

HEIN & ELLEN HETTINGA DAIRIES BENEFITS
PLAN YEAR: 01/01/2024 – 12/31/2024

	PLAN I
	MEC Plan
Annual Deductible	
Per Person	\$0.00
Per Family	\$0.00
Maximum out of pocket	\$0.00
Emergency Services	
Emergency Room	Not Covered
Ambulance	Not Covered
Hospital Benefits	
Inpatient	Not Covered
Inpatient Professional Services	Not Covered
Maternity & Newborn Care	Not Covered
Mental Inpatient	Not Covered
Professional Services	
Medical Treatment (Office)	Not Covered
Specialist (Office)	Not Covered
Urgent Care Facility/Service	Not Covered
Preventative Services – Child & Adult	100%
Outpatient Lab & X-Ray	Not Covered
MRI/PET/CT Scan	Not Covered
Outpatient Services	
Outpatient Surgeon Benefits	Not Covered
Outpatient Surgical Facility	Not Covered
Anesthesiologist	Not Covered
Additional Outpatient Services	
Skilled Nursing	Not Covered
Chiropractic/Acupuncture Services	Not Covered
Physical/Occupational Services	Not Covered
Rehabilitation Services	Not Covered
Mental Outpatient	Not Covered
Substance Abuse Outpatient	Not Covered
Durable Medical Equipment	Not Covered
Pediatric Exam Dental & Vision	100% of ACA Requirements
Mexico Panel	Not Included
Prescriptions	
Generic- Preventative Only	\$5.00 co-pay
Brand Formulary- Preventative Only	\$40.00 co-pay
Brand Non-Formulary	Not Covered
Specialty	Not Covered

	PLAN II	
	MEC with Mexico Coverage	Mexicali, B.C., México San Luis, R.C., Sonora México Tijuana, B.C., México
Annual Deductible		
Per Person	\$0.00	\$0.00
Per Family	\$0.00	\$0.00
Maximum out of pocket	\$0.00	\$0.00
Emergency Services		
Emergency Room	Not Covered	Plan pays 80%
Ambulance	Not Covered	Plan pays 80%
Hospital Benefits		
Inpatient	Not Covered	\$100 co-pay, Plan pays 80%
Inpatient Professional Services	Not Covered	Plan pays 80%
Maternity & Newborn Care	Not Covered	Same as any other illness
Mental Inpatient	Not Covered	Not Covered
Professional Services		
Medical Treatment (Office)	Not Covered	\$5 co-pay
Specialist (Office)	Not Covered	\$10 co-pay
Urgent Care Facility/Service	Not Covered	\$5 co-pay
Preventative Services – Child & Adult	100%	100%
Outpatient Lab & X-Ray	Not Covered	Plan pays 80%
MRI/PET/CT Scan	Not Covered	Plan pays 80%
Outpatient Services		
Outpatient Surgeon Benefits	Not Covered	Plan pays 80%
Outpatient Surgical Facility	Not Covered	Plan pays 80%
Anesthesiologist	Not Covered	Plan pays 80%
Additional Outpatient Services		
Skilled Nursing	Not Covered	Not Covered
Chiropractic/Acupuncture Services	Not Covered	Not Covered
Physical/Occupational Services	Not Covered	Not Covered
Rehabilitation Services	Not Covered	Not Covered
Mental Outpatient	Not Covered	Not Covered
Substance Abuse Outpatient	Not Covered	Not Covered
Durable Medical Equipment	Not Covered	Not Covered
Pediatric Dental & Vision	100% of ACA Requirements	Not Covered
Mexico Panel	Included	
Prescriptions		
Generic- Preventative Only	\$5.00 co-pay	\$10.00 co-pay
Brand Formulary- Preventative Only	\$40.00 co-pay	\$20.00 co-pay
Brand Non-Formulary	Not Covered	\$30.00 co-pay
Specialty	Not Covered	Not Covered

	PLAN III	
	Buy Up Option	Mexicali, B.C., México San Luis, R.C., Sonora México Tijuana, B.C., México
Annual Deductible		
Per Person	\$5,000	\$0.00
Per Family	\$10,000	\$0.00
	* = deductible applies	
Maximum out of pocket	\$7,500/\$14,000	\$0.00
Emergency Services		
Emergency Room	130% of Medicare Allowed*	Plan pays 80%
Ambulance	130% of Medicare Allowed*	Plan pays 80%
Hospital Benefits		
Inpatient	130% of Medicare Allowed*	\$100 co-pay, Plan pays 80%
Inpatient Professional Services	130% of Medicare Allowed*	Plan pays 80%
Maternity & Newborn Care 48 hours following a vaginal delivery 96 hours following a cesarean delivery	130% of Medicare Allowed*	Same as any other illness
Mental Inpatient	130% of Medicare Allowed*	Not Covered
Professional Services		
Medical Treatment (Office)	\$25 co-pay	\$5 co-pay
Specialist (Office) Benefit includes lab & x-ray in office	\$50 co-pay	\$10 co-pay
Urgent Care Facility/Service	\$50 co-pay	\$5 co-pay
Preventative Services – Child & Adult	100%	100%
Outpatient Lab & X-Ray	75% after Deductible	Plan pays 80%
MRI/PET/CT Scan Free Standing Facility Only	75% after Deductible	Plan pays 80%
Outpatient Services		
Outpatient Surgeon Benefits	130% of Medicare Allowed*	Plan pays 80%
Outpatient Surgical Facility	130% of Medicare Allowed*	Plan pays 80%
Anesthesiologist	130% of Medicare Allowed*	Plan pays 80%
Additional Outpatient Services		
Skilled Nursing	130% of Medicare Allowed*	Not Covered
Chiropractic/Acupuncture Services	130% of Medicare Allowed*	Not Covered
Physical/Occupational Services (Medical Necessity)	130% of Medicare Allowed*	Not Covered
Rehabilitation Services	130% of Medicare Allowed*	Not Covered
Mental Outpatient	130% of Medicare Allowed*	Not Covered
Substance Abuse Outpatient (12 visit maximum)	130% of Medicare Allowed*	Not Covered
Durable Medical Equipment	130% of Medicare Allowed*	Not Covered
Pediatric Dental & Vision	100% of ACA Requirements	Not Covered
Mexico Panel	Included	
Prescriptions		
Generic	\$25.00 co-pay	\$10.00 co-pay
Brand Formulary	\$50.00 co-pay	\$20.00 co-pay
Brand Non-Formulary - \$500 separate deductible	\$75.00 co-pay	\$30.00 co-pay
Specialty	Not Covered	Not Covered
24/7 CALL A DOC You must activate your account to access this benefit.	\$0 co-pay https://www.247calladoc.com/activation or call 844-362-2447	Not Covered