



Now brought to you by Elevanta.



# 2016-2017 Health+ Major Medical PPO Plans

BRONZE BASIC		
BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<b>DEDUCTIBLES (PER YEAR)</b>		
<b>Medical Deductible</b>		
Individual	\$5,500	\$11,000
Family	\$11,000	\$22,000
<b>Prescription Drug Deductible</b>		
Individual	\$200	Not Covered
Family	\$400	
<b>OUT-OF-POCKET MAXIMUM (PER YEAR):</b>		
<b>Coinsurance/Copay Out-of-Pocket Maximum</b>		
Individual	\$1,150	\$2,700
Family	\$2,300	\$5,400
<b>Health Care Out-of-Pocket Maximum</b>		
Individual	\$6,850	\$13,700
Family	\$13,700	\$27,400
<b>COPAYMENTS/COINSURANCE:</b>		
Coinsurance	50%	50%
Adult and Child Preventive Services	100%	50% coinsurance after deductible
<b>Office Visit Copays</b>		
Primary Care Physician	Combined total of 1 visit @ 100% coinsurance, then 50% coinsurance after deductible	50% coinsurance after deductible
Urgent Care Services		50% coinsurance after deductible
Specialist Office Visit		50% coinsurance after deductible
Inpatient Hospital Services	\$400 copayment, then 50% coinsurance after deductible	\$400 copayment, then 50% coinsurance after deductible
Emergency Room	\$350 copayment, then 50% coinsurance after deductible	\$350 copayment, then 50% coinsurance after deductible
Prenatal and Postnatal Care	\$50 copayment for initial visit, then 50% coinsurance after deductible	50% coinsurance after deductible
<b>Prescription Drug Copays</b>		
Generic	50% coinsurance after \$200 prescription deductible	Not Covered
Preferred Brand Drug		
Non-Preferred Brand Drug		
Mail Order Generic/Preferred/Non-Preferred		
<b>Basic Term Life Insurance</b>	\$10,000 employee-only	

The Health+ major medical plans utilize the National BlueCard® PPO Network. Participating physician and hospital information can be obtained via <http://provider.bcbs.com>. All employee contributions should be made on a pretax basis. Renewal date of the program will be May 1. Major medical plans not available in the state of Minnesota. Health+ Major Medical plan grids shown here offer a summary of the plans. Please refer to the Summary Plan Description (SPD) for further details.

# 2016-2017 Health+ Major Medical PPO Plans



BENEFITS	BRONZE PREFERRED	
	IN-NETWORK	OUT-OF-NETWORK
<b>DEDUCTIBLES (PER YEAR)</b>		
<b>Medical Deductible</b>		
Individual	\$4,000	\$8,000
Family	\$8,000	\$16,000
<b>Prescription Drug Deductible</b>		
Individual	\$50	Not Covered
Family	\$100	
<b>OUT-OF-POCKET MAXIMUM (PER YEAR):</b>		
<b>Coinsurance/Copay Out-of-Pocket Maximum</b>		
Individual	\$2,800	\$5,700
Family	\$5,600	\$11,400
<b>Health Care Out-of-Pocket Maximum</b>		
Individual	\$6,850	\$13,700
Family	\$13,700	\$27,400
<b>COPAYMENTS/COINSURANCE:</b>		
Coinsurance	70%	50%
Adult and Child Preventive Services	100%	50% coinsurance after deductible
<b>Office Visit Copays</b>		
Primary Care Physician	\$40	50% coinsurance after deductible
Urgent Care Services	\$75	50% coinsurance after deductible
Specialist Office Visit	\$60	50% coinsurance after deductible
Inpatient Hospital Services	\$400 copayment, then 70% coinsurance after deductible	\$400 copayment, then 50% coinsurance after deductible
Emergency Room	\$300 copayment, then 70% coinsurance after deductible	\$300 copayment, then 50% coinsurance after deductible
Prenatal and Postnatal Care	\$60 copayment for initial visit, then 70% coinsurance after deductible	50% coinsurance after deductible
<b>Prescription Drug Copays</b>		
Generic	\$25	Not Covered
Preferred Brand Drug	\$55	
Non-Preferred Brand Drug	\$80	
Mail Order Generic/Preferred/Non-Preferred	\$50/\$110/\$160	
<b>Basic Term Life Insurance</b>	\$10,000 employee-only	

