

**#2523 – Preferred Diversified Services, Inc.
dba Preferred Landscape Services**

| Benefits | MEC Plus Plan |
|---|--|
| | Interplan/Healthsmart Network (outpatient services – office visit, lab, x-ray, urgent care visits and Free Standing Facilities for MRI, CT and PET scans) **Services provided outside of the Interplan/Healthsmart network for outpatient services are not covered by this plan |
| Calendar Year Deductible | |
| Per Person | \$0.00 |
| Per Family | \$0.00 |
| Maximum Out-of-Pocket on Expenses | |
| Per Person | \$400.00 |
| Per Family | \$800.00 |
| Professional Services | |
| Office visit | \$25 co-pay (8 maximum visits per year) |
| Specialist visit | \$35 co-pay |
| Urgent care | \$50 co-pay |
| Preventative Services - Child & Adult | No cost share – member Plan pays 100% of allowed |
| Outpatient Lab & X-Ray | Plan pays 75% of allowed |
| Specialty Testing/Scans (CT/PET scans, MRIs) | Plan pays 75% of allowed |
| Outpatient Services Facility | Not covered |
| Outpatient Services Physician | Not covered |
| Emergency Services | |
| Emergency Room | Not covered |
| Ambulance | Not covered |
| Hospital Benefits | |
| Inpatient | Not covered |
| Additional Outpatient Services | |
| Skilled Nursing | Not covered |
| Chiropractic Services | Not covered |
| Acupuncture Services | Not covered |
| Rehabilitation Services | Not covered |
| Mental Outpatient | Not covered |
| Durable Medical Equipment | Not covered |
| Substance Abuse Outpatient | Not covered |
| Pediatric Dental & Vision | Covered (ACA required benefits) |
| Prescriptions | |
| Generic – Mandatory Generic | \$10 co-pay |
| Brand Formulary – Available only when generic is not available | \$40 co-pay |
| Brand Non-Formulary | \$75 co-pay |
| Specialty Medication | Not Covered |