

	MEC Plus Plan	
Benefits	Stateside Benefits Mexico Benefits	
Annual Deductible Per Person/Per Family	\$250/\$500	\$0.00
Maximum Out of Pocket	\$0.00	\$0.00
Percentage Payable	75%	80%
Professional Services	Services must be provided by	Mexicali, B.C., México
	Providers within the Healthsmart Network	San Luis, R.C., Sonora México Tijuana, B.C., México
Physician office visits	\$10 co-pay then 100% of negotiated fee	\$5 co-pay
Specialist office visit	\$40 co-pay then 100% of negotiated fee	\$10 co-pay
Urgent Care	\$40 co-pay then 100% of negotiated fee	\$5 co-pay
Lab & X-ray in office	75% after Deductible*	Plan pays 80% of Maximum Allowable Charge
Lab & X-Ray Outpatient Complex Imaging – CAT, MRI, MRA/MRI & PET SCANS	75% after Deductible*	Plan pays 80% of Maximum Allowable Charge
Preventative Services - Child & Adult	100%	100%
Outpatient Services		
Facility	Not Covered	Plan pays 80% of Maximum Allowable Charge
Physician	Not Covered	Plan pays 80% of Maximum Allowable Charge
Emergency Services		
Emergency Room – Facility and Physician	Not Covered	Plan pays 80%
Ambulance	Not Covered	Plan pays 80%
Hospital Benefits		#100
Facility	Not Covered	\$100 co-pay Plan pays 80%
Physician	Not Covered	Plan pays 80%
Mental Health	Not Covered	Not Covered
	Not Covered Not Covered	Not Covered Not Covered
Substance Abuse Additional Services	Not Covered	Not Covered
	Not Covered	Not Covered
Chemotherapy/Radiation Therapy		
Skilled Nursing	Not Covered	Not Covered Not Covered
Chiropractic/Acupuncture	Not Covered	1
Physical Therapy - Medically Necessary	Not Covered	Plan pays 80%
Mental Outpatient	Not Covered	Not Covered
Durable Medical Equipment	Not Covered	Not Covered
Sleep Disorder – Medically Necessary	Not covered	Not Covered
Substance Abuse Outpatient	Not Covered	Not Covered
Pediatric Dental & Vision Prescriptions	ACA Required Benefits	ACA Required Benefits
Generic	\$5.00 co-pay	\$10.00 co-pay
Brand Formulary	\$20.00 co-pay	\$20.00 co-pay
Brand Non-Formulary	\$40.00 co-pay	Not Covered
Mail Order (90 Days) Generic	Not Covered	Not Covered
Preferred	Not Covered	Not Covered
Non-Preferred	Not Covered	Not Covered
Specialty Medication	Not Covered	Not Covered
247/ CALL A DOC You must activate your account to access this benefit.	\$0 co-pay https://www.247calladoc.com/ac tivation or call 844-362-2447	Not Covered