

Medical Plan Option 2: Mid Plan (Super MEC & Plan 2)

The chart below provides a snapshot of the Mid Plan (Super MEC & Plan 2). The chart highlights basic details including reimbursement for in-network providers. Please refer to the to 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 2: Mid Plan (Super MEC & Plan 2) | | |
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| Benefits | In-Network | Non-Network |
| Preventive Well Visits for Children and Adults | Covered 100% | No Coverage |
| ACA Mandated Generic Prescription Medication through ACI | Covered 100% | No Coverage |
| Out of Pocket Maximum | \$1,500 Ind / \$4,500 Family | No Coverage |
| Primary Care Physician Office Visit | \$15 Copay | No Coverage |
| Specialist | \$15 Copay | No Coverage |
| Diagnostic Laboratory X-Rays | \$50 Copay | No Coverage |
| Advanced Imaging (MRI, CT Scan) | No Copay with KIS Imaging | No Coverage |
| Urgent Care | Pay: \$50 Copay Only | No Coverage |
| Emergency Room | \$100 Copay / \$500 maximum / 3 visits per year | |
| Rx Benefits | | |
| Generic Rx | Up to \$10 Generic Mail Order Copay \$30 | No Coverage |
| Brand Rx | Pay: \$50 or 50% | No Coverage |
| Maximums | | |
| Rx Monthly Max Benefit | \$300 Ind / \$600 Family (Resets every month) | |
| 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 / 1 day per year | \$300 | |

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