The Health+ major medical plans utilize the National BlueCard® PPO Network. Participating physician and hospital information can be obtained via <http://provider.bcbs.com>. All employee contributions should be made on a pretax basis. Renewal date of the program will be May 1. Major medical plans not available in the state of Minnesota. Health+ Major Medical plan grids shown here offer a summary of the plans. Please refer to the Summary Plan Description (SPD) for further details.

# 2016-2017 Health + Major Medical PPO Plans



SILVER BASIC		
BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<b>DEDUCTIBLES (PER YEAR)</b>		
<b>Medical Deductible</b>		
Individual	\$3,000	\$6,000
Family	\$6,000	\$12,000
<b>Prescription Drug Deductible</b>		
Individual	\$75	Not Covered
Family	\$150	
<b>OUT-OF-POCKET MAXIMUM (PER YEAR):</b>		
<b>Coinsurance/Copay Out-of-Pocket Maximum</b>		
Individual	\$3,775	\$7,700
Family	\$7,500	\$15,400
<b>Health Care Out-of-Pocket Maximum</b>		
Individual	\$6,850	\$13,700
Family	\$13,700	\$27,400
<b>COPAYMENTS/COINSURANCE:</b>		
Coinsurance	70%	50%
Adult and Child Preventive Services	100%	50% coinsurance after deductible
<b>Office Visit Copays</b>		
Primary Care Physician	\$30	50% coinsurance after deductible
Urgent Care Services	\$75	50% coinsurance after deductible
Specialist Office Visit	\$60	50% coinsurance after deductible
Inpatient Hospital Services	\$300 copayment, then 70% coinsurance after deductible	\$300 copayment, then 50% coinsurance after deductible
Emergency Room	\$250 copayment, then 70% coinsurance after deductible	\$250 copayment, then 50% coinsurance after deductible
Prenatal and Postnatal Care	\$60 copayment for initial visit, then 70% coinsurance after deductible	50% coinsurance after deductible
<b>Prescription Drug Copays</b>		
Generic	70% coinsurance after \$75 prescription deductible	Not Covered
Preferred Brand Drug		
Non-Preferred Brand Drug		
Mail Order Generic/Preferred/Non-Preferred		
<b>Basic Term Life Insurance</b>	\$10,000 employee-only	

The Health+ major medical plans utilize the National BlueCard® PPO Network. Participating physician and hospital information can be obtained via <http://provider.bcbs.com>. All employee contributions should be made on a pretax basis. Renewal date of the program will be May 1. Major medical plans not available in the state of Minnesota. Health+ Major Medical plan grids shown here offer a summary of the plans. Please refer to the Summary Plan Description (SPD) for further details.

# 2016-2017 Health + Major Medical PPO Plans



SILVER CHOICE		
BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<b>DEDUCTIBLES (PER YEAR)</b>		
<b>Medical Deductible</b>		
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
<b>Prescription Drug Deductible</b>		
Individual	\$50	Not Covered
Family	\$100	
<b>OUT-OF-POCKET MAXIMUM (PER YEAR):</b>		
<b>Coinsurance/Copay Out-of-Pocket Maximum</b>		
Individual	\$4,800	\$9,700
Family	\$9,600	\$19,400
<b>Health Care Out-of-Pocket Maximum</b>		
Individual	\$6,850	\$13,700
Family	\$13,700	\$27,400
<b>COPAYMENTS/COINSURANCE:</b>		
Coinsurance	80%	60%
Adult and Child Preventive Services	100%	60% coinsurance after deductible
<b>Office Visit Copays</b>		
Primary Care Physician	\$30	60% coinsurance after deductible
Urgent Care Services	\$50	60% coinsurance after deductible
Specialist Office Visit	\$50	60% coinsurance after deductible
Inpatient Hospital Services	\$300 copayment, then 80% coinsurance after deductible	\$300 copayment, then 60% coinsurance after deductible
Emergency Room	\$200 copayment, then 80% coinsurance after deductible	\$200 copayment, then 60% coinsurance after deductible
Prenatal and Postnatal Care	\$50 copayment for initial visit, then 80% coinsurance after deductible	60% coinsurance after deductible
<b>Prescription Drug Copays</b>		
Generic	\$20	
Preferred Brand Drug	\$50	
Non-Preferred Brand Drug	\$80	Not Covered
Mail Order Generic/Preferred/Non-Preferred	\$40/\$100/\$160	
<b>Basic Term Life Insurance</b>	\$10,000 employee-only	

