

## 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 network providers. Please refer to the Benefit Summary for a complete list of Wellness and Preventative Services. To find a provider, visit <a href="www.multiplan.com">www.multiplan.com</a>, choose the PHCS network, and then Limited Benefit Plan. Benefits and accumulators run on a calendar year basis.

	Option 1: Base Plan (MEC	C & Plan I)	
	In-Network (PHCS Limited Benef	fit)	Non-Network
Wellness & Preventive Services	Covered 100%		No Coverage
ACA Mandated Generic Prescription	Covered 100%		No Coverage
Medications through ACI	Reimbursement Paid to	Member	
Hospital Confinement per day / 31 days per year		\$600	
Hospital Admission per day / 1 day per year		\$5,000	
Surgical Inpatient per day / 1 day per year		\$1,000	
Surgical Outpatient Major per day / 1 day per year		\$1,500	
Surgical Outpatient Minor per day / 1 day per year		\$200	
Anesthesia per day / 2 days per year		\$400	
Office Visit per day / 12 visits per year		\$125	
Diagnostic Lab per day / 5 days per year		\$75	
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		\$150	

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.