GAHP PPO & PPO D-2 Plan
Out-of-Network Comparison
Effective 1/1/25

	GAHP PPO Plan	GAHP PPO D-2 Plan
Plan Features		
Primary Care Physician (PCP)	Not Required	Not Required
Referrals	Not Required	Not Required
Network	BCBS PPO Network	BCBS PPO Network
Out-of-Network Benefits	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
Out-of-Area Benefits	Coverage provided worldwide through the BlueCard® program.	Coverage provided worldwide through the BlueCard® program.
Student/Dependent Coverage	Qualified dependents covered to age 26.	Qualified dependents covered to age 26.
Domestic Partner Coverage	Not Covered	Not Covered
Plan Cost Sharing Highlights		
Office Visit Copay *(PCP)*	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
Office Visit Copay *(Specialist)*	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
Coinsurance	20%	40%
Deductible (Calendar Year)	$250 per member, $500 per 2-person and $750 per family	$750 per member, $1,500 per 2-person and $2,250 per family
Annual Out-of-Pocket (OOP) Maximum (Calendar Year) All cost shares will accumulate to the out-of-pocket maximum for either in-network or out-of-network, to include deductibles, coinsurances, office visit copayments and prescription copayments.	$3,300 per member $6,600 per 2-person and $9,900 per family There are certain out-of-network benefits that accumulate towards the in-network annual out-of-pocket maximum as noted in the Benefit Booklets pages 2-7.	$2,475 per member $4,950 per 2-person and $7,425 per family There are certain out-of-network benefits that accumulate towards the in-network annual out-of-pocket maximum as noted in the Benefit Booklets pages 2-7.
Lifetime Maximum	None	None
Plan Benefits		
Routine Preventive Healthcare Services All Routine Preventive Services follow Federal Guidelines and American Pediatric Guidelines		
Well Child Visits	Covered in full	Covered in full
Routine Adult Physical	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
Adult Immunizations	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.

GAHP PPO & PPO D-2 Plan
Out-of-Network Comparison
Effective 1/1/25

	GAHP PPO Plan	GAHP PPO D-2 Plan
Mammography	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
Cervical Cancer Screening	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
OB/GYN Exam	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
Prostate Cancer Screening	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
Colonoscopy	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
Physician's Office Services		
Diagnostic Office Visits	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
Telemedicine (MDLive)	No Benefit Available	No Benefit Available
Diagnostic X-Rays * (MRI, MRA, PET, CAT scans)	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
Diagnostic Laboratory and Pathology	Covered in full	Covered at 60%, subject to the deductible.
Allergy Tests	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
Allergy Injections	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
Chemotherapy	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
Radiation Therapy	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
Maternity Services		
Prenatal and Postnatal Office Visits	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
Hospital and Physician Care for Mother (including delivery)	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
Newborn Nursery Care	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
Fertility Treatment For PPO and D-2, see Benefit Booklet (page 17) for more details.	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.

GAHP PPO & PPO D-2 Plan
Out-of-Network Comparison
Effective 1/1/25

	GAHP PPO Plan	GAHP PPO D-2 Plan
Inpatient Hospital Services		
Hospital Services *	Covered at 80%, subject to the deductible for unlimited days in semi-private room and all medically necessary services.	Covered at 60%, subject to the deductible for unlimited days in semi-private room and all medically necessary services.
Physician Visits in the Hospital	Covered at 80%, subject to the deductible for unlimited visits.	Covered at 60%, subject to the deductible for unlimited visits.
Inpatient Physical Rehabilitation	Covered at 80%, subject to the deductible for unlimited days.	Covered at 60%, subject to the deductible, for up to 60 days per member per calendar year.
Surgery	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
Anesthesia	Covered in full.	Covered at 60%, subject to the deductible.
Emergency Services		
Emergency Room Care	$150 copay per visit, unless admitted as an inpatient to the hospital within 24 hours	$250 copay per visit, unless admitted as an inpatient to the hospital within 24 hours
Freestanding Urgent Care Center	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
Ambulance	$50 copay	$75 copay
Air Ambulance	Covered in full up to $500, then covered at 80% coinsurance	Covered at 80%, subject to the deductible.
Outpatient Hospital Services		
Diagnostic X-Rays * (MRI, MRA, PET, CAT scans)	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
Diagnostic Laboratory and Pathology	Covered in full.	Covered at 60%, subject to the deductible.
Pre-Admission Testing	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
Surgical Care	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
Diagnostic Colonoscopy	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
Chemotherapy	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
Radiation Therapy	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.

GAHP PPO & PPO D-2 Plan
Out-of-Network Comparison
Effective 1/1/25

	GAHP PPO Plan	GAHP PPO D-2 Plan
Mental Health and Chemical Dependency Services		
Inpatient Mental Health Care *	Covered at 80%, subject to deductible.	Covered at 60%, subject to the deductible.
Outpatient Mental Health Care	Covered at 80%, subject to deductible.	Covered at 60%, subject to deductible.
Inpatient Chemical Dependency Care *	Covered at 80%, subject to deductible.	Covered at 60%, subject to the deductible.
Outpatient Chemical Dependency Care	Covered at 80%, subject to deductible.	Covered at 60%, subject to the deductible.
Other Services		
Prescription Drug	No Benefit Available	No Benefit Available
Diabetic Insulin & Supplies	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
Diabetic Equipment	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
Outpatient Therapy (PT, OT, Speech)	Covered at 80%, subject to the deductible, no maximum.	Covered at 60%, subject to the deductible. Up to 45 visits for physical, speech and occupational therapy combined per member per calendar year.
Skilled Nursing Facility *	Covered at 80%, subject to the deductible for unlimited days.	Covered at 60%, subject to the deductible for up to 120 days per calendar year.
Home Care *	Covered at 80%, subject to a separate $50 deductible for unlimited days per calendar year.	Covered at 75%, subject to a separate $50 deductible for unlimited days per calendar year.
Hospice	Covered at 80%, subject to the deductible for unlimited days per calendar year.	Covered at 60% subject to the deductible for unlimited days per calendar year.
Durable Medical Equipment *	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible
Internal and External Prosthetics	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
Foot Care	Not covered for services related to routine care of the feet, including but not limited to corns, calluses, flat feet, fallen arches, strain, toenails, or symptomatic complaints of the feet.	
Foot Orthotics	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
Chiropractic	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.

GAHP PPO & PPO D-2 Plan
Out-of-Network Comparison
Effective 1/1/25

	GAHP PPO Plan	GAHP PPO D-2 Plan
Acupuncture	Covered at 80%, subject to the deductible.	Covered at 50%, subject to deductible, for up to 10 visits per calendar year.
Dental	Covered at 80%, subject to deductible, when related to an accidental injury to sound natural teeth when services are rendered within 365 days of the accident.	Covered at 60%, subject to the deductible, when related to an accidental injury to sound natural teeth when services are rendered within 365 days of the accident.
Eye Exams	Diagnostic, related to disease or injury, covered at 80%, subject to the deductible. No coverage for routine eye exams or refractions.	Diagnostic, related to disease or injury, covered at 60%, subject to the deductible. No coverage for routine eye exams or refractions.
Hearing (Diagnostic)	Covered at 80%, subject to the deductible for hearing exams. No coverage for routine hearing exams. Hearing aids not covered.	Covered at 60%, subject to the deductible for hearing exams. No coverage for routine hearing exams. Hearing aids not covered.
Hearing (Routine)	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
*** Prior Authorization required by your provider for benefits as noted with asterisk on all Plans.**		
This is not a contract or binding agreement; it is a summary of benefits and services. For complete details, please refer to your member contract.		