

<b>Benefits</b>	<b>MEC Plus Plan</b>
<b>Annual Deductible Per Person/Per Family</b>	\$250/\$500
<b>Maximum Out of Pocket</b>	\$0.00
<b>Percentage Payable</b>	75%
<b>Professional Services</b>	<b>Services must be provided by Providers within the Healthsmart Network</b>
<b>Physician office visits</b>	\$10 co-pay then 100% of negotiated fee
<b>Specialist office visit</b>	\$40 co-pay then 100% of negotiated fee
<b>Procedures performed during an office/specialist visit</b>	75% of Negotiated Fee
<b>Lab &amp; X-ray in office</b>	75% after Deductible*
<b>Lab &amp; X-Ray Outpatient</b>	
<b>Complex Imaging – CAT, MRI, MRA/MRI &amp; PET SCANS</b>	75% after Deductible*
<b>Preventative Services - Child &amp; Adult</b>	100%
<b>Outpatient Services</b>	
<b>Facility</b>	Not Covered
<b>Physician</b>	Not Covered
<b>Emergency Services</b>	
<b>Emergency Room – Facility and Physician</b>	Not Covered
<b>Ambulance</b>	Not Covered
<b>Hospital Benefits</b>	
<b>Facility</b>	Not Covered
<b>Physician</b>	Not Covered
<b>Mental Health</b>	Not Covered
<b>Substance Abuse</b>	Not Covered
<b>Additional Services</b>	
<b>Chemotherapy/Radiation Therapy</b>	Not Covered
<b>Skilled Nursing</b>	Not Covered
<b>Chiropractic/Acupuncture</b>	Not Covered
<b>Physical/Occupational/Speech</b>	Not Covered
<b>Mental Outpatient</b>	Not Covered
<b>Durable Medical Equipment</b>	Not Covered
<b>Sleep Disorder – Medically Necessary</b>	Not covered
<b>Substance Abuse Outpatient</b>	Not Covered
<b>Pediatric Dental &amp; Vision</b>	<b>ACA Required Benefits</b>
<b>Prescriptions</b>	
<b>Generic</b>	\$5.00 co-pay
<b>Brand Formulary</b>	\$20.00 co-pay
<b>Brand Non-Formulary</b>	\$40.00 co-pay
<b>Mail Order (90 Days)</b>	
<b>Generic</b>	Not Covered
<b>Preferred</b>	Not Covered
<b>Non-Preferred</b>	Not Covered
<b>Specialty Medication</b>	Not Covered

\*Subject to deductible