

# Point of Service A500 Plan

Benefit Plan Summary-Evergreen Health Plan, Inc.

P.O. Box 790, Columbus, GA 31902-0790

**\* Annual / Lifetime Maximum Benefit - \$2,000,000 / \$5,000,000**

Features	POS In-network	POS Out-of-network
<b>Annual deductible</b>	\$500 for individual \$1,000 Family \$5,000 for Transplant Services Only	\$1,000 for Individual \$2,000 Family
<b>Co-insurance</b>	Member is responsible for annual deductible and 20% of Evergreen’s contracted rates after the deductible is met.	Member is responsible for annual deductible and 40% of Evergreen’s Usual - Customary –Reasonable (UCR) Charges after deductible is met.
<b>Annual out-of-pocket maximum (the most the member will pay for co-payments for covered services in one contract year)</b>	\$1,000 per member, not to exceed \$3,000 per family. The out-of-pocket maximum can not be satisfied with co-payment for family planning, infertility, hearing, and vision services or transplant services.	\$5,000 per member, not to exceed \$15,000 per family. Maximum per year is based on Evergreen’s Usual-Customary-Reasonable (UCR) Charges. The out-of-pocket maximum can not be satisfied with co-payment for family planning, infertility, hearing, and vision services or transplant services.
<b>PCP or OB/GYN office visits</b>	80% after annual deductible is met.	60% after annual deductible is met.
<b>Specialist office visits</b>	80% after annual deductible is met.	60% after annual deductible is met.
<b>Maternity care (includes pre-natal and post-natal care, delivery and newborn care)</b>	80% after annual deductible is met.	60% after annual deductible is met.
<b>Personal Physician case management</b>	The PCP or other participating physician is responsible for obtaining any required Pre-Authorization for all inpatient care and outpatient procedures.	The member is responsible for obtaining any required Pre-Authorization for all inpatient care and outpatient procedures.
<b>Vision examination</b>	80% after annual deductible is met. Vision exam is limited to biennial benefit maximum: each covered person is limited to one refraction every 24 months. This applies only to in-network ophthalmologists. <b>Corrective devices are excluded.</b>	Vision services are not available out-of-network.
<b>Inpatient hospital care</b>	80% after annual deductible is met for Pre-Authorized hospital care. See “Rehabilitative Services” for coverage of inpatient physical, occupational, and speech therapy. See “Substance abuse services” for coverage of the diagnosis, detoxification and treatment of the medical complications of substance abuse on an inpatient basis. See “Mental health” for coverage of inpatient mental health services.	60 % after annual deductible for Pre-Authorized hospital stay. See “Rehabilitative Services” for coverage of inpatient physical, occupational, and speech therapy. See “Substance abuse services” for coverage of the diagnosis, detoxification and treatment of the medical complications of substance abuse on an inpatient basis. See “Mental health” for coverage of inpatient mental health services.
<b>Outpatient surgery</b>	80% after annual deductible is met for Pre-Authorized outpatient surgical procedures.	60% of Pre-Authorized outpatient surgical procedures after annual deductible is met.
<b>Urgent Care</b>	80% after annual deductible is met.	60% after annual deductible is met.
<b>Emergency care</b>	80% after annual deductible is met per visit to an emergency room for services which meet the prudent layperson definition of care; co-payment is waived if the member is admitted to the hospital. <b>Non-emergency use of the emergency room is not covered.</b>	80% after annual deductible is met per visit to an emergency room for services which meet the prudent layperson definition of care; co-payment is waived if the member is admitted to the hospital. <b>Non-emergency use of the emergency room is not covered.</b>
<b>Ambulance transportation</b>	80% after annual deductible is met if life-or limb threatening emergency after annual deductible is met.	80% after annual deductible is met if life-or limb threatening emergency after annual deductible is met.

