

EVSC Market Place Health Insurance Plan Options

All amounts are in network. To see out-of-network costs see the buttons below.

For more information on Health Savings Accounts, visit the EVSC Employee Website and click on Human Resources

To see monthly contributions, visit the EVSC Employee Website and click on Human Resources

<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	\$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%
Specialist	\$40	\$40	\$40	\$40	\$40 (once deductible is met)	0%
allergy injections	\$5	\$5	\$5	\$5	\$5 (once deductible is met)	0%
allergy testing	20% (once deductible is met)	20% (once deductible is met)	20% (once deductible is met)	20% (once deductible is met)	0%	0%
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%	0%
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%
Urgent Care Services	\$100	\$100	\$100	\$100	\$100 (once deductible is met)	0%
Urgent Care: MRAs, MRIs, C-Scans, PETS, etc.	20% (once deductible is met)	20% (once deductible is met)	20% (once deductible is met)	20% (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%	0%
Inpatient Facility Services	20% (once deductible is met)	20% (once deductible is met)	20% (once deductible is met)	20% (once deductible is met)	0%	0%
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)