The Health+ major medical plans utilize the National BlueCard® PPO Network. Participating physician and hospital information can be obtained via <http://provider.bcbs.com>. All employee contributions should be made on a pretax basis. Renewal date of the program will be May 1. Major medical plans not available in the state of Minnesota. Health+ Major Medical plan grids shown here offer a summary of the plans. Please refer to the Summary Plan Description (SPD) for further details.

# 2016-2017 Health+ Major Medical PPO Plans



		GOLD BASIC	
BENEFITS	IN-NETWORK	OUT-OF-NETWORK	
<b>DEDUCTIBLES (PER YEAR)</b>			
<b>Medical Deductible</b>			
Individual	\$1,000	\$2,000	
Family	\$2,000	\$4,000	
<b>Prescription Drug Deductible</b>			
Individual	\$50	Not Covered	
Family	\$100	Not Covered	
<b>OUT-OF-POCKET MAXIMUM (PER YEAR):</b>			
<b>Coinsurance/Copay Out-of-Pocket Maximum</b>			
Individual	\$4,700	\$9,500	
Family	\$9,400	\$19,000	
<b>Health Care Out-of-Pocket Maximum</b>			
Individual	\$5,750	\$11,500	
Family	\$11,500	\$23,000	
<b>COPAYMENTS/COINSURANCE:</b>			
Coinsurance	80%	60%	
Adult and Child Preventive Services	100%	60% coinsurance after deductible	
<b>Office Visit Copays</b>			
Primary Care Physician	\$25	60% coinsurance after deductible	
Urgent Care Services	\$45	60% coinsurance after deductible	
Specialist Office Visit	\$45	60% coinsurance after deductible	
Inpatient Hospital Services	\$300 copayment, then 80% coinsurance after deductible	\$300 copayment, then 60% coinsurance after deductible	
Emergency Room	\$200 copayment, then 80% coinsurance after deductible	\$200 copayment, then 60% coinsurance after deductible	
Prenatal and Postnatal Care	\$45 copayment for initial visit, then 80% coinsurance after deductible	60% coinsurance after deductible	
<b>Prescription Drug Copays</b>			
Generic	\$20	Not Covered	
Preferred Brand Drug	\$45	Not Covered	
Non-Preferred Brand Drug	\$75	Not Covered	
Mail Order Generic/Preferred/Non-Preferred	\$40/\$90/\$150	Not Covered	
<b>Basic Term Life Insurance</b>	\$10,000 employee-only		

The Health+ major medical plans utilize the National BlueCard® PPO Network. Participating physician and hospital information can be obtained via <http://provider.bcbs.com>. All employee contributions should be made on a pretax basis. Renewal date of the program will be May 1. Major medical plans not available in the state of Minnesota. Health+ Major Medical plan grids shown here offer a summary of the plans. Please refer to the Summary Plan Description (SPD) for further details.

