

# Enhanced Value Plans - GA

## EVP Basic

Plan Designs	Co-Pays	Split Deductibles		In Network Out-of-Pocket*	
		In Network	Out-of-Network	Individual	Family
90/60 & 80/60	\$20, 25, 30	\$300/\$900	\$600/\$1,800	\$1,000/\$2,000/\$3,000	\$2,000/\$4,000/\$6,000
	\$20, 25, 30	\$500/\$1,500	\$1,000/\$3,000	\$1,000/\$2,000/\$3,000	\$2,000/\$4,000/\$6,000
	\$20, 25, 30	\$750/\$2,250	\$1,500/\$4,500	\$2,000/3,000/\$4,000	\$4,000/\$6,000/\$8,000
	\$20, 25, 30	\$1,000/\$3,000	\$2,000/\$6,000	\$2,000/3,000/\$4,000	\$4,000/\$6,000/\$8,000
	\$20, 25, 30	\$1,500/\$4,500	\$3,000/\$9,000	\$2,000/3,000/\$4,000	\$4,000/\$6,000/\$8,000
	\$20, 25, 30	\$2,000/\$6,000	\$4,000/\$12,000	\$2,000/3,000/\$4,000	\$4,000/\$6,000/\$8,000

- Plans offered with and without co-pays.
- For plans with a co-pay, co-pay applies to In Network physician visits. For plans without a co-pay, deductible and plan coinsurance applies to In Network physician visits.
- Calendar Year Deductible – Separate in-network and out-of-network deductibles apply and are not included in the Out-of-Pocket maximum. Charges that apply to one do not apply to the other.
- 3-month deductible carry-forward is required.
- Out Patient Surgery - Calendar year deductible and coinsurance apply whether services are provided at a hospital, an ambulatory surgery center or a physician's office.
- Out of Network Prevailing Charge - Services from out of network providers are screened at the 70th percentile, reasonable and customary. Option for out of network services to be screened at 125% of RBRVS (Resource-Based Relative Value Scale).
- Out of Network Out-of-Pocket are 2 times In Network Out-of-Pocket.
- \$2 Million Lifetime Maximum (\$5 Million optional).

\*Does not include the deductible and Co-pay.

## Optional Rx Plans Available

1. Card: \$10/\$25/\$40, Mail Order: \$20/\$50/\$80
2. Card: \$10/\$25/\$40 followed by 20% Co-Insurance for Tier 3 only (90/60 and 80/60 Base Plans)  
Mail Order: \$20/\$50/\$80 - 0% Co-Insurance
3. Card: \$15/\$40/\$50, Mail Order: \$30/\$80/\$100
4. Card: \$15/\$40/\$50 followed by 20% Co-Insurance for Tier 3 only (90/60 and 80/60 Base Plans)  
Mail Order: \$30/\$80/\$100 - 0% Co-Insurance
5. Rx covered under medical plan subject to standard deductible and coinsurance provisions
6. Rx excluded