



Medical Plan Option 1: Base Plan (MEC + Plan 1)

The chart below provides a snapshot of the Base Plan (MEC + Plan 1). The chart highlights basic details, including reimbursement for in-network providers. Please refer to the Benefit Summary for a complete list of Wellness and Preventative Services. To find a provider, visit www.multiplan.com, choose the PHCS network, and then Limited Benefit Plan. Benefits and accumulators run on a calendar year basis.

| Option 1: Base Plan (MEC & Plan I) | | |
|-----------------------------------------------------------|--------------|-------------|
| Benefits | In-Network | Non-Network |
| Wellness & Preventive Services | Covered 100% | No Coverage |
| ACA Mandated Generic Prescription Medications through ACI | Covered 100% | No Coverage |

| Reimbursement Paid to Member | |
|----------------------------------------------------|---------|
| Hospital Confinement per day / 31 days per year | \$600 |
| Hospital Admission per day / 1 day per year | \$2,500 |
| Surgical Inpatient per day / 1 day per year | \$1,000 |
| Surgical Outpatient Major per day / 1 day per year | \$800 |
| Surgical Outpatient Minor per day / 1 day per year | \$200 |
| Anesthesia per day / 2 days per year | \$100 |
| Office Visit per day / 8 days per year | \$80 |
| Diagnostic Lab per day / 5 days per year | \$20 |
| Diagnostic XRAY per day / 1 day per year | \$100 |
| Diagnostic Major per day / 1 day per year | \$400 |
| Emergency Room per day / 3 days per year | \$50 |

| Virtual Health Benefits through Lyric | |
|---------------------------------------|-----------------------|
| Telemedicine & Behavioral Health | \$0 Copay Unlimited |

This is an Employee Benefits Overview and not a contract. All benefits are subject to the provision and exclusion of the master contract.