# 2016-2017 Health + Major Medical PPO Plans



			GOLD PREFERRED	
BENEFITS	IN-NETWORK	OUT-OF-NETWORK		
<b>DEDUCTIBLES (PER YEAR)</b>				
<b>Medical Deductible</b>				
Individual	\$1,500	\$3,000		
Family	\$3,000	\$6,000		
<b>Prescription Drug Deductible</b>				
Individual	\$50	Not Covered		
Family	\$100			
<b>OUT-OF-POCKET MAXIMUM (PER YEAR):</b>				
<b>Coinsurance/Copay Out-of-Pocket Maximum</b>				
Individual	\$1,200	\$2,500		
Family	\$2,400	\$5,000		
<b>Health Care Out-of-Pocket Maximum</b>				
Individual	\$2,750	\$5,500		
Family	\$5,500	\$11,000		
<b>COPAYMENTS/COINSURANCE:</b>				
Coinsurance	80%	60%		
Adult and Child Preventive Services	100%	60% coinsurance after deductible		
<b>Office Visit Copays</b>				
Primary Care Physician	\$20	60% coinsurance after deductible		
Urgent Care Services	\$40	60% coinsurance after deductible		
Specialist Office Visit	\$30	60% coinsurance after deductible		
Inpatient Hospital Services	\$300 copayment, then 80% coinsurance after deductible	\$300 copayment, then 60% coinsurance after deductible		
Emergency Room	\$150 copayment, then 80% coinsurance after deductible	\$150 copayment, then 60% coinsurance after deductible		
Prenatal and Postnatal Care	\$30 copayment for initial visit, then 80% coinsurance after deductible	60% coinsurance after deductible		
<b>Prescription Drug Copays</b>				
Generic	\$20	Not Covered		
Preferred Brand Drug	\$45			
Non-Preferred Brand Drug	\$75			
Mail Order Generic/Preferred/Non-Preferred	\$40/\$90/\$150			
<b>Basic Term Life Insurance</b>	\$10,000 employee-only			

The Health+ major medical plans utilize the National BlueCard® PPO Network. Participating physician and hospital information can be obtained via <http://provider.bcbs.com>. All employee contributions should be made on a pretax basis. Renewal date of the program will be May 1. Major medical plans not available in the state of Minnesota.

Health+ Major Medical plan grids shown here offer a summary of the plans. Please refer to the Summary Plan Description (SPD) for further details.

# 2016-2017 Health + Major Medical PPO Plans



PLATINUM CHOICE		
BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<b>DEDUCTIBLES (PER YEAR)</b>		
<b>Medical Deductible</b>		
Individual	\$500	\$1,000
Family	\$1,000	\$2,000
<b>Prescription Drug Deductible</b>		
Individual	\$50	Not Covered
Family	\$100	Not Covered
<b>OUT-OF-POCKET MAXIMUM (PER YEAR):</b>		
<b>Coinsurance/Copay Out-of-Pocket Maximum</b>		
Individual	\$500	\$1,100
Family	\$1,000	\$2,200
<b>Health Care Out-of-Pocket Maximum</b>		
Individual	\$1,050	\$2,100
Family	\$2,100	\$4,200
<b>COPAYMENTS/COINSURANCE:</b>		
Coinsurance (plan pays)	80%	60%
Adult and Child Preventive Services	100%	60% coinsurance after deductible
<b>Office Visit Copays</b>		
Primary Care Physician	\$20	60% coinsurance after deductible
Urgent Care Services	\$40	60% coinsurance after deductible
Specialist Office Visit	\$30	60% coinsurance after deductible
Inpatient Hospital Services	\$200 copayment, then 80% coinsurance after deductible	200 copayment, then 60% coinsurance after deductible
Emergency Room	\$150 copayment, then 80% coinsurance after deductible	\$150 copayment, then 60% coinsurance after deductible
Prenatal and Postnatal Care	\$30 copayment for initial visit, then 80% coinsurance after deductible	60% coinsurance after deductible
<b>Prescription Drug Copays</b>		
Generic	\$10	Not Covered
Preferred Brand Drug	\$30	
Non-Preferred Brand Drug	\$55	
Mail Order Generic/Preferred/Non-Preferred	\$20/\$60/\$110	
<b>Basic Term Life Insurance</b>	\$10,000 employee-only	

The Health+ major medical plans utilize the National BlueCard® PPO Network. Participating physician and hospital information can be obtained via <http://provider.bcbs.com>. All employee contributions should be made on a pretax basis. Renewal date of the program will be May 1. Major medical plans not available in the state of Minnesota. Health+ Major Medical plan grids shown here offer a summary of the plans. Please refer to the Summary Plan Description (SPD) for further details.

