

2019-2020 MINIMUM ESSENTIAL COVERAGE PLANS

Benefit amounts shown below are paid by the insurance carrier on an unlimited per diem basis.

Any balance remaining is the responsibility of the plan participant.

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
Prescription Drug Copays	
Generic	\$10
Formulary	\$25
Non-Formulary	\$40
Surgery	
Inpatient	\$1,000
Outpatient	\$500
Office Visit	\$100
Anesthesia	\$100/day
Ambulance	\$100 ground / \$500 air
Emergency Room	\$75/visit
Urgent Care	\$40/visit
Diagnostic	
Lab	\$10
X-Ray/Ultrasound	\$50
PET	\$150
CT Scan	\$200
MRI	\$350
Preventive Care	
see elevantahealth.com 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 Elevanta Health MEC plans utilize the National BlueCard® PPO Network. Participating physician and hospital information can be obtained via provider.bcbs.com.



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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
Prescription Drug Copays	
Generic	\$15
Formulary	\$75
Non-Formulary	\$100
Surgery	
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
Diagnostic	
Lab	\$15
X-Ray/Ultrasound	\$75
PET	\$225
CT Scan	\$300
MRI	\$500
Preventive Care	4000/
see elevantahealth.com 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

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