

# 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		
Woman 28 Preventative Services	100% Coverage for Mandated Preventative Services	100% Coverage for Mandated Preventative Services
Children 31 Preventative Services		

## Medical Benefits - Must utilize PHCS participating provider or facility

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

\* 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

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

## Rates

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