

#2352 Longboy, Inc.

Benefits	MEC PLUS PLAN
Annual Deductible Per Person/Per Family	\$0/\$0
Maximum Out-of-Pocket	\$1,500
Percentage Payable	75%
Professional Services	Services must be provided by Providers within the Healthsmart Network
Physician office visits	\$10 co-pay Plan pays 100% of allowed
Specialist office visit	\$20 co-pay Plan pays 100% of allowed
Urgent Care	\$20 co-pay Plan pays 100% of allowed
Procedures performed during an office/specialist visit	100% of allowed
Lab & X-ray in office	100% of allowed
Lab & X-Ray Outpatient	\$20 co-pay 100% of Allowed
Complex Imaging – CAT, MRI, MRA/MRI & PET SCANS	Not Covered
Preventative Services - Child & Adult	100%
Outpatient Services	
Facility	Not Covered
Physician	Not Covered
Emergency Services	
Emergency Room – Facility and Physician	Not Covered
Ambulance	Not Covered
Hospital Benefits	
Facility	Not Covered
Physician	Not Covered
Mental Health	Not Covered
Substance Abuse	Not Covered
Additional Services	
Chemotherapy/Radiation Therapy	Not Covered
Skilled Nursing	Not Covered
Chiropractic/Acupuncture	Not Covered
Physical/Occupational/Speech	Not Covered
Mental Outpatient	Not Covered
Durable Medical Equipment	Not Covered
Sleep Disorder – Medically Necessary	Not Covered
Substance Abuse Outpatient	Not Covered
Pediatric Dental & Vision	ACA Required Benefits
Prescriptions	
Generic	\$5.00 co-pay
Generic Preventative Medications Only	\$0 co-pay
Brand Formulary	Not Covered
Brand Preventative Medications Only	\$0 co-pay
Brand Non-Formulary	Not Covered
Mail Order – up to 90 Day Supply	\$10 co-pay (Generic Only)
Mexico Panel	Included

	Mexico Benefits
	Mexicali, B.C., México San Luis, R.C., Sonora México Tijuana, B.C., México
Annual Deductible	
Per Person	\$0.00
Per Family	\$0.00
Maximum out of pocket	\$0.00
Emergency Services	
Emergency Room	Plan pays 80%
Ambulance	Plan pays 80%
Hospital Benefits	
Inpatient	\$65 co-pay, Plan pays 80%
Inpatient Professional Services	Plan pays 80%
Maternity & Newborn Care 48 hours following a vaginal delivery 96 hours following a cesarean delivery	Same as any other illness
Mental Inpatient	Not Covered
Professional Services	
Medical Treatment (Office)	\$6 co-pay
Specialist (Office)	\$10 co-pay
Urgent Care Facility/Service	\$6 co-pay
Preventative Services – Child & Adult	100%
Outpatient Lab & X-Ray	\$5 co-pay, Plan pays 80% of Maximum Allowable Charge
MRI/PET/CT Scan	\$5 co-pay, Plan pays 80% of Maximum Allowable Charge
Outpatient Services	
Outpatient Surgeon Benefits	Plan pays 80% of Maximum Allowable Charge
Outpatient Surgical Facility	\$25 co-pay, Plan pays 80% of Maximum Allowable Charge
Anesthesiologist	Plan pays 80% of Maximum Allowable Charge
Additional Outpatient Services	
Skilled Nursing	Not Covered
Chiropractic/Acupuncture Services	Not Covered
Physical/Occupational Services – Medical Necessity	Not Covered
Mental Outpatient/Substance Abuse Outpatient	Not Covered
Durable Medical Equipment	Not Covered
Pediatric Dental & Vision	Not Covered
Prescriptions	
Generic	\$5.00 co-pay
Brand Formulary	Not Covered
Brand Non-Formulary	Not Covered
Specialty	Not Covered