

Benefits	MEC VALUE
Annual Deductible	
Per Person/Per Family	\$0/\$0
Maximum Out of Pocket	
Per Person/Per Family	\$6,350/\$12,700
Percentage Payable	100%
Professional Services	Services must be provided by Providers within the PHCS Network
Physician office visits	\$10 co-pay (limit to 3 annual visits)
Specialist office visit (Referral needed)	\$10 co-pay (Combined with 3 annual Physician office visits)
Procedures performed during an office/ specialist visit	Not Covered
Lab & X-ray in office	\$10 co-pay (limit to 3 annual visits)
Lab & X-Ray Outpatient Complex Imaging – CAT, MRI, MRA/MRI & PET SCANS	Not Covered
Preventative Services - Child & Adult	100%
Outpatient Services	
Facility	Not Covered
Physician	Not Covered
Emergency Services	
Emergency Room – Facility and Physician	Not Covered
Ambulance	Not Covered
Hospital Benefits	
Facility	Not Covered
Physician	Not Covered
Mental Health	Not Covered
Substance Abuse	Not Covered
Additional Services	
Chemotherapy/Radiation Therapy	Not Covered
Skilled Nursing	Not Covered
Chiropractic/Acupuncture	Not Covered
Physical/Occupational/Speech	Not Covered
Mental Outpatient	Not Covered
Durable Medical Equipment	Not Covered
Sleep Disorder – Medically Necessary	Not Covered
Substance Abuse Outpatient	Not Covered
Pediatric Dental & Vision	
Prescriptions	
Generic	Not Covered
Brand Formulary	Not Covered
Brand Non-Formulary	Not Covered
Mail Order (90 Days)	
Generic	Not Covered
Preferred	Not Covered
Non-Preferred	Not Covered
Specialty Medication	Not Covered