



Evergreen Health

Care for Life, Everywhere.

Plan Summary at a Glance

Feature	In-Network	Out-of-Network
Deductible	\$250 Individual / \$500 Family	\$750 Individual / \$1,500 Family
Out-of-Pocket Max	\$4,000 Ind. / \$8,000 Fam.	\$9,000 Ind. / \$18,000 Fam.
Primary Care Visits	\$15 Copay	40% Coinsurance
Specialist Visits	\$30 Copay	40% Coinsurance
Urgent Care	\$25 Copay	\$50 Copay
Emergency Room	\$150 Copay + 10% Coins.	Same
Emergency Transportation	\$100 Copay	\$100 Copay
Referral Requirement	Yes (HMO)	No (PPO)
Network Access	CA HMO + Nat'l PPO	Nat'l PPO

Key Benefits Overview

Preventive Care: In-Network \$0 (No Charge), Out-of-Network Not Covered

Diagnostic & Lab Services:

- X-rays/Lab Tests: \$15 Copay in-network, 50% coinsurance out-of-network
- MRI/CT/PET: \$100 Copay + 20% coins. in-net, 50% coins. out-net

Prescription Coverage (30-day Retail / 90-day Mail)

Tier	Copay / Coinsurance
Tier 1 (Generic)	\$10 / \$25
Tier 2 (Preferred Brand)	\$40 / \$100
Tier 3 (Non-Preferred)	\$75 / \$185
Tier 4 (Specialty)	20% Coins. (max \$250/fill)
Pharmacy Deductible	\$250/person (T2-4 only)

Hospital & Surgery Services

Service	In-Network	Out-of-Network
Outpatient Surgery	10% Coinsurance	50% Coinsurance
Inpatient Hospital	10% Coinsurance	50% Coinsurance
Physician/Surgical Fees	10% Coinsurance	10%/50% Coinsurance

Behavioral & Mental Health

Outpatient Visits: \$15 Copay in-net / 50% coins. out-net



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Inpatient Services: 10% coins. in-net / 50% coins. out-net

Maternity & Newborn Care

Prenatal/Postnatal Visits: No charge (in-net)

Delivery Facility/Prof. Fees: 10% coins. in-net / 50% coins. out-net

Rehab, Habilitation & Skilled Services

- Physical/Occupational/Speech Therapy: \$15 Copay/visit (in-net), 50% out-net; 20 visits/year/type
- Home Health Care: 10% coins.; 100 visits/year limit
- Skilled Nursing: 10% coins.; up to 100 days/year
- Hospice Care: No charge (in-net)

Pediatric Vision & Dental

Eye Exam: \$0 (1/year)

Glasses: \$0 (1 pair/year)

Dental Check-ups: \$0 (2/year)

Other Covered Services

- Acupuncture: 20 visits/year
- Bariatric Surgery: Pre-approval required
- Hearing Aids: Children <18, \$2,500/2yrs

Exclusions (Partial List)

Adult dental & vision, cosmetic surgery, long-term custodial care, infertility (beyond diagnosis), private-duty nursing, routine foot care

Support & Appeals

COBRA/Covered California continuation options available

Appeals: File grievances with the plan or CA DMHC Help Center (1-888-466-2219)

For full details: Review the Evidence of Coverage or contact customer service