

ESSENTIAL PLANS BENEFIT SUMMARY

5/15/18

	In Network MEC Plus	In Network MEC Premium Plus	Out of Network
Annual Maximum/Lifetime Maximum Benefit	Unlimited	Unlimited	Not Covered
Deductible (per person)	\$0	\$0	Not Covered
Medical Benefits			
Deductible and Maximum Out of Pocket	Not Applicable	Not Applicable	Not Covered
Wellness and Preventive Care (Including Pediatric and OBGYN)	Covered at 100%	Covered at 100%	Not Covered
Primary Doctor & Pediatric-sick visits	\$25 co-pay – 5 Visits per Year	\$25 co-pay – Unlimited Visits	Not Covered
Specialist Doctor	\$35 co-pay – 1 Visit per Year	\$35 co-pay – 5 Visits per Year	Not Covered
Laboratory Services and Imaging	Preventive Care only included	Preventive Care only included	Not Covered
X-Rays	Preventive Care only included	Preventive Care only included	Not Covered
Urgent Care	\$50 co-pay – 2 Visits per Year	\$50 co-pay – 3 Visits per Year	Not Covered
Emergency Room Admission	Not Covered / Network Discounted Rate	\$250 co-pay – 1 Visit per Year	Not Covered
Outpatient Surgery, Hospice, Skilled Nurse	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered
In Patient Surgery/Services	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered
Maternity Pre/Post Natal Consultation	Not Covered / Network Discounted Rate	\$25 co-pay – 3 Visits	Not Covered
Mental Health, Substance Abuse Consultation	Not Covered / Network Discounted Rate	\$25 co-pay – 1st 3 visits	Not Covered
Rehabilitative Speech Therapy	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered
Rehabilitative and Rehabilitative Physical Therapy	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered
Chiropractic Care	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	
Skilled Nursing Facility	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered
Durable Medical Equipment	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered
Outpatient Facility (e.g, Ambulatory Surgery Center)	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered
Prescription Drug Benefits			
RX	Discount for Generics	Discount for Generics	Not Covered

Dependents covered to age 26 regardless of marital status.

Timely Filing: Claims must be filed within 12 months from the date the service incurred.

Rural Area is defined as 30 miles. If preventive services are not available within 30 miles of your residence the provider will be paid in network.

Coordination of Benefits: Non-duplicating, Plan does not pay in excess of what the plan would have paid without other coverage.

We believe this coverage is a Non-Grandfathered health plan under the Patient Protection and Affordable Care Act. (PPACA)

Policy term is for a 12 month period. In the event of an early termination, there is a 6 month waiting period for all services.

All claims are subject to Plan provisions at the time of service. Any benefits quoted telephonically or in writing is not a guarantee of payment. Claims are determined upon receipt of the claim and any additional information required to make a benefit determination.

