



2025-2026 Medical PPO Plan Schedule of Medical Benefits MEC Basic Plan

Benefit	
INPATIENT CARE (PER DIEM BENEFIT)	
Daily Hospital Confinement	Plan pays \$450 per day \$900 per day for ICU
Inpatient Mental Health/Substance Abuse	Plan pays \$100 per day
Convalescent Hospital/Extended Care Facility/Skilled Nursing Facility	Plan pays \$100 per day
Anesthesia Services	Plan pays \$100 per day
SURGERY (PER SURGERY BENEFIT)	
Inpatient	Plan pays \$1,000 per surgery
Outpatient	Plan pays \$500 per surgery
Office Visit	Plan pays \$100 per surgery
PHYSICIAN'S SERVICES (PER VISIT BENEFIT)	
Preventive Care (only covered when received from an in-network provider)	Plan pays 100% See Schedule on page 8
Physician's Office Visits (Non-Wellness)	Plan pays \$40 per visit
Specialist Office Visits (Non-Wellness)	Plan pays \$60 per visit
Chiropractic Care	Plan pays \$25 per visit
Outpatient Physical Therapy	Plan pays \$25 per visit
EMERGENCY CARE	
Ambulance Services	Plan pays \$100 (Ground) \$500 (Air)
Emergency Room Services	Plan pays \$75 per visit
Urgent Care Services	Plan pays \$40 per visit

The Elevanta Health major medical plans utilize the National BlueCard® PPO Network. Participating physician and hospital information can be obtained via 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.

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



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OUTPATIENT DIAGNOSTIC IMAGING (PER SERVICE BENEFIT)	
Labs	Plan pays \$10 per service
X-Ray/Ultrasound	Plan pays \$50 per service
PET	Plan pays \$150 per service
CT Scan	Plan pays \$200 per service
MRI	Plan pays \$350 per service
PRESCRIPTION DRUGS – UP TO 90 DAY SUPPLY RETAIL; 90 DAY SUPPLY MAIL ORDER (PER SCRIPT BENEFIT)	
Prescription Drug Benefits	<p>1-30 day supply retail & 90 day supply mail order Plan pays up to \$10 per script – Generic Plan pays up to \$25 per script – Preferred Brand Plan pays up to \$40 per script - Non-Preferred Brand</p> <p>31-90 day supply retail: Plan pays up to \$30 per script – Generic Plan pays up to \$75 per script – Preferred Brand Plan pays up to \$120 per script - Non-Preferred Brand</p>

NOTES:

1. This Plan is participating with Blue Cross Blue Shield of Vermont preferred provider network as well as the BlueCard Program. These preferred providers will bill the Contract Administrator directly and write off charges that exceed their contractual allowances.
2. All covered charges billed by non-participating providers will be subject to a maximum allowable benefit. Preventive care benefits are only covered when received from an in-network provider.
3. All other benefits not listed above will not be covered.
4. The Plan pays up to the dollar amount listed on the Schedule of Benefits. With the exception of prescription drug benefits, if reimbursement to the provider totals less than the dollar amounts listed, the covered person will be reimbursed the difference.

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