

Makina Health Mini-MED

The Makina Health Mini-MED plan provides limited outpatient and inpatient covered benefits, in addition to the covered benefits associated with Minimum Essential Coverage.

MKHC Mini-MED	IN-NETWORK
Preventive Services	100% Coverage * **
Physician Services	
- Primary Care Office Visit	\$30 Copay, then 100% to \$300/visit, 3 visits per year/person covered max ¹
- Specialist Office Visit	\$50 Copay, then 100% to \$300/visit, 3 visits per year/person covered max ¹
- Physician & Surgeon Professional Services	\$150 Copay, then 100% to \$500 max per day ¹
- Anesthesia Services (Physician / CRNA)	\$150 Copay, then 100% to \$250 max per day ¹
Telephonic Physician Consultations	Included, \$0 Copay
Outpatient Lab	\$50 Copay ¹
Outpatient Radiology and Imaging	Precertification required prior to scheduling,
- Physician Office / Freestanding Imaging Ctr.	\$50 Copay, then 100% to \$200 max per year ¹
- Hospital Outpatient	\$150 Copay, then 100% to \$250 max per year ¹
Outpatient Rehab & Therapy	\$50 Copay, then 100% to \$100 per visit, 5 visits/year max ¹
Allergy Treatment	\$50 Copay, then 100% to \$100 per visit, 4 visits/year max ¹
Emergency Services	
- Hospital ER (Facility Charge Only)	\$250 Copay, then 100% to \$1,000 max per year ¹
- Urgent Care / ER Professional Services	\$50 Copay, then 100% to \$250 per visit, 1 visit per year/person max ¹
- Ambulance	Not Covered ¹
- Air Ambulance	Not Covered ¹
Outpatient Surgical Procedures	Precertification required prior to scheduling,
- Physician Office / Freestanding Surgery Ctr.	\$250 Copay per visit, then 100% to \$400 per day, 1 day per year max ^{1,2,3,4}
- Hospital Outpatient	\$500 Copay per visit, then 100% to \$500 per day, 1 day per year max ^{1,2,3,4}
Inpatient Hospitalization	Precertification required prior to scheduling,
- Medical Facility Services	\$500 per day benefit, up to 3 days/year ¹
- Anesthesiologist & Surgeon Fees	\$150 Copay, then 100% to \$250 per visit / per provider ¹
Cobra Benefits	Included for 20+ employees

*(Plan participants must see a doctor within the PPO Network in order to be covered for the preventive benefits and services listed as part of the covered benefits summary.) **All Mammography and Colonoscopy Screening require pre-certification. For pre-certification, please call a Care Coordinator at: 1-866-291-9449

¹ Additional benefits covered by Makina Health Cooperative. Deductible/Coinsurance applies.

² Benefits for covered outpatient surgery are scheduled and range from \$14 to \$1,750 based on the specific surgical procedure performed.

³ Benefits for covered outpatient anesthesia vary and are equal to 20% of the applicable outpatient surgery benefit.

⁴ Mental Behavioral Health & Substance Abuse coverage

NOTE: This outline is intended as a brief overview of the actual plan and represents In-network benefit levels. No benefits are payable for non-network services. Please refer to your Plan Summary Document (SPD) for the actual benefits, limitations, and exclusions. If there is any inconsistency between this outline and the SPD, the SPD shall govern. You may request an SPD from Makina Health Cooperative Plans or your sales representative. Many benefits have per procedure or annual maximums. These are separate from any annual maximum out of pocket limitations. Certain procedures require pre-certification prior to scheduling in order to qualify for benefits. Failure to do so will result in penalties and / or non-coverage of services.

