

EVSC Market Place Health Insurance Plan Options

Amounts below are in network. To see out-of-network costs, refer to the Anthem Medical Insurance Plan Summaries under Plan Options at <https://evsconnect.com/hr/insurance/>.

For more information on Health Savings Accounts, refer to Health Savings Account section at <https://evsconnect.com/hr/insurance/>.

For more information on rates, refer to Employee Group Rates & Schedules at <https://evsconnect.com/hr/insurance/>.

EVSC Insurance Plan Year runs from January 1-December 31. (All deductibles/out of pocket reset January 1 of each plan year.)

| <i>All Amounts Listed are In Network</i> | Plan A | Plan C | Plan E | Plan F | Plan G (HSA eligible) | Plan H (HSA eligible) |
|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|---|
| Deductible (single/family) | \$250/\$750 | \$1,000/\$3,000 | \$2,000/\$6,000 | \$2,500/\$7,500 | \$3,000/\$6,000 | \$5,000/\$10,000 |
| Out of Pocket Limit (single/family) | \$2,000/\$4,000 | \$4,000/\$8,000 | \$5,000/\$10,000 | \$6,000/\$12,000 | \$4,000/\$8,000 | \$6,350/\$12,700 |
| CoPays: | | | | | | |
| Primary Physician | \$40 | \$40 | \$40 | \$40 | \$40 (once deductible is met) | 0% (once deductible is met) |
| Specialist | \$40 | \$40 | \$40 | \$40 | \$40 (once deductible is met) | 0% (once deductible is met) |
| Allergy Injections | \$5 | \$5 | \$5 | \$5 | \$5 (once deductible is met) | 0% (once deductible is met) |
| Allergy Testing | 20% (once deductible is met) | 20% (once deductible is met) | 20% (once deductible is met) | 20% (once deductible is met) | 0% (once deductible is met) | 0% (once deductible is met) |
| MRAs, MRIs, PETS, C-Scans, etc. | 20% (once deductible is met) | 20% (once deductible is met) | 20% (once deductible is met) | 20% (once deductible is met) | 0% (once deductible is met) | 0% (once deductible is met) |
| Preventative Care (routine exams, screenings, etc.) | Covered at no cost | Covered at no cost | Covered at no cost | Covered at no cost | Covered at no cost | Covered at no cost |
| Emergency Room (copay waived if admitted) | \$250/20% | \$250/20% | \$250/20% | \$250/20% | \$250 (once deductible is met) | 0% (once deductible is met) |
| Urgent Care Services | \$100 | \$100 | \$100 | \$100 | \$100 (once deductible is met) | 0% (once deductible is met) |
| Inpatient/Outpatient Professional Services | 20% (once deductible is met) | 20% (once deductible is met) | 20% (once deductible is met) | 20% (once deductible is met) | 0% (once deductible is met) | 0% (once deductible is met) |
| Inpatient Facility Services | 20% (once deductible is met) | 20% (once deductible is met) | 20% (once deductible is met) | 20% (once deductible is met) | 0% (once deductible is met) | 0% (once deductible is met) |
| Prescription CoPays: | | | | | | |
| Network/Participating Pharmacy | \$10/\$30/\$60 | \$10/\$45/\$75 | \$10/\$45/\$75 | \$10/\$45/\$75 | \$10/\$30/\$60 (once deductible is met) | \$10/\$45/\$75 (once deductible is met) |
| Home Delivery | \$10/\$75/\$180 | \$15/\$115/\$225 | \$15/\$115/\$225 | \$15/\$115/\$225 | \$10/\$75/\$180 (once deductible is met) | \$10/\$75/\$180 (once deductible is met) |