

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 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)		
	In-Network (PHCS Limited Benefit)	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: \$25 Copay Only	No Coverage
Emergency Room	\$50 Copay / \$1,000 maximum / 6 visits per year	
Rx Benefits		
Generic Rx	Up to \$10 Generic Mail Order Copay \$30	No Coverage
Brand Rx	Pay: \$25 or 50%	No Coverage
Maximums		
Rx Monthly Max Benefit	\$1,000 Ind / \$2,000 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	\$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	\$750	

Virtual Health Benefits through Lyric

Telemedicine & Behavioral Health	\$0 Copay Unlimited
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This is an Employee Benefits Overview and not a contract. All benefits are subject to the provision and exclusion of the master contract.