nova
An Independent Health company

Jim Ellis Atlanta, Inc.

PPO Plan

Benefits Summary	In-Network^	Out-of-Network^^	Additional Information
Calendar Year Deductible			
Individual	None	$4,500.00	
Family	None	$9,100.00	
Calendar Year Out-of-Pocket			
Individual	$9,100.00	$18,200.00	
Family	$18,200.00	$27,300.00	
***Copay, Deductible and RX are included in Out of Pocket*			
Preventive			
Routine Physical - Adult	100%	60%*	Age 19+; one per plan year
Well Child Care	100%	60%*	Up to age 19
Routine Gyn Exam	100%	60%*	One per plan year
Pap Smear	100%	60%*	Age 18+ ; one per year
Laboratory - Routine	100%	60%*	
Diagnostic Testing - Routine	100%	60%*	
X-Ray - Routine	100%	60%*	
Mammogram	100%	60%*	
Immunization - Adult	100%	60%*	Age 19 +
Immunization - Child	100%	60%*	Up to age 19
Vision Exam	Not Covered	Not Covered	
Vision Benefits	Not Covered	Not Covered	
Inpatient			
IP Hospital Room & Board	100% after $4500 copay	60%*	**Pre-Certification Required**
Outpatient			
Office Visit PCP	100% after $25 copay	60%*	
Office Visit Specialist	100% after $75 copay	60%*	
Allergy Injection	100% after $75 copay	60%*	
Chiropractic	100% after $75 copay	60%*	20 visits per calendar year
Outpatient Surgery Facility	100% after $1,500 copay	60%*	**Pre-Certification Required**
Outpatient Surgery - Hospital	100% after $2,500 copay	60%*	**Pre-Certification Required**
Surgery - Physician Outpatient	100%	60%*	
Physical Therapy (PT)	100% after $75 copay	60%*	20 visits per calendar year
Occupational Therapy (OT)	100% after $75 copay	60%*	20 visits per calendar year
Speech Therapy (ST)	100% after $75 copay	60%*	20 visits per calendar year
Emergency Room	100% after $750 copay	Payable at In Network	copay waived if admitted
Urgent Care	100% after $75 copay	60%*	
Laboratory	100% after $150 copay	60%*	
Diagnostic Testing	100% after $150 copay	60%*	
Radiology	100% after $150 copay	60%*	
Radiology; High Tech Imaging-Free Standing Facility	100% after $450 copay	60%*	**Pre-Certification Required**
Radiology; High Tech Imaging-Hospital	100% after $750 copay	60%*	**Pre-Certification Required**

**Subject to deductible.*

^In-Network: The plan pays based on the Preferred Provider Organization (PPO) allowed amount in accordance with the benefits outlined above.

^^Out-of-Network: The plan pays based on the Reasonable and Customary (R&C) allowed amount in accordance with the benefits outlined above. Plan participants may be responsible for billed charges in excess of the allowed amount.

This benefit summary is designed to highlight the benefits of the plan and DOES NOT detail all benefits, limitations, and exclusions. It is not a contract and may be subject to change. For more detailed information, consult your Summary Plan Description.