

COMPLIANCE AND AFFORDABILITY ALL IN ONE PRODUCT LINE!

Offer a plan with rates as low as \$60 including aggregate coverage and build a suite of buy up options for a top of the line benefit package that can't be beat.

BENEFIT	PLAN OPTIONS				
	MEC	MEC VALUE	MEC+	MVP	SPEC & AG BUY UP
Preventive Care- Men, Women & Children	100%	100%	100%	100%	100%
Deductible	\$0	\$0	\$0	\$0	Employer Selects
Maximum Out of Pocket	\$0	\$6,350/\$12,700	\$6,350/\$12,700	\$6,500/\$13,000	Employer Selects
Primary Care Visit to Treat an Injury or Illness (exc. Well Baby, Preventive, and X-rays)		\$10 Co-pay (limited to 3 annual visits)	\$15 Co-pay	\$25 Co-pay	Employer Selects
Specialist Visit			\$25 Co-pay	\$75 Co-pay	Employer Selects
Imaging (CT, PET Scans, MRIs)			\$400 Co-pay + 20%	\$300 Co-pay for each test performed	Employer Selects
Laboratory Outpatient and Professional Services		\$10 Co-pay (limited to 3 annual visits)	\$50 Co-pay	\$100 Co-pay	Employer Selects
X-rays and Diagnostic Imaging		\$10 Co-pay (limited to 3 annual visits)	\$50 Co-pay	\$100 Co-pay	Employer Selects
Urgent Care			\$50 Co-pay + 20%	\$100 Co-pay + 20%	Employer Selects
Emergency Room Services			\$400 Co-pay + 20%	\$500 Co-pay	Employer Selects
Emergency Professional				\$500 Co-pay	Employer Selects
Hospital Inpatient*				\$5,000 Co-pay per day	Employer Selects
Outpatient Surgery** Performed in Office, Surgical Facility or Hospital*				50%	Employer Selects
Skilled Nursing					Employer Selects
Self-Injectable Drugs					Employer Selects
Ambulance Services					Employer Selects
Durable Medical Equipment/ Prosthetics/Orthotics (\$2,000 Combined Annual Maximum)					Employer Selects
Diabetic Equipment					Employer Selects
Spinal Manipulation and Acupuncture (\$500 Combined Annual Maximum)					Employer Selects
Prescription Drugs					
Generics			\$25 Co-pay	\$30 Co-pay	Employer Selects
Preferred Brand Drugs			\$50 Co-pay	Not Covered ¹	Employer Selects
Non-Preferred Brand Drugs			\$75 Co-pay	Not Covered	Employer Selects
Specialty				Not Covered	Employer Selects
ACA Compliance	MINIMUM ESSENTIAL COVERAGE PLANS <i>Note: For those enrolled in the MEC+ prior to 11/4/2014 it was deemed to meet Minimum Value and avoided both penalties for one plan year.</i>			MINIMUM ESSENTIAL COVERAGE & MINIMUM VALUE PLANS	

*- Please refer to detailed schedule of benefits for complete benefit outline, exclusions and limitations.

- All plans include out of network coverage at a lessened coinsurance level.

- Minimum enrollment varies by state.

*Maximum reimbursement level for all providers will be a percentage of Medicare Allowable.

**All non-emergency surgery requires pre-certification; failure to pre-certify results in no benefit.

¹ If no generic is available, then a \$60 co-pay applies.

www.benelect.com

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