

Benefits	MEC Plus Plan
Service	Stateside Benefits
	**Services provided outside of the Interplan/Healthsmart network are not covered by this plan
Calendar Year Deductible	
Per Person	\$0.00
Per Family	\$0.00
Maximum Out-of-Pocket on Expenses	
Per Person	\$500.00
Per Family	\$1,000.00
Professional Services	
Office visit	\$20 co-pay
Specialist visit	\$20 co-pay
Urgent care	\$40 co-pay
Preventative Services - Child & Adult	No cost share – member Plan pays 100% of allowed
Outpatient Lab & X-Ray at Free Standing Facilities	\$20 co-pay
X-rays and Diagnostic Imaging	\$40 co-pay
Specialty Testing/Scans (CT/PET scans, MRIs) at a Free Standing Imaging Center, if performed in a hospital on an outpatient basis not covered	\$300 co-pay
Outpatient Services Facility	Not covered
Outpatient Services Physician	Not covered
Emergency Services	
Emergency Room	Not covered
Ambulance	Not covered
Hospital Benefits	
Inpatient	Not covered
Additional Outpatient Services	
Skilled Nursing	Not covered
Chiropractic Services	Not covered
Acupuncture Services	Not covered
Rehabilitation Services	Not covered
Mental Outpatient	Not covered
Durable Medical Equipment	Not covered
Substance Abuse Outpatient – 12 visit maximum	Not covered
Pediatric Dental & Vision	Covered (ACA required benefits)
Prescriptions	
Generic	\$5 co-pay
Brand Formulary	\$40 co-pay
Brand Non-Formulary	Not covered
Specialty Medication	Not covered