

Vessey & Company, Inc. Benefits

	Plan III	
	Mexico	Buy Up
Annual Deductible		
Per Person	N/A	\$1,000
Per Family	N/A	\$2,000
Maximum out of pocket	N/A	\$4,000/\$8,000
Calendar Year Maximum Benefit	\$25,000	\$25,000 (Mexico) Unlimited
		Network-PHCS Provider/Facility Non network physicians/facilities payable at 140% of Medicare
Professional Services		
Medical Treatment (Office) *9 visits maximum any combination, not to exceed 3 Specialist visits	\$5 co-pay	\$25 co-pay
Specialist (Office) Benefit includes lab & x-ray in office	\$10 co-pay	\$45 co-pay
Urgent Care Facility/Service	\$20 co-pay	\$45 co-pay
Outpatient Lab & X-Ray	\$10 co-pay	\$45 co-pay
Preventative Services – Child & Adult	100%	100%
Pediatric Dental & Vision	N/A	ACA Required
		Benefits Below are Subject to Deductible
Outpatient Services		
Outpatient Surgeon Benefits	Plan pays 80%	Plan pays 80%
MRI/PET/CT Scan	Plan pays 80%	Plan pays 80%
Free Standing Facility Only		
Ultrasound/mammogram	\$25 co-pay	
Emergency Services		
Emergency Room	\$25 co-pay Plan pays 80%	140% of Medicare Allowed
Ambulance	Plan pays 80%	140% of Medicare Allowed
Hospital Benefits		
Inpatient	\$75 co-pay, Plan pays 80%	140% of Medicare Allowed
Inpatient Professional Services	Plan pays 80%	140% of Medicare Allowed
Maternity & Newborn Care 48 hours following a vaginal delivery 96 hours following a cesarean delivery	Same as any other illness	140% of Medicare Allowed
Mental Inpatient	N/A	140% of Medicare Allowed
Additional Outpatient Services		
Skilled Nursing	N/A	140% of Medicare Allowed
Chiropractic/Acupuncture Services	N/A	140% of Medicare Allowed
Physical/Occupational Services (Medical Necessity)	N/A	140% of Medicare Allowed
Rehabilitation Services	N/A	140% of Medicare Allowed
Mental Outpatient	N/A	140% of Medicare Allowed
Substance Abuse Outpatient (12 visit maximum)	N/A	140% of Medicare Allowed
Durable Medical Equipment	N/A	140% of Medicare Allowed
Prescriptions		
Generic **10 Rx maximum, not to exceed 5 Brand	\$5.00 co-pay	\$10.00 co-pay
Brand Formulary	\$10.00 co-pay	\$25.00 co-pay
Brand Non-Formulary	50%	\$65.00 co-pay
Maintenance Meds	\$15 co-pay	\$15 co-pay
Specialty	N/A	N/A
24/7 CALL A DOC You must activate your account to access this benefit.	Not covered	\$0 co-pay https://www.247calladoc.com/activation or call 844-362-2447

Minimum Essential Coverage & Mexico Panel included in all plans. Panel offered in Mexicali, B.C., San Luis, R.C., Sonora and Tijuana, B.C.

LIFE INSURANCE

TYPE OF COVERAGE	BENEFIT
Employee Life	\$5,000.00
Benefits reduce 65% at age 65; 45% at age 70; 30% at age 75; Terminates at retirement.	
Accidental Death & Dismemberment	
Maximum Employee Benefit	\$5,000.00