

MEC CARE 1

The Bridgewell Health MEC CARE 1 plan provides limited outpatient and inpatient covered benefits, in addition to the covered benefits associated with Minimum Essential Coverage.

PLAN BENEFITS

IN-NETWORK

Preventive & Wellness Services	100% Coverage * **
Physician Office Visits	<i>Lab services not included, must utilize preferred lab vendor</i>
• Primary Care Office Visit	\$30 Copay, then 100% to \$300 per visit
• Specialist Office Visit	\$50 Copay, then 100% to \$300 per visit
• Physician & Surgeon Professional Services	\$150 Copay, then 100% to \$500 per day
• Anesthesia Professional Services	\$150 Copay, then 100% to \$250 per day
Telemedicine Consultations	Included, \$0 Copay
Outpatient Lab	100% if preferred vendor, otherwise \$50 Copay, then 100%
Outpatient Radiology & Imaging	
• Physician Office/Freestanding Imaging Ctr.	\$50 Copay, then 100% to \$750 per visit
• Hospital Outpatient	\$250 Copay, then 100% to \$750 per visit
Outpatient Rehab & Therapy	\$30 Copay then 100% to \$100 per visit, 26 visit annual max
Allergy Treatment	\$20 Copay, then 100% to \$100 per visit, 6 visit annual max
Emergency Services	
• Hospital ER (Facility Charge Only)	\$250 Copay, then 100% to \$1,000 per visit
• Urgent Care / ER Professional Services	\$75 Copay, then 100% to \$500 per visit
• Ambulance	Not Covered
• Air Ambulance	Not Covered
Outpatient Surgical Procedures	
• Physician Office / Freestanding Surgery Ctr.	\$250 Copay, then 100% to \$750 per day
• Outpatient Hospital	\$500 Copay, then 100% to \$750 per day
Inpatient Hospitalization	
• Medical Facility Services	\$1,000 Copay per admission, then 100% to \$500 per day benefit, unlimited days
Prescription Drug Benefits	\$20 Copay, Generic Only to \$250/script
COBRA Administration	Included
PPO Network	PHCS *

*(Plan participants must see a doctor within the PPO Network in order to be covered for the benefits and services listed as part of the covered benefits summary.)

***(All Mammography and Colonoscopy Screening require pre-certification. For pre-certification, please call a Care Coordinator at: 1-844-643-5104.)

Premiums

Employee Only	\$142.90 per month, \$32.98 per week, payroll deduction
Employee + Spouse	\$300.09 per month, \$69.25 per week, payroll deduction
Employee + Child	\$250.07 per month, \$57.71 per week, payroll deduction
Employee + Family	\$421.55 per month, \$97.28 per week, payroll deduction