

2015 Medical Plan Coverage

The Medical Plan coverage chart below outlines your 2015 benefits coverage for both the Health Savings Plan and the Traditional Health Plan.

	Health Savings Plan		Traditional Savings Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar-Year Deductible				
• Employee-Only	\$1,500	\$4,000	\$750	\$1,875
• Employee + Dependent(s)	\$3,000	\$8,000	\$1,500	\$3,750
Annual Out-of-Pocket Maximum¹				
• Employee-Only	\$4,000	\$8,000	\$4,250	\$8,000
• Employee + Dependent(s)	\$8,000	\$12,000	\$8,500	\$12,000
Services	Plan Pays		Plan Pays	
Preventive care²	100%; no deductible	70% of R&C ³ after deductible	100%; no deductible	60% of R&C after deductible
Primary Care Physician Office Visits	90% after deductible	70% of R&C after deductible	100% after \$30 copay per visit	60% of R&C after deductible
Specialist Office Visits	90% after deductible	70% of R&C after deductible	100% after \$55 copay per visit	60% of R&C after deductible
Chiropractic Care Visits (maximum 20 visits/year)	90% after deductible	70% of R&C after deductible	100% after \$55 copay per visit	60% of R&C after deductible
Physical, Speech and Occupational Therapy Outpatient Visits (maximum 60 combined visits/year)	90% after deductible	70% of R&C after deductible	100% after \$55 copay per visit	60% of R&C after deductible
Diagnostic, Lab and X-ray Services	90% after deductible	70% of R&C after deductible	80% after deductible	60% of R&C after deductible
Durable Medical Equipment	90% after deductible	70% of R&C after deductible	80% after deductible	60% of R&C after deductible
Hospital • Inpatient and Outpatient	90% after deductible	70% of R&C after deductible	80% after deductible	60% of R&C after deductible
Maternity Care • Prenatal visits • Delivery charge	100%; no deductible 90% after deductible	70% of R&C after deductible	100%; no deductible 80% after deductible	60% of R&C after deductible
Urgent Care Visit	90% after deductible	70% of R&C after deductible	100% after \$60 copay	60% of R&C after deductible
Emergency Care Visit	90% after deductible	90% of R&C after deductible	100% after \$250 copay	100% after \$250 copay
Ambulance	90% after deductible	90% of R&C after deductible	80% after deductible	80% after deductible
Other Covered Medical Care • Skilled nursing facility (maximum 60 days/year) • Home health care (maximum 60 visits/year) • Hospice (180-day maximum)	90% after deductible	70% of R&C after deductible	80% after deductible	60% of R&C after deductible
Mental Health/Substance Abuse • Inpatient • Outpatient	90% after deductible 90% after deductible	70% of R&C after deductible 70% of R&C after deductible	80% after deductible 100% after \$55 copay per visit	60% of R&C after deductible 60% of R&C after deductible
Prescription drugs:	90% after deductible		\$10 copay \$20 copay	
Tier 1 Retail Pharmacy Mail Order Pharmacy			20% coinsurance (\$30 minimum/\$60 maximum)	
Tier 2 Retail Pharmacy Mail Order Pharmacy			20% coinsurance (\$75 minimum/\$150 maximum)	
Tier 3 Retail Pharmacy Mail Order Pharmacy			40% coinsurance (\$50 minimum/\$85 maximum)	
Tier 4 Retail Pharmacy Mail Order Pharmacy			40% coinsurance (\$125 minimum/\$213 maximum)	
			50% coinsurance (\$55 minimum/\$130 maximum)	
			20% coinsurance (\$138 minimum/\$325 maximum)	

¹ The annual deductible, coinsurance and copays count toward satisfying the out-of-pocket maximum.

² Preventive care services that are covered without cost sharing are defined as services performed to prevent disease. Some of these services are only covered for people of a particular age, gender and/or risk status.

³ Fees are subject to guidelines surrounding "reasonable and customary" charges. A fee is generally considered to be reasonable and customary (R&C) if it is consistent with the average or commonly charged fee for a particular service within a specific geographic area. You are responsible for any out-of-network fees above R&C levels. Fees paid to satisfy R&C charges do not count toward the out-of-pocket maximum.

The benefits described are available to GPC employees and their eligible dependents who meet the eligibility requirements of the corresponding benefit plans. Receipt of this information does not guarantee eligibility or benefit coverage. The Plan documents provide a full description of the benefits offered and will always govern if there is a discrepancy between this information and any of the Plan documents. To obtain a copy of the Summary Plan Description (SPD) for each Plan, contact your Human Resources Department or go to "AboutME and GPC" at www.INSIDEGPC.com. Genuine Parts Company, October 2014.