



Health Insurance Options

	Plan Option	Option 1	Option 2
	Plan Name	SmartMEC	SmartMVP Silver
	Network	First Health PPO	MRBP 130%

Covered Services

Wellness Procedures (Both plans cover)	Plan pays 100% of the following (not complete list): Routine physical exam, annual well woman exam, annual pap smear, annual mammogram (over age 40), bone density test (over age 60), flu vaccine, routine immunizations, annual psa (over age 60), routine lab, x-ray, diagnostic screenings, routine vision screenings (under age 19), routine hearing screening (newborns), tobacco cessation (2 office visits and 3 month supply of tobacco cessation covered in RX program), all FDA contraceptive methods, sterilization procedures, routine colonoscopy (age 50 and older once every 10 years). See Enrollment Guide; Exclusions Apply
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Mandatory Wellness Prescription RX (Both plans cover)	Plan pays 100% for required generic medications. See Enrollment Guide; Exclusions Apply
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Prescription RX (SmarMVP Silver only)	Not Covered	Generic: \$15 copay Brand: \$25 copay Non-Preferred: \$75 copay (specialty RX excluded) See Enrollment Guide; Exclusions Apply
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Doctor Office Visit (SmarMVP Silver only)	Not Covered	General doctor: \$15 copay Specialist: \$25 copay Outpatient Lab & X-Ray: \$50 copay Complex Diagnostic (MRI, CT, PET): \$400 copay (not covered if provided in hospital) See Enrollment Guide; Exclusions Apply
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Inpatient & Outpatient (SmarMVP Silver only)	Not Covered	Emergency Room: \$400 copay Urgent Care: \$200 copay Hospitalization: Plan pays 60% after \$500 copay (10 day max) See Enrollment Guide; Exclusions Apply
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Weekly Costs	Option 1	Option 2 Based on hourly rate		
	All hourly rates charged the same	\$8 - \$11.99 hr	\$12 - \$13.99 hr	\$14+ hr
Employee Only	\$10.46	\$23.80	\$34.58	\$40.35
Employee + Spouse	\$25.66	\$145.05	\$155.83	\$161.60
Employee + Child(ren)	\$34.38	\$106.80	\$117.58	\$123.35
Employee + Family	\$50.49	\$199.86	\$210.64	\$216.41