# Health+ Vision Plan

The Health+ vision plan utilizes the UnitedHealthcare Vision network. Participating physician information can be obtained via myuhcvision.com. United Healthcare Vision has partnered with the Laser Vision Network of America (LVNA) to offer members access to discounted laser correction providers. Call 1-877-28-SIGHT.

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<b>COPAYS</b>		
Comprehensive Exam	\$10 copay	n/a
Materials	\$10 copay	n/a
<b>BENEFITS</b>		
Eye Exam	Covered in full	\$40 allowance
Lenses		
Single Vision	Covered in full	\$40 allowance
Lined Bifocal	Covered in full	\$60 allowance
Lined Trifocal	Covered in full	\$80 allowance
Lenticular	Covered in full	\$80 allowance
Frames		
Frames	Covered in full	\$45 allowance
Retail	\$150 allowance	\$45 allowance
Contact Lenses (in lieu of lenses and frames)		
Covered Selection Contacts	Up to 6 boxes	Up to \$150
Non-Selection Contacts	Up to \$150	Up to \$150
Necessary Contacts	100%	Up to \$210
<b>FREQUENCY</b>		
Eye Exam		12 months
Lenses		12 months
Frames		24 months
Contact Lenses		12 months

# Health+ Dental Plan

BENEFITS	HIGH OPTION	LOW OPTION
	IN-NETWORK	IN-NETWORK
<b>DEDUCTIBLE</b>		
Applies to classes 1, 2 and 3	\$25 individual \$75 family	\$50 individual \$150 family
<b>COINSURANCE</b>		
Class 1: Preventive Services	100%	100%
Class 2: Basic Restorative Services	80%	80%
Class 3: Major Restorative Services	50%	50%
Class 4: Orthodontic Services	50%	50%
<b>PLAN YEAR BENEFIT MAXIMUM</b>		
Per individual. Applies to classes 1, 2 and 3	\$1,500	\$1,000
<b>LIFETIME ORTHODONTIC BENEFIT MAXIMUM</b>		
Covered benefit up to age 19. Maximum is per individual	\$1,500	\$1,500
<b>CLASS 1: PREVENTIVE SERVICES</b>	Oral Exams, cleanings, x-rays (bitewing – 2x per plan year, full mouth – 1 every 3 plan years, panoramic – 1 every 3 plan years, individual teeth – as needed), sealants (under age 15 – posterior teeth only), fluoride – 2x every plan year (up to age 19).	Oral Exams, cleanings, x-rays (bitewing – 2x per plan year, full mouth – 1 every 3 plan years, panoramic – 1 every 3 plan years, individual teeth – as needed), sealants (under age 15 – posterior teeth only), fluoride – 2x every plan year (up to age 19).
<b>CLASS 2: BASIC RESTORATIVE SERVICES</b>	Emergent treatment, exams for consultation purposes, lab/diagnostic tests, injection of antibiotic drugs, application of desensitizing medications, fillings, extractions, oral surgery, general and local anesthesia-analgesia, endodontics, periodontics, stainless steel crowns.	Emergent treatment, exams for consultation purposes, lab/diagnostic tests, injection of antibiotic drugs, application of desensitizing medications, fillings, extractions, oral surgery, general and local anesthesia-analgesia, endodontics, periodontics, stainless steel crowns.
<b>CLASS 3: MAJOR RESTORATIVE SERVICES</b>	Gold foil restorations, inlays/onlays, crowns (except stainless steel – see class 2), temporary crowns, dentures, temporary partials and/or dentures, bridges, temporary bridges, maxillofacial prosthetics, precision or semi-precision attachments for dentures or bridgework, repair of prosthetic appliances, replacement of existing partial or full removable denture or fixed bridgework, addition of teeth to an existing partial or removable denture, bridgework to replace extracted teeth.	Gold foil restorations, inlays/onlays, crowns (except stainless steel – see class 2), temporary crowns, dentures, temporary partials and/or dentures, bridges, temporary bridges, maxillofacial prosthetics, precision or semi-precision attachments for dentures or bridgework, repair of prosthetic appliances, replacement of existing partial or full removable denture or fixed bridgework, addition of teeth to an existing partial or removable denture, bridgework to replace extracted teeth.
<b>CLASS 4: ORTHODONTIC SERVICES</b>	Initial exam, charting, appliances, retention.	Initial exam, charting, appliances, retention.

