

Summary of Medical Benefits

ESG Care Copper™ (MEC +)

	In-Network	Out-of-Network
Calendar Year Deductible		
Employee only		None
Family		None
Out-of-Pocket Maximum		
Employee only		None
Family		None
Preventive Care	100% Covered	No Coverage
Office Visits		
Primary Services	\$20 Copay	No Coverage
Specialist Services	\$50 Copay	No Coverage
CVS Minute Clinic	\$10 Copay	No Coverage
Urgent Care	\$50 Copay	No Coverage
Chiropractic Services - 10 visit limit	\$75 Copay	No Coverage
Labs & Scans		
Diagnostic Lab & X-Ray - In Office	\$60 Copay	No Coverage
CT/MRI or Outpatient Testing	\$200 Copay	No Coverage
Durable Medical Equipment	\$50 Copay	No Coverage
HealthiestYou Services		
General Consultations		100% Covered
Dermatology		\$50 Copay
Mental Health - Therapist		\$50 Copay
Mental Health - Psychiatrist, initial evaluation		\$50 Copay
Mental Health - Psychiatrist, ongoing session		\$50 Copay
Emergency Services		
Emergency Room		No Coverage
Emergency Medical Transportation		No Coverage
Hospital Services		No Coverage
Mental Health		
Inpatient	No Coverage	No Coverage
Outpatient - 10 visit limit	\$75 Copay	No Coverage
Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	\$10 Copay	Not available
Preferred brand	100% Copay	Not available
Non-preferred brand	Not available	Not available
Specialty	Not available	Not available

NOTES: This serves as a summary of your benefit plan only. Please refer to your Summary Plan Description for actual coverage, limitation, and exclusion provisions.

* After deductible