

MEC Visit



Deductible	
Individual	\$0
Family	\$0
Out of Pocket Maximum	
Individual	N/A
Family	N/A
Plan Benefits	
Preventative & Wellness Office Visit	\$0 Copay
Telemedicine	\$0 Consult Fee
Primary Care Office Visit	\$25 Copay - covers 2 visits (combined)
Specialist Office Visit	\$75 Copay - covers 2 visits (combined)
Laboratory Services - Per Panel Tested	\$50 Copay covers 1 panel or 1 diagnostic test per year
Radiology - Per Image Billed	Not Covered
CT/MRI/MRA/PET Scans - Per Imaged Billed	Not Covered
Outpatient Services - Limited to Mental & Behavioral Health and Substance Abuse	Specialist Office Visit Copay
Other Outpatient Services	Not Covered
Urgent Care	Not Covered
Emergency Room Services	Not Covered
Hospital Inpatient Room & Board Per Admission (includes Mental & Behavioral Health or Substance Abuse)	Not Covered
Preventative Prescriptions Generic Drugs	\$0 Copay (Limited to Preventative Only)
Prescription Benefits - VaultRx	Tier 1 = \$0 (Over 200 drugs), Tier 2 = \$10 (Or less), Tier 3 = \$25 (Over 600 drugs), Tier 4 = \$50 (Or less)

NOTE:

Please refer to the Schedule of Benefits for a more in-depth list of Benefits Coverage, Limitations and Exclusions. If this document differs from the Schedule of Benefits, the Schedule of Benefits will govern.