


# Schedule of Benefits

	<b>HDHP / Basic MEC Plan</b>
PPO Network: PHCS	
Annual Deductible	\$3,000 Ind / \$6,000 Family
Coinsurance	80% of Negotiated Rate
Annual Out-of-Pocket maximum	\$6,650 Ind / \$13,300 Family
<b>HSA Compatible</b>	<b>Yes</b>
Covered Medical Services (HDHP)	Physician Office Visit (Primary Care), Laboratory Services, Urgent Care Only

**Preventive Benefits – Covers all mandated Preventive benefits required by PPACA**  
 For a complete list of covered preventive care services, please visit: [www.Healthcare.gov/center/regulations/prevention.html](http://www.Healthcare.gov/center/regulations/prevention.html)

21 Preventive Services for Adults	100% Coverage, no Copay for Mandated Preventive Care Services
28 Preventive Services for Women	
31 Preventive Services for Children	

**Monthly Contributions**

Member Only	\$71.43
Member + Child(ren)	\$102.04
Member + Spouse	\$102.04
Member + Family	\$102.04




# Schedule of Benefits



## Advantage Plan

### Preventive Benefits – Covers all mandated Preventive benefits required by PPACA

For a complete list of covered preventive care services, please visit: [www.Healthcare.gov/center/regulations/prevention.html](http://www.Healthcare.gov/center/regulations/prevention.html)

21 Preventive Services for Adults	100% Coverage, no Copay for Mandated Preventive Care Services
28 Preventive Services for Women	
31 Preventive Services for Children	
PPO Network: PHCS	
Primary Care Office Visit	\$20 Copay (Max 3 visits per calendar year)
Specialists Office Visit	\$50 Copay (Max 3 visits per calendar year)
Urgent Care	\$50 Copay (Max 3 visits per calendar year)
Diagnostic X-Ray & Laboratory Services	\$50 Copay by Date of Service (Max of 5 Services per calendar year)
*CT Scan or MRI	\$200 Copay (Max 1 MRI or CT Scan per calendar year)

**\* Note on Advantage Plan:** 3D MRIs are not covered. Enhanced imaging services, the use of a contrast material to enhance the MRI or CT Scan is not a covered service. The base MRI or CT Scan only are covered.

## Prescription Drug Benefits - WelldyneRx®

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

## Monthly Contributions

Individual Only	\$144.64
Individual + Child(ren)	\$214.53
Individual + Spouse	\$230.86
Individual + Family	\$307.45

