximum</i>	100%	70% after deductible
Chiropractic Care (Office Visit) <i>\$1000 calendar year maximum</i>	100% after \$15 copay	70% after deductible
<u>Mental & Nervous (MN) and Alcohol & Substance Abuse Services (ASAS)</u> ASAS Inpatient ASAS Outpatient MN Inpatient MN Outpatient	100% after \$150 copay 100% after \$15 copay 100% after \$150 copay 100% after \$15 copay	70% after deductible 70% after deductible 70% after deductible 70% after deductible

PRESCRIPTION DRUG BENEFITS

Prescription Drugs

Participating Pharmacies (30 day supply)
Mail Order (90 day supply)

\$5 generic / \$30 preferred brand / \$50 brand
\$10 generic / \$60 preferred brand / \$100 brand

Network – One Net PPO

Directories available @ www.onenetppo.com
Member Services: 1-800-342-3289

Network – Beech Street PPO

Directories available @ www.beechstreet.com
Member Services: 1-800-432-1776

Network – MultiPlan, Inc.

Directories available @ www.multiplan.com
Member Services: 1-888-342-7427

Plan Administrator

Self Funding Administrators
PO Box 6596
Annapolis, MD 21401
<http://www.self-funding-admin.com>

Telephone: 410-757-4200 (Locally)
800-424-8611
Fax: 410-349-9724
Customer Service- available M-F 8:30am to 5:00 pm EST

PHARMACY BENEFIT MANAGER: Express Scripts
PHONE NUMBER : 1.800.451.6245
WEB ADDRESS: <http://www.expressscripts.com>

Life & AD&D: Companion Life
PHONE NUMBER: 1.800.888.8888
WEB ADDRESS: <https://www.companionlife.com>

Deciding which network to choose:

There are three networks to choose from. They vary in the amount of facilities and doctors that are in your immediate area. To choose the best network for your needs, please visit all of the networks websites. The websites are:

www.onenetppo.com

www.beechstreet.com

www.multiplan.com

Each website has an option to search the directory for your area.

Once you have checked out the websites and you still have questions on which network you should choose, please contact the main office at (301) 334-8186 ext 205. A network must be chosen to be enrolled in Insurance Benefits. If forms are returned with no network choice, you will not receive benefits.

Effective 11/01/2010, All employees who elect to enroll a spouse and/or dependent(s) are required to provide proof of dependent status when completing benefit enrollment paperwork. Copies of these documents must be submitted with enrollment forms. Dependents will not be enrolled without required documentation.

SPOUSE:	Copy of marriage certificate
DEPENDENT CHILD:	Copy of birth certificate naming employee as parent; or Copy of adoption papers; or Copy of court order establishing responsibility for insurance benefits.
DEPENDENT STEPCHILD:	Copy of prior year's tax return showing child claimed; or Copy of other documents attesting that the spouse is the custodial parent with responsibility for maintenance, etc.