

MEC ENHANCED PLANS

	MEC ENHANCED PREFERRED PLAN	MEC ENHANCED ELITE PLAN
*SELF-FUNDED BENEFITS - PHCS NETWORK PROVIDER USE REQUIRED.		
Minimum Essential Coverage (MEC)	Plan pays 100% for all ACA required preventive services. You MUST visit a PHCS Network provider for services to be covered.	
Physician's Office Visit	\$20 copay; Unlimited Visits	\$20 copay; Unlimited Visits
Specialists	\$50 copay; Unlimited Visits	\$50 copay; Unlimited Visits
Urgent Care	\$50 copay; Unlimited Visits	\$50 copay; Unlimited Visits
Diagnostic Tests & Lab Work	\$60 copay; Unlimited Test Days	\$60 copay; Unlimited Test Days
Chiropractic Care	\$75 copay; Unlimited Visits	\$75 copay; Unlimited Visits
Advanced Imaging	\$200 copay; Unlimited Visits	\$200 copay; Unlimited Visits
Prescription Drugs	CerpassRx	CerpassRx
-Generic	\$10 copay	\$10 copay
-Brand	Discounts	Discounts
-Annual Maximum	Unlimited	Unlimited
ADDITIONAL BENEFITS - ALL BELOW SERVICES PAY ON A CALENDAR YEAR BASIS PER PERSON, UNLESS STATED OTHERWISE.		
Emergency Room (Sickness)	N/A	\$250 per day; 2 days per year
Surgical Indemnity Benefit	N/A	\$1,500 per day, 1 day per year
-Daily In-patient Surgical		\$750 per day
-Daily Out-patient Surgical		\$150 per day
-Daily Out-patient Minor		1 day per year
-Out-patient Benefit Max		
Anesthesia	N/A	30% of Surgical Benefit
Hospital Admission	N/A	\$500 lump sum per confinement
Daily In-Hospital Indemnity	N/A	\$500 per day; 500 day lifetime max
Intensive Care Unit		\$1,000 per day; 30 days per year
Substance Abuse		\$250 per day; 30 days per year
Mental Illness		\$250 per day; 30 days per year
Skilled Nursing (In-patient)		\$250 per day; 60 days per stay
*PHCS Network	Physician and Hospital	Physician and Hospital
*Teladoc Virtual Primary Care	No cost access to doctors by phone or online	No cost access to doctors by phone or online
*Medical Price Shopping Tool	Estimate medical costs before scheduling	Estimate medical costs before scheduling
*Accident Medical Expense	\$5,000 maximum benefit per injury	\$5,000 maximum benefit per injury
*Accidental Death & Dismemberment	\$15,000 Employee \$7,500 Spouse / \$3,000 Child	\$15,000 Employee \$7,500 Spouse / \$3,000 Child
WEEKLY RATES	MEC ENHANCED PREFERRED PLAN	MEC ENHANCED ELITE PLAN
Employee Only	\$26.44	\$37.14
Employee + Spouse	\$41.64	\$68.41
Employee + Child(ren)	\$37.40	\$56.66
Family	\$64.67	\$94.36

***Benefits not underwritten by Nationwide Life Insurance Company.**

The MEC Enhanced Elite Policy is not available to residents of NM & VT. Benefits vary for KS & OH residents.

Certain benefits may share maximums. Refer to the plan certificate for more details.

