



Super MEC Series

Affordable Healthcare Solution.

- Eligibility: 18-64
- Available in all 50 States
- No Pre-Existing Conditions
- ACA Compliant – Exceeds this requirement
- TELADOC (24/7) - \$0 Copay
- Guaranteed Issue
- Multiplan/PHCS Network
- Satisfies Employer Penalty A

Everyday Health Care Needs.

- Preventative Care
- Primary Care Office Visits
- Specialists Office Visits
- Urgent Care Visits
- Laboratory Services
- Imaging or X-ray Services
- Prescription Drugs
- Hospital Coverage (Super MEC Plus only)

Medical Benefits - Must utilize PHCS participating provider or facility		
Plan	SUPER MEC	SUPER MEC PLUS
Network		
Adults 21 Preventative Services	100% Coverage for Mandated Preventative Services	100% Coverage for Mandated Preventative Services
Woman 28 Preventative Services		
Children 31 Preventative Services		

Medical Benefits - Must utilize PHCS participating provider or facility

Primary Care Office Visit	\$20 Copay	\$20 Copay
	(Max 3 Visits Per Cal/Yr.)	(Max 3 Visits Per Cal/Yr.)
Specialist Office Visit	\$50 Copay	\$50 Copay
	(Max 3 Visits Per Cal/Yr.)	(Max 3 Visits Per Cal/Yr.)
Urgent Care	\$50 Copay	\$50 Copay
	(Max 3 Visits Per Cal/Yr.)	(Max 3 Visits Per Cal/Yr.)
Diagnostic X-Ray, Lab	\$50 Copay	\$50 Copay
	(Max 5 Visits Per Cal/Yr.)	(Max 5 Visits Per Cal/Yr.)
*CT Scan or MRI	\$200 Copay	\$200 Copay
	(Max 1 CT Scan or MRI Visits Per Cal/Yr.)	(Max 1 CT Scan or MRI Visits Per Cal/Yr.)
Hospital, Surgical, Ambulance, Emergency Room	Not Covered	* \$0 Deductible 50% Coinsurance to \$5,000 Max Benefit \$2,500 See Below for Exclusions

* 3D MRIs or Contrast Services for MRIs and CT Scans are not covered, pre-authorization required prior to scans.

** Hospitalization services must be obtained at an authorized PHCS Facility. Pre-Authorization required prior to admission for all in-patient, out-patient and surgical procedures.

*** Exclusions for Hospital Benefit, Radiation Oncology and Chemotherapy.

Prescription Drugs

Tier 1 - Low Cost Generics	\$1 Copay	\$1 Copay
Tier 2 - Generics	10% Coinsurance	10% Coinsurance
Tier 3 - Preferred Brand	20% Coinsurance	20% Coinsurance
Tier 4 - Non-preferred Brand	40% Coinsurance	40% Coinsurance
Tier 5 - Generic and Preferred Specialty	10% Coinsurance (Pays 90% up to a max of \$150 per RX)	10% Coinsurance (Pays 90% up to a max of \$150 per RX)
Tier 6 - Non-Preferred Specialty	20% Coinsurance (Pays 80% up to max of \$250 per RX)	20% Coinsurance (Pays 80% up to max of \$250 per RX)

Rates

Member	\$238.00	\$322.00
Member + Spouse	\$362.00	\$518.00
Member + Child(ren)	\$348.00	\$508.00
Member + Family	\$488.00	\$625.00