

# Point of Service High Deductible 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>	[\$1,000, \$1,100, \$1,750, \$2,600] Single [\$2,000, \$2,200, \$3,500, \$5,150] Family	[\$1,000, \$1,100, \$1,750, \$2,600] Single [\$2,000, \$2,200, \$3,500, \$5,150] Family
<b>Co-insurance</b>	Member is responsible for the annual deductible and [20%, 10%] of Evergreen's contracted provider rates after the deductible is met.	Member is responsible for the annual deductible and 40% of Evergreen's Usual - Customary - Reasonable (UCR) Charges after the deductible is met.
<b>Annual Out-of-Pocket Maximum (the most the member will pay for covered services in one contract year)</b>	\$5,000 Single, \$10,000 Family	\$10,000 Single, \$20,000 Family
<b>PCP or OB/GYN office visits</b>	[80%, 90%] after the annual deductible is met	60% after the annual deductible is met.
<b>Specialist office visits</b>	[80%, 90%] after the annual deductible is met.	60% after the annual deductible is met.
<b>Maternity care (includes pre-natal and post-natal care, delivery and newborn care)</b>	[80%, 90%] after the annual deductible is met.	60% after the 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 which are provided by out-of-network providers.
<b>Inpatient hospital care</b>	[80%, 90%] after the 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 the annual deductible is met 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%, 90%] after the annual deductible is met for Pre-Authorized outpatient surgical procedures.	60% after the annual deductible is met for Pre-Authorized outpatient surgical procedures.
<b>Urgent Care</b>	[80%, 90%] after the annual deductible is met.	60% after annual deductible is met.
<b>Emergency care</b>	[80%, 90%] after the annual deductible is met per visit to an emergency room for services which meet the prudent layperson definition of care. <b>Non-emergency use of the emergency room is not covered.</b>	[80%, 90%] after the annual deductible is met per visit to an emergency room for services which meet the prudent layperson definition of care <b>Non-emergency use of the emergency room is not covered.</b>
<b>Ambulance transportation</b>	[80%, 90%] after the annual deductible is met for life or limb threatening emergency.	80% after the annual deductible is met for life or limb threatening emergency.
<b>Laboratory, X-ray and other diagnostic services</b>	[80%, 90%] after the annual deductible is met for lab services when ordered by a participating physician and performed at a participating facility.	60% after the annual deductible is met.

Features	POS In-network	POS Out-of-network
Preventive health services consistent with nationally accepted standards including routine pediatric immunizations and routine health screenings.	[80%, 90%] of the allowed amount; <b>not subject to the annual deductible.</b>	60% of the allowed amount; <b>not subject to the annual deductible.</b>
Allergy Testing - once per lifetime	[80%, 90%] after the annual deductible is met; Pre-Authorization required.	60% after the annual deductible is met; Pre-Authorization required.
Allergy Extract	[80%, 90%] after the annual deductible is met; Pre-Authorization required.	60% after the annual deductible is met; Pre-Authorization required.
Allergy Injection	[80%, 90%] after the annual deductible is met.	60% after the annual deductible is met.
Hearing examination	[80%, 90%] after the 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.
Family planning	[80%, 90%] after the annual deductible is met  [80%, 90%] after the annual deductible is met for elective sterilization (tubal ligations and vasectomies); <b>reversals are not covered</b>	60% after the annual deductible is met.  60% after the annual deductible is met for elective sterilization (tubal ligations and vasectomies); <b>reversals are not covered</b>
Infertility diagnosis and some treatment	[80%, 90%] after the annual deductible is met; <b>limited to \$2,000 annual maximum.</b>	60% after the annual deductible is met; <b>limited to \$2,000 allowed charges annual maximum benefit.</b>
Durable medical equipment	[80%, 90%] after the annual deductible is met for equipment Pre-Authorized by Evergreen.	60% after the annual deductible is met for equipment Pre-Authorized by Evergreen.
Home health services and hospice care	[80%, 90%] after the annual deductible is met for Pre-Authorized treatment; <b>custodial care is not covered.</b>	60% after the annual deductible is met for Pre-authorized treatment; <b>custodial care is not covered.</b>
Skilled nursing facility care	[80%, 90%] after the annual deductible is met, up to 30 days of Pre-Authorized skilled nursing care per contract year; <b>custodial care is not covered.</b>	60% after the annual deductible is met for up to 30 days of Pre-Authorized skilled nursing care per contract year; <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)	[80%, 90%] after the annual deductible is met for Pre-Authorized outpatient care, limited to 25 visits per contract year; [80%, 90%] after the annual deductible is met for Pre-Authorized inpatient care, limited to 30 inpatient days per contract year.	60% after the 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)	[80%, 90%] after the annual deductible is met for Pre-Authorized inpatient services; limited to 15 inpatient days per contract year. [80%, 90%] after the annual deductible is met for Pre-Authorized outpatient services; limited to 25 outpatient visits per contract year.	60% after the annual deductible is met for Pre-Authorized inpatient services; limited to 15 inpatient days per contract year. 60% after the 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%, 90%] after the 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 the 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.
Transplants	[80%, 90%] after the annual 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.
Prescription Drugs	[80%, 90%] after the annual deductible is met, when provided by a participating pharmacy.	60% after the annual deductible is met.

