



## Health insurance you can afford! Scan here...

	ELITE MEC	PREMIUM HEALTH	BRONZE	SILVER
Deductible	\$0	\$0	Individual \$0 Family \$0	Individual \$0 Family \$0
Out-of-Pocket Max	N/A	N/A	Individual \$8,550 Family \$17,100	Individual \$5,000 Family \$10,000
Preventative & Wellness Ofce Visits	✓ \$0 Copay	✓ \$0 Copay	✓ \$0 Copay	✓ \$0 Copay
Telemedicine	✓ \$0 Consult Fee	✓ \$0 Consult Fee	✓ \$0 Consult Fee	✓ \$0 Consult Fee
Primary Care Ofce Visit		✓ \$35 Copay	✓ \$25 Copay (limit 8/year)	✓ \$15 Copay (limit 10/year)
Specialist Ofce Visit		✓ \$75 Copay	✓ \$50 Copay (limit 8/year)	✓ \$25 Copay (limit 10/year)
Laboratory Services		✓ \$150 Copay	✓ \$50 Copay (limit 3/year)	✓ \$50 Copay (limit 3/year)
Radiology		✓ \$65 Copay	✓ \$50 Copay (limit 3/year)	✓ \$50 Copay (limit 3/year)
Imaging (CT/MRI/MRA/PET Scans)		✓ \$600 Copay, per image (limit 3)	✓ \$350 Copay (limit 1/year)	✓ \$350 Copay (limit 2/year)
Urgent Care		✓ \$85 Copay	✓ \$50 Copay (limit 2/year)	✓ \$35 Copay (limit 3/year)
Emergency Room Services			✓ \$350 Copay (limit 1/year)	✓ \$350 Copay (limit 1/year)
Hospital Inpatient Room & Board			✓ See Plan Documents	✓ See Plan Documents
Preventative Prescriptions (Generic)	✓ \$0 Copay	✓ \$0 Copay	✓ \$0 Copay	✓ \$0 Copay
Preferred Prescription Drugs (amount shown or less)	✓ Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$25 Tier 4 = \$50	✓ Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$25 Tier 4 = \$50	✓ Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$25 Tier 4 = \$50	✓ Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$25 Tier 4 = \$50
Additional Prescriptions			✓ See Schedule of Benefits	✓ See Schedule of Benefits
Inpatient Hospitalization & Surgery			✓ \$350 Copay (limit 5 days/2 surgeries)	✓ \$350 Copay (limit 7 days/3 surgeries)
Outpatient or Free-Standing Facility		✓ Specialist Office Visit Copay	✓ \$350 Copay (limit 1/year)	✓ \$350 Copay (limit 2/year)
Treatment: Chemical Abuse/Dependency			✓ Outpatient: \$350 copay/limit 8 days Inpatient: \$350 copay/limit 7 days	✓ Outpatient: \$350 copay/limit 10 days Inpatient: \$350 copay/limit 7 days
Home Health Care			✓ \$25 Copay (limit 10/year)	✓ \$25 Copay (limit 10/year)
Pregnancy Benefits				✓ \$350 Copay (Professional and Childbirth/Delivery)

**Disclaimer:** If plan comparison differs from the Schedule of Benefits, the Schedule of Benefits will govern. Refer to the Schedule of Benefits for a list of Benefits Coverage, Limitations, and Exclusions.