

## #2429 ALTAMIRA LABOR SERVICE, INC

Benefits	MEC PLUS PLAN
Annual Deductible Per Person/Per Family	\$0/\$0
Maximum Out-of-Pocket	\$1,500 (Medical & Rx Combined)
Percentage Payable	None
<b>Professional Services</b>	<b>Services must be provided by Providers within the Healthsmart Network</b>
Physician office visit	\$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%
<b>Outpatient Services</b>	
Facility	Not Covered
Physician	Not Covered
<b>Emergency Services</b>	
Emergency Room – Facility and Physician	Not Covered
Ambulance	Not Covered
<b>Hospital Benefits</b>	
Facility	Not Covered
Physician	Not Covered
Mental Health	Not Covered
Substance Abuse	Not Covered
<b>Additional Services</b>	
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
<b>Pediatric Dental &amp; Vision</b>	<b>ACA Required Benefits</b>
<b>Prescriptions</b>	
Generic – Mandatory Generic	\$5.00 co-pay
Generic Preventative Medications Only	\$0 co-pay
Brand Formulary	\$10 co-pay
Brand Preventative Medications Only	\$0 co-pay
Brand Non-Formulary	Not Covered
Mail Order – up to 90 Day Supply	\$10 co-pay (Generic Only)