

Preferred 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	Preferred
Annual deductible	None
Annual out-of-pocket maximum (the most the member will pay for co-payments for covered services in one contract year)	\$500 per member, not to exceed \$1,500 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.
Co-payments	\$10 co-payment required for office visit to the PCP, \$20 co-payment for specialist and \$20 co-payment for routine gynecological exam. Co-payments for all other covered services are listed below.
Coverage after co-payments	100% after co-payments.
PCP or OB/GYN office visits	100% after \$10 co-payment per PCP visit and \$20 co-payment per OB/GYN visit.
Specialist office visits	100% after \$20 co-payment per visit. A referral from the PCP is not required if it is an in-network specialist.
Maternity care (includes pre-natal and post-natal care, delivery and newborn care)	100% after first visit co-payment of \$20; PCP management is not necessary but services must be provided by a participating physician in a participating facility.
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.
Vision examination	If your vision exam is performed at an Evergreen participating Optometrist office you pay a \$10 co-payment, if performed at specialist's office you pay a \$20 co-payment. Vision exam is limited to biennial benefit maximum: each covered person is limited to one refraction every 24 months. Corrective devices are excluded, and contact lens fitting is not covered.
Inpatient hospital care	100% 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	100% of Pre-Authorized outpatient surgical procedures.
Urgent Care	100% after \$35 co-payment.
Emergency care	100% after \$100 co-payment per visit to an emergency room; co-payment is waived if the member is admitted to the hospital. Non emergency use of Emergency Room is not covered.
Ambulance transportation	100% if life or limb threatening emergency
Laboratory, X-ray and other diagnostic services	100% of lab services when ordered by a participating physician and performed at a participating facility.

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Preventive health services consistent with nationally accepted standards (e.g. Routine pediatric immunizations and routine health screenings)	100% after \$10 co-payment per physician office visit, no office visit co-payment required for immunizations only.
Allergy Testing - once per lifetime Allergy Extract Allergy Injections	100% with Pre-Authorization and \$20 co-payment. 100% with Pre-Authorization. 100% per visit.
Hearing examination	If your hearing exam is performed at the PCP's office you pay \$10 co-payment, if performed at specialist's office you pay \$20 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. Hearing aids are excluded.
Family planning	100% after \$10 co-payment from PCP or after \$20 co-payment from OB/GYN. 100% for Elective sterilization (tubal ligations and vasectomies) authorized by the PCP or OB/GYN; reversals are not covered
Infertility diagnosis and some treatment (PCP or OB/GYN referral is required)	100% after \$20 co-payment per visit; limited to \$2,000 annual maximum.
Durable medical equipment	100% after \$20 co-payment per device for equipment Pre-Authorized by PCP and Evergreen.
Home health services	100% after Pre-Authorization for treatment; custodial care is not covered.
Hospice Care	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	100% for up to 30 days of Pre-Authorized skilled nursing care and Rehab Services 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 \$20 co-payment per visit for Pre-Authorized outpatient care, limited to 25 visits per contract year; 100% 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 \$50 co-payment per day for Pre-Authorized inpatient services; limited to 15 inpatient days per contract year. 100% after \$20 co-payment for outpatient services; limited to 25 outpatient visits per contract year.
Out-Patient Rehabilitative services (short term physical, occupational and speech therapies)	100% per course of treatment for outpatient services, limited to 30 visits per year. Pre-Authorization is required.
Transplants	100% after a \$5,000 co-payment for non-experimental transplants Pre-Authorized by the Medical Director and performed at an Evergreen Pre-Authorized facility.