

Benefits	MEC Plus Plan
Annual Deductible Per Person/Per Family	\$250/\$500
Maximum Out of Pocket	\$0.00
Percentage Payable	75%
Professional Services	Services must be provided by Providers within the Healthsmart Network
Physician office visits	\$10 co-pay then 100% of negotiated fee
Specialist office visit	\$40 co-pay then 100% of negotiated fee
Procedures performed during an office/specialist visit	75% of Negotiated Fee
Lab & X-ray in office	75% after Deductible*
Lab & X-Ray Outpatient Complex Imaging – CAT, MRI, MRA/MRI & PET SCANS	75% after Deductible*
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
Brand Formulary	\$20.00 co-pay
Brand Non-Formulary	\$40.00 co-pay
Mail Order (90 Days)	
Generic	Not Covered
Preferred	Not Covered
Non-Preferred	Not Covered
Specialty Medication	Not Covered

*Subject to deductible