Features	POS In-network	POS Out-of-network
<b>Laboratory, X-ray and other diagnostic services</b>	80% after annual deductible is met of lab, x-ray and other diagnostic services when ordered by a participating physician and performed at a participating facility.	60% after annual deductible is met.
<b>Preventive health services consistent with nationally accepted standards including routine pediatric immunizations and routine health screenings.</b>	80% after annual deductible is met  Children age 5 and under: 80% of allowed amount; not subject to the annual deductible.	60% after annual deductible is met.  Children age 5 and under: 60% of allowed amount; not subject to the annual deductible.
<b>Allergy Testing - once per lifetime</b>	80% after annual deductible is met; Pre-Authorization required.	60% after annual deductible is met; Pre-Authorization required.
<b>Allergy Extract</b>	80% after annual deductible is met; Pre-Authorization required.	60% after annual deductible is met; Pre-Authorization required.
<b>Allergy Injections</b>	80% after annual deductible is met.	60% after annual deductible is met.
<b>Hearing examination</b>	80% after annual deductible is met. One examination every 24 months up to age 17. Services must be obtained from a participating provider. <b>Hearing aids are excluded.</b>	Hearing exams are not covered out-of-network.
<b>Family planning</b>	80% after annual deductible is met. 80% after annual deductible is met for Elective sterilization (tubal ligations and vasectomies); <b>reversals are not covered.</b>	60% after annual deductible is met. 60% after annual deductible is met for Elective sterilization (tubal ligations and vasectomies); <b>reversals are not covered</b>
<b>Infertility diagnosis and some treatment</b>	80% after annual deductible is met; limited to \$2,000 annual maximum.	60% after annual deductible is met; limited to \$2,000 annual maximum.
<b>Durable medical equipment</b>	80% after annual deductible is met for equipment Pre-Authorized by Evergreen.	60% after annual deductible is met.
<b>Home health services and hospice care</b>	80% after annual deductible is met for Pre-Authorized treatment; <b>custodial care is not covered.</b>	60% after annual deductible is met; <b>custodial care is not covered.</b>
<b>Skilled nursing facility care</b>	80% after annual deductible is met for up to 30 days of Pre-Authorized skilled nursing care per contract; <b>custodial care is not covered.</b>	60% after annual deductible is met for up to 30 days of Pre-Authorized skilled nursing care per contract; <b>custodial care is not covered.</b>
<b>Mental health (services for the crisis intervention and diagnosis and treatment of conditions responsive to short term therapy; services include individual, family and marital therapy)</b>	80% after annual deductible is met for Pre-Authorized outpatient care, limited to 25 visits per contract year; 80% after annual deductible is met for Pre-Authorized inpatient care, limited to 30 inpatient days per contract year.	60% after annual deductible is met for Pre-Authorized outpatient care, limited to 25 visits per contract year; 60% after annual deductible is met for Pre-Authorized inpatient care, limited to 30 inpatient days per year.
<b>Substance abuse services (for the diagnosis, detoxification, and treatment of the medical complications of substance abuse)</b>	80% after annual deductible is met for Pre-Authorized inpatient services; limited to 15 inpatient days per contract year. 80% after annual deductible is met for Pre-Authorized outpatient services; limited to 25 outpatient visits per contract year.	60% after annual deductible is met for Pre-Authorized inpatient services; limited to 15 inpatient days per contract year. 60% after annual deductible is met for Pre-Authorized outpatient services; limited to 25 visits per contract year.
<b>Rehabilitative services (short term physical, occupational and speech therapies)</b>	80% after annual deductible is met for outpatient services, limited to 30 visits per year; inpatient treatment limited to 30 inpatient days per year. Pre-Authorization is required for outpatient and inpatient services.	60% after annual deductible is met for outpatient services, limited to 30 visits per year; inpatient treatment limited to 30 inpatient days per year. Pre-Authorization is required for outpatient and inpatient services.
<b>Transplants</b>	100% after \$5,000 deductible is met for non-experimental transplants Pre-Authorized by the Medical Director and performed at an Evergreen Pre-Authorized facility.	Not Covered when provided by out-of-network providers.