

# Option Plan C

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	Option Plan C
<b>Annual deductible</b>	None
<b>Annual Maximum Out-of-Pocket (the most the member will pay for co-payments for covered services in one contract year)</b>	\$1,500 per member, not to exceed \$3,000 per family  <b>The out-of-pocket maximum can not be satisfied with co-payments or co-insurance for family planning, infertility, hearing, vision services, and transplant services.</b>
<b>Co-payments</b>	\$15 co-payment required for office visit to the PCP \$25 co-payment for specialist \$25 co-payment for routine gynecological exam. The above services are covered at 100% after co-payment-all other services performed in the office are covered at 80%.  Inpatient Hospital Admission co-payment \$500 per admission -paid at 80% Outpatient Hospital Surgery co-payment \$250 per admission -paid at 80%
<b>Coverage after co-payments</b>	80% after for all services except office visit co-payments listed above
<b>PCP or OB/GYN office visits</b>	100% after \$15 co-payment per PCP visit and \$25 co-payment per OB/GYN visit.
<b>Specialist office visits</b>	100% after \$25 co-payment per visit. A referral from the PCP is not required if it is an in-network specialist.
<b>Maternity care (includes pre-natal and post-natal care, delivery and newborn care)</b>	100% after first co-payment of \$25 to physician; PCP management is not necessary but services must be provided by a participating physician in a participating facility. Facility charges are subject to \$500 admission co-payment and paid at 80%.
<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.
<b>Vision examination</b>	If your vision exam is performed at an Evergreen participating Optometrist's office, you pay a \$10 co-payment, if performed at specialist's office you pay a \$25 co-payment. Vision exam is limited to biennial benefit maximum: each covered person is limited to one refraction every 24 months. <b>Corrective devices are excluded, and contact lens fitting is not covered.</b>
<b>Inpatient hospital care</b>	80% after \$500 co-payment per admission 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 \$250 co-payment per admission for Pre-Authorized outpatient surgical procedures. This includes all surgical procedures done as outpatient hospital procedures, gastrointestinal endoscopy, and cardiac catheterization.
<b>Urgent Care</b>	80% after \$35 co-payment.
<b>Emergency care</b>	80% after \$100 co-payment per visit to an emergency room; co-payment is waived if the member is admitted to the hospital. <b>Non-emergency use of Emergency Room is not covered.</b>

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Ambulance transportation	80% if life-or limb threatening emergency.
Laboratory, X-ray, and other diagnostic services	80% of lab services when ordered by a participating physician and performed at a participating facility.
Preventive health services consistent with nationally accepted standards (e.g. Routine pediatric immunizations and routine health screenings)	100% after \$15 co-payment per physician office visit. Immunizations are covered at 80%.
Allergy Testing - once per lifetime	80% with Pre-Authorization.
Allergy Extract	80% with Pre-Authorization.
Allergy Injections	80% per visit.
Hearing examination	If your hearing exam is performed at the PCP's office you pay a \$15 co-payment, if performed at specialist's office you pay a \$25 co-payment. One examination every 24 months up to age 17; a referral from the PCP is necessary, but services must be obtained from a participating provider. <b>Hearing aids are excluded.</b>
Family planning	100% after \$15 co-payment from PCP or \$25 co-payment from OB/GYN.  80% for Elective sterilization (tubal ligations and vasectomies) authorized by the PCP or OB/GYN; <b>reversals are not covered.</b>
Infertility diagnosis and some treatment (PCP or OB/GYN referral is required)	100% after \$25 co-payment per visit; Limited to \$2,000 annual maximum. Lab and other office procedures are covered at 80%.
Durable medical equipment	80% for equipment Pre-Authorized by PCP and Evergreen.
Home health services	80% after Pre-Authorization for treatment; <b>custodial care is not covered.</b>
Hospice Care	80% for In-patient or Out-patient if Pre-Authorized by Evergreen for a maximum of \$10,000.
Skilled nursing facility care and/or In-patient Rehabilitative services	80% for up to 30 days of Pre-Authorized skilled nursing care and rehab services per contract year within 3 days following hospital discharge; <b>custodial care is not covered.</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)	100% after \$25 co-payment per visit for Pre-Authorized office visits, limited to 25 visits per contract year;  80% after \$50 co-payment per day for Pre-Authorized inpatient care; limited to 30 inpatient days per contract year.
Substance abuse services (for the diagnosis, detoxification, and treatment of the medical complications of substance abuse)	100% after \$25 co-payment per visit for Pre-Authorized office visits; limited to 25 visits per contract year.  80% after \$50 co-payment per day for Pre-Authorized inpatient care; limited to 15 inpatient days per contract year.
Out-Patient Rehabilitative services (short term physical, occupational and speech therapies)	80% per course of treatment for outpatient services, limited to 30 visits per year. Pre-Authorization is required.
Transplants	<del>100%</del> after \$5,000 co-payment for non-experimental transplants Pre-Authorized by the Evergreen Medical Director and performed at an Evergreen Pre-Authorized facility.

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