

UAW General Motors 2008 Benefit Summary GA Effective 1-01-08

This is intended to serve as an easy-to-read summary of benefits. It is not a contract. It does not modify or take the place of the Subscriber Contract and/or applicable rider(s). Services must be obtained from participating plan physicians and providers. **Please refer to the Subscriber Contract and applicable rider(s) for a complete description of the specific benefits available.**

Services	Member Responsibility	
Preventive Services		
Periodic Routine Physical Exam	\$25 Office Visit Copay	
Annual Gynecological Exam	\$25 Office Visit Copay	
Well-Baby and Well Child Care	\$25 Office Visit Copay	
Immunizations	100% coverage	
Mammography Screening	100% coverage	
Prostate Cancer Screening	100% coverage	
Physician Office Services		
Primary Care Physician Office Visit	\$25 Copay per Visit	
Specialist Office Visit	\$25 Copay per Visit	
Maternity Care, including Prenatal and Postpartum	100% coverage after initial \$25 Office Visit Copay	
Emergency Medical Care		
Hospital Emergency Room	In Service Area	\$15 per Visit; waived only when admitted
	Out of Service Area	100% coverage. Notify HealthPlus within 24 hours
Freestanding Emergency center or Urgent Care Center	In Service Area	\$15 per Visit; waived when authorized by a Plan Physician
	Out of Service Area	100% coverage
Ambulance Services	100% coverage for immediate transportation in conjunction with an accident or other life-threatening situation. \$25 Copay for other use.	
Diagnostic Services		
Laboratory and Pathology Tests	100% coverage	
X-Rays and other Diagnostic and Therapeutic Radiological Services	100% coverage	
Hospital Services		
Inpatient Care	100% coverage	
Outpatient Surgery	100% coverage	
Other Outpatient Services	100% coverage	
Alternatives to Hospital Care		
Skilled Nursing Facility	100% coverage	
Hospice Care	100% coverage	
Home Health Care (does not cover custodial care or general housekeeping services)	100% coverage	

Mental Health Care	
Inpatient Care	100% coverage up to 45 days per year; renewable after 60 days of non-confinement
Outpatient Care	100% coverage; limited to 20 Visits per year
Substance Abuse Services	
Inpatient Care	100% coverage
Outpatient Care	100% coverage
Prescription Drugs	
Retail	
Generic	\$5 Copay per prescription
Brand	\$11 Copay per prescription
Erectile Dysfunction Drugs	\$16 Copay per prescription
90-Day supply at Participating "Ask for 90" Retail Pharmacies or Mail Order through Express Scripts	
Generic	\$11 Copay per prescription
Brand	\$16 Copay per prescription
Erectile Dysfunction Drugs	\$19 Copay per prescription
Mandatory 90-Day Prescriptions (for most chronic medications)	
<ul style="list-style-type: none"> • Through a local participating Ask for 90 Rx pharmacy, OR • Through mail order with Express Scripts 	
Mandatory Specialty Drug Program (for specific self-injected medications)	
Other Services	
Allergy Testing and Therapy	100% coverage
Short-Term Outpatient Physical, Speech and Occupational Therapy	100% coverage
Durable Medical Equipment	100% coverage
Prosthetic and Orthotic Appliances	100% coverage
Hearing Aids	100% coverage

Not Covered: (For a more complete list, please see your Benefit Rider; Benefit Limitations and Exclusions Section)

- Services not provided or authorized by your primary care physician, except for emergencies
- Services and supplies that are not medically necessary, except checkups and related care to help maintain good health
- Dental care
- Cosmetic surgery
- Custodial care
- Eye glasses or contact lenses (except for the initial pair prescribed after cataract surgery)
- Exams for employment, licensing, insurance, travel, education, or sport purposes
- Services to the extent benefits are received or payable under Workers' Compensation, any insurance plan or state or federal laws
- Experimental treatments
- Vocational rehabilitation
- Personal or comfort items, such as television or telephone
- Orthopedic footwear (unless attached to a brace, or outflow shoes)
- Sex transformation surgery and all expenses connected with that surgery
- Reversals of voluntary sterilization, all forms of in vitro fertilization, transsexual surgery, all services related to surrogate parenting arrangements, and all associated services and preparatory treatment related to any of the above. Artificial insemination is not a benefit except when approved by a Plan Physician for treatment of infertility
- Wigs or prosthetic hair
- Services or supplies from convalescent homes, homes for the aged, or adult foster care facilities
- 24-hour skilled nursing care in the home
- Private duty nursing
- Routine foot care
- All other benefit limitations and exclusions listed in the HealthPlus Subscriber Contract and applicable rider(s)