The Health+ dental plans utilize the National BlueCard® PPO Network. All employee contributions should be made on a pre-tax basis. Renewal date of the program will be May 1. Participating physician and hospital information can be obtained via <http://www.cbabluevt.com/dental>.



# Health+ Supplemental Life Insurance

ELIGIBILITY	<p>All Salaried Full-time employees may purchase up to \$100,000</p> <p>All Hourly Full-time employees may purchase up to \$50,000</p> <p>Guaranteed Issue: \$50,000</p> <p>Not offered to part-time employees</p>
DEPENDENT ELIGIBILITY	Employees must participate in voluntary plan for dependents to participate
BENEFIT AMOUNT	Increments of \$10,000 Up to a maximum of \$100,000
MAXIMUM BENEFIT AMOUNT	Salaried Full-time - \$100,000 Hourly Full-time - \$50,000
SPOUSE LIFE BENEFIT	50% of employee-only coverage Increments of \$5,000 Up to a maximum of \$50,000
CHILD LIFE BENEFIT	Coverage begins at age 14 days to six months at \$500 Six months to 25 years in increments of \$5,000 Up to a maximum of \$10,000
GUARANTEED ISSUE	Salaried Full-time - \$50,000 Hourly Full-time - \$50,000
DEPENDENT GUARANTEED ISSUE	Spouse: \$10,000 Child: all guaranteed issue
MEDICAL UNDERWRITING REQUIREMENTS	At initial eligibility no medical underwriting is required. If you choose to waive coverage at this time, but at a later date decide to enroll, medical underwriting will be required for any amount of supplemental term life insurance and insurer must approve coverage.
AGE REDUCTION SCHEDULE	Coverage reduces to 65% of original amount at age 65, 50% of original amount at age 70
SUICIDE EXCLUSION	No death benefits will be paid if insured commits suicide during the first two years of coverage. This two-year suicide exclusion also applies to all later increases in coverage.

# Health+ Supplemental AD&D Insurance

ELIGIBILITY	<p><b>Class 1:</b> All salaried and full-time hourly employees may purchase up to \$100,000</p> <p><b>Class 2:</b> All part-time hourly employees working an average of 20 hours or more per week may purchase up to \$50,000</p>
EMPLOYEE MAXIMUM BENEFIT AMOUNT	Class 1: Increments of \$10,000 up to \$100,000 Class 2: Increments of \$10,000 up to \$50,000
SPOUSE MAXIMUM BENEFIT AMOUNT	Class 1: Increments of \$5,000 up to \$50,000 Class 2: Increments of \$2,000 up to \$10,000
CHILD MAXIMUM BENEFIT AMOUNT	Class 1: Increments of \$5,000 up to \$25,000 Class 2: Increments of \$2,000 up to \$10,000
AGE REDUCTION SCHEDULE	Coverage reduces to 65% of original amount at age 65, 50% of original amount at age 70
LOSS OF LIFE	100% of the principal sum in the event of accidental loss of life occurring within 365 days of a covered accident
LIVING	Up to 100% of the principal sum for paralysis, dismemberment, loss of eyesight and speech and hearing in both ears
COMA	1% per month for 11 months, then 100% of principal sum after 12 <sup>th</sup> month
DISMEMBERMENT	One member: 50% of principal sum Two members: 100% of principal sum Thumb and Index: 25% of principal sum All four fingers/same: 25% of principal sum All toes: 20% of principal sum
PARALYSIS	One hand or one foot and sight in one eye: 100% of principal sum Total paralysis of upper and lower limbs (quadriplegia): 100% Total paralysis of both lower limbs (paraplegia): 75% Total paralysis of upper and lower limbs on one side of body (hemiplegia): 50% Total paralysis of one upper or one lower limb (uniplegia): 25%
SIGHT IN ONE EYE	50%
SPEECH AND HEARING	100%
SPEECH OR HEARING	50%



Now brought to you by Elevanta.

