Point of Service –B500 Co-Pay 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
Annual deductible	$500 for individual ; $1,000 Family	$1,000 for Individual; $2,000 Family
Co-insurance	Member is responsible for annual deductible and 20% of Evergreen's contracted rates after the deductible is met unless otherwise specified.	Member is responsible for annual deductible and 40% of Evergreen's Usual -Customary – Reasonable (UCR)Charges after deductible is met.
Annual out-of-pocket maximum (the most the member will pay for co-insurance for covered services in one contract year). Co-payments are not applied to out-of-pocket maximum.	$2,500 per member, not to exceed $6,000 per family.	$10,000 per member, not to exceed $30,000 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.
PCP or OB/GYN office visits	100% after $15 co-payment per PCP visit and $25 co-payment per OB/GYN visit.	60% after annual deductible is met.
Specialist office visits	100% after $25 co-payment per visit.	60% after annual deductible is met.
Maternity care (includes pre-natal and post-natal care, delivery and newborn care)	100% after $25 co-payment for 1st office visit and 80% subject to annual deductible for obstetrical delivery charges.	60% after annual deductible is met.
Personal Physician case management	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.
Vision examination	100% after $25 co-payment. 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 ophthalmologist **Corrective devices are excluded.**	Vision services are not available out-of-network.
Inpatient hospital care	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.
Outpatient surgery	80% after annual deductible is met for Pre-Authorized outpatient surgical procedures.	60% of Pre-Authorized outpatient surgical procedures after annual deductible is met.
Urgent Care	100% after $35 co-payment.	60% after annual deductible is met.
Emergency care	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. **Non-emergency use of the emergency room is not covered.**	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. **Non-emergency use of the emergency room is not covered.**
Ambulance transportation	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
Laboratory, X-ray and other diagnostic services	80% after annual deductible is met for lab, x-ray and other diagnostic services when ordered by a participating physician and performed at a participating facility. Routine lab services performed in physician office are covered at 100%.	60% after annual deductible is met.
Preventive health services consistent with nationally accepted standards including routine pediatric immunizations and routine health screenings.	100% after $15/$25 co-payment. Immunizations are covered at 100%.	60% after annual deductible is met. Children age 5 and under: 60% of allowed amount; not subject to the annual deductible.
Allergy testing - once per lifetime Allergy care	80% after annual deductible is met.	60% after annual deductible is met.
Hearing examination	80% after annual deductible is met. One examination every 24 months up to age 17. Services must be obtained from a participating provider. **Hearing aids are excluded.**	Hearing exams are not covered out-of-network.
Family planning	100% after $15/$25 co-payment; 80% after annual deductible is met for elective sterilization (tubal ligations and vasectomies); **reversals are not covered.**	60% after annual deductible is met. 60% after annual deductible is met for elective sterilization (tubal ligations and vasectomies); **reversals are not covered.**
Infertility diagnosis and some treatment	100% after $25 co-payment; limited to $2,000 annual maximum.	60% after annual deductible is met; limited to $2,000 annual maximum
Durable medical equipment	80% after annual deductible is met for equipment Pre-Authorized by Evergreen.	60% after annual deductible is met.
Home health services and hospice care	80% after annual deductible is met for Pre-Authorized treatment; **custodial care is not covered.**	60% after annual deductible is met; **custodial care is not covered.**
Skilled nursing facility care	80% after annual deductible is met for up to 30 days of Pre-Authorized skilled nursing care per contract year within 3 days following hospital discharge; **custodial care is not covered.**	60% after annual deductible is met for up to 30 days of Pre-Authorized skilled nursing care per contract year within 3 days following hospital discharge; **custodial care is not covered.**
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)	100% after $25 co-payment 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.
Substance abuse services (for the diagnosis, detoxification, and treatment of the medical complications of substance abuse)	100% after $25 co-payment 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.
Rehabilitative services (short term physical, occupational and speech therapies)	80% after annual deductible is met for outpatient services, limited to 30 visits per contract year; inpatient treatment limited to 30 inpatient days per contract year. Pre-Authorization is required for outpatient and inpatient services.	60% after annual deductible is met for outpatient services, limited to 30 visits per contract year; inpatient treatment limited to 30 inpatient days per contract year. Pre-Authorization is required for outpatient and inpatient services.
Transplants	**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.