

# ESSENTIAL PLANS BENEFIT SUMMARY

	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
<b>Medical Benefits</b>			
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	Not Covered
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
<b>Prescription Drug Benefits</b>			
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.

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

**This plan is not insurance. The membership term of this plan 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.**