## Health+ MEC Basic Plan

BENEFITS	MEC BASIC PLAN
Daily Hospital Confinement	\$450/day, 2X for ICU
Regular Office Visits (Non-Wellness)	\$40/visit
Specialist Office Visits (Non-Wellness)	\$60/visit
<b>Prescription Drug</b>	
Generic	\$10
Formulary	\$25
Non-Formulary	\$40
<b>Surgery</b>	
Inpatient	\$1,000
Outpatient	\$500
Office Visit	\$100
Anesthesia	\$100/day
Ambulance	\$100 ground / \$500 air
Emergency Room	\$75/visit
Urgent Care	\$40/visit
<b>Diagnostic</b>	
Lab	\$10
X-Ray/Ultrasound	\$50
PET	\$150
CT Scan	\$200
MRI	\$350
Preventive Care see <a href="http://www.yourhealthplus.org">www.yourhealthplus.org</a> for a complete list	100%
Chiropractic	\$25/visit
Physical Therapy	\$25/visit
Inpatient Mental Health	\$100/day
Inpatient Substance Abuse	\$100/day
Extended Care Facility	\$100/day
Basic Term Life Insurance	\$10,000 employee-only

The Health+ MEC plans utilize the National BlueCard® PPO Network. Participating physician and hospital information can be obtained via <http://provider.bcbs.com>. All employee contributions should be made on a pretax basis. Renewal date of the program will be May 1. MEC plans are not available in the state of Minnesota. Please refer to the Summary Plan Description (SPD) for further details.

The Health+ MEC Basic plan is minimum essential coverage that allows an individual to satisfy the individual mandate requirement under the Affordable Care Act.

Benefits are paid on an unlimited per diem basis.

# Health+ MEC Choice Plan

BENEFITS	MEC CHOICE PLAN
Daily Hospital Confinement	\$2,000/day, 2X for ICU
Regular Office Visits (Non-Wellness)	\$60/visit
Specialist Office Visits (Non-Wellness)	\$80/visit
<b>Prescription Drug</b>	
Generic	\$15
Formulary	\$75
Non-Formulary	\$100
<b>Surgery</b>	
Inpatient	\$3,000
Outpatient	\$2,000
Office Visit	\$175
Anesthesia	\$300/day
Ambulance	\$150 ground / \$750 air
Emergency Room	\$200/visit
Urgent Care	\$60/visit
<b>Diagnostic</b>	
Lab	\$15
X-Ray/Ultrasound	\$75
PET	\$225
CT Scan	\$300
MRI	\$500
Preventive Care see <a href="http://www.yourhealthplus.org">www.yourhealthplus.org</a> for a complete list	100%
Chiropractic	\$35/visit
Physical Therapy	\$35/visit
Inpatient Mental Health	\$200/day
Inpatient Substance Abuse	\$200/day
Extended Care Facility	\$200/day
Basic Term Life Insurance	\$10,000 employee-only

The Health+ MEC plans utilize the National BlueCard® PPO Network. Participating physician and hospital information can be obtained via <http://provider.bcbs.com>.

All employee contributions should be made on a pretax basis. Renewal date of the program will be May 1. MEC plans are not available in the state of Minnesota. Please refer to the Summary Plan Description (SPD) for further details.

The Health+ MEC Choice plan is minimum essential coverage that allows an individual to satisfy the individual mandate requirement under the Affordable Care Act.

Benefits are paid on an unlimited per diem basis.