AscentLivingCommunities
elevating senior living

SUMMARY OF MEDICAL BENEFITS

Minimum Essential Coverage (MEC) Plan

MEC Plan		
Plan Year Deductible	**In-Network**	**Out-of-Network**
Employee Only Family	$0 $0	N/A N/A
Coinsurance	0%	N/A
Out-of-Pocket Maximum Employee Only Family	 $0 $0	 N/A N/A
Preventative Care	100% Covered	No Coverage
Office Visits Primary Services (4 visit limit per year) Specialist Services (4 visit limit per year)	 $25 Copay $25 Copay	 No Coverage No Coverage
Hospital Services	No Coverage	No Coverage
Emergency Services ** Emergency Room Emergency Medical Transportation	 No Coverage No Coverage	 No Coverage No Coverage
Urgent Care Services (4 visit limit per year)	$25 Copay	No Coverage
Chiropractic Services (4 visit limit per year)	$25 Copay	No Coverage
Mental Health/Chemical Dependency Inpatient Outpatient	 No Coverage No Coverage	 No Coverage No Coverage
Prescription Drug Coverage	**Retail 30-Day Supply**	**Mail Order 90-Day Supply**
Generic Preferred Brand Non-Preferred Brand Specialty	100% Covered Not available Not available Not available	100% Covered Not available Not available Not available

MEC Plan Rates

Amounts shown reflect the member's bi-weekly contributions.

Employee	$24.08
Employee + Spouse	$35.69
Employee + Child(ren)	$35.58
Family	$49.55

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
** Covered as in-network in true-emergency

VAULT ADMIN SERVICES