

Summary of Medical Benefits

ESG Care Copper (MEC Plus)

	In-Network	Out-of-Network
Deductible		
Employee only	N/A	N/A
Family	N/A	N/A
Out-of-Pocket Maximum		
Employee only	N/A	N/A
Family	N/A	N/A
Preventive Care	100% Covered	No Coverage
HealthiestYou Services		
General Consultations	100% Covered	
Dermatology	\$85 Copay	
Mental Health - Therapist	\$90 Copay	
Mental Health - Psychiatrist, initial evaluation	\$220 Copay	
Mental Health - Psychiatrist, ongoing session	\$100 Copay	
Office Visits		
Primary Services	\$20 Copay	No Coverage
Specialist Services	\$50 Copay	No Coverage
CVS Minute Clinic	\$10 Copay	No Coverage
Chiropractic Services (10 visit limit)	\$75 Copay	No Coverage
Urgent Care Services	\$50 Copay	No Coverage
Emergency Services		
Emergency Room	No Coverage	
Emergency Medical Transportation	No Coverage	
Hospital Services		
Inpatient Care	No Coverage	
Outpatient	No Coverage	
Surgery	No Coverage	
Labs & Scans		
Diagnostic Lab & X-ray (In office)	\$60 Copay	No Coverage
CT/MRI or Outpatient Testing	\$200 Copay	No Coverage
Mental Health/Chemical Dependency		
Outpatient	\$75 Copay	No Coverage

Summary of Pharmacy Benefits

	Retail 30 Day Supply	Mail Order 90 Day Supply
Prescription Drug Coverage		
Preventive	100% Covered	100% Covered
Non-Preventive Generic	\$10 Copay*	No Coverage
Non-Preventive Preferred brand	No Coverage	No Coverage
Non-Preventive Non-preferred brand	No Coverage	No Coverage
Non-Preventive Specialty	No Coverage	No Coverage

Coverage Level	Weekly Deduction:
Employee Only	\$27.00
Employee + Child(ren)	\$39.00
Employee + Spouse	\$41.00
Employee + Family	\$66.00

*Generic medication coverage is subject to Magellan formulary limitations. Please visit the online drug search for more information: magellan.adaptiverx.com/webSearch/index?key=cnhmbGV4LnBsYW4uUGxhbIBkZIR5cGUtNTg=

