

Minimum Essential Coverage Medical Plan

	MEC	MEC Enhanced	MEC Copay	MEC Copay Plus
Plan Features				
Minimum Essential Coverage (MEC) Preventive Services	Plan Pays 100% *	Plan Pays 100% *	Plan Pays 100% *	Plan Pays 100% *
Deductible: Individual / Family	N/A	N/A	N/A	N/A
Coinsurance	N/A	N/A	N/A	N/A
Out-of-Pocket Maximum: Individual / Family	N/A	N/A	N/A	N/A
First Health Network	✓	✓	✓	✓
Teladoc Virtual Primary Care	✓	✓	✓	✓
Primary Care Office Visit Specialist Office Visit Urgent Care Visit	N/A	Plan pays \$75 / Day	\$15 Copay * \$50 Copay * \$80 Copay *	\$15 Copay * \$50 Copay * \$80 Copay *
Outpatient Diagnostic Lab Outpatient Diagnostic X-ray	N/A	Plan pays \$75 / Day	\$15 Copay *	\$15 Copay *
Outpatient Diagnostic Advanced Studies	N/A	N/A	N/A	Plan pays \$500/Day
Accident Medical (per occurrence)	N/A	N/A	Plan pays up to \$5,000	Plan pays up to \$5,000
Emergency Room Sickness	N/A	Plan pays \$75 / Day	N/A	Plan pays \$150/Day
Inpatient Surgery	N/A	Plan pays \$500 / Day	N/A	Plan pays \$1,000/Day
Hospital Admission (lump sum benefit)	N/A	N/A	N/A	Plan pays \$1,500/Confinement
Inpatient Hospital Indemnity	N/A	Plan pays \$100 / Day	N/A	Plan pays \$200/Day
Inpatient Intensive Care Unit	N/A	Plan pays \$200 / Day	N/A	Plan pays \$400/Day
Vision Care	N/A	Plan pays 80% up to \$300	N/A	N/A
Prescription Drug	Generic & Brand Discounts	Generic & Brand Discounts	\$15 Generic Copay Brand Discounts	\$15 Generic Copay Brand Discounts

* You **MUST** visit a First Health Network provider for services to be covered. Services from out-of-network providers are **NOT** covered
 Note: The MEC Enhanced and MEC Copay Plus plans will not be eligible for NH, NM, and VT due to state regulations around fixed indemnity components