

# Blue Shield MEC 9000

Member pays		
Benefits	In-Network	Out-of-Network <sup>1</sup>
Calendar Year Deductible (all providers combined)	\$9,000 individual; \$18,000 family (For individual on family coverage plan, enrollee can receive benefits for covered services once individual deductible is met.)	
Out-of-pocket Maximum (includes plan deductible)	\$9,000 individual; \$18,000 family	Individual no limit; family no limit
Office Visit	0% coinsurance after deductible (same for specialist)	All billed amounts exceeding the maximum allowed amount.
<b>Telehealth - MDLive</b>	Consult fee applies	Not applicable
Preventive Services	No charge	Not covered
Diagnostic Lab and X-ray	0% coinsurance after deductible	Not covered
Advanced Imaging	0% coinsurance after deductible	All billed amounts exceeding the lesser of the benefit maximum or maximum allowed amount.
Inpatient Hospitalization (preauthorization required)	0% coinsurance after deductible	All billed amounts exceeding the lesser of the benefit maximum or maximum allowed amount.
Physician Service	0% coinsurance after deductible	All billed amounts exceeding the lesser of the benefit maximum or maximum allowed amount.
Surgery in an Ambulatory Surgery Center	0% coinsurance after deductible	All billed amounts exceeding the lesser of the benefit maximum or maximum allowed amount.
Urgent Care	0% coinsurance after deductible	All billed amounts exceeding the maximum allowed amount.
Emergency Room	0% coinsurance after deductible	
Ambulance Services	0% coinsurance after deductible	
Durable Medical Equipment	0% coinsurance after deductible	Not covered
Chiropractic Care - limits apply	0% coinsurance after deductible	Not covered
Hearing Aid Benefit - limits apply	0% coinsurance after deductible	
<b>Prescription Drug Coverage<sup>3</sup> (deductible is combined with medical)</b>		
Generic Network Pharmacy Costco Pharmacy Costco Mail Order		\$0 copay after deductible \$0 copay after deductible \$0 copay after deductible
Brand Network Pharmacy Costco Pharmacy Costco Mail Order		\$0 copay after deductible \$0 copay after deductible \$0 copay after deductible
Specialty – Navitus Mail Order		\$0 copay after deductible
Supply Limit	Members may receive up to 30 days and/or up to 90 days supply of medication at participating pharmacies	

<sup>1</sup>Non-participating providers can charge more than Blue Shield's allowable amounts. When members use non-participating providers, they must pay the applicable deductibles, copayments or coinsurance plus any amount that exceeds Blue Shield's allowable amount. Charges above the allowable amount do not count toward the calendar year medical deductible or out-of-pocket maximum. <sup>3</sup>Pharmacy Benefits are administered by [Navitus Health Solutions](#).