

Century Healthcare Plan Comparison								
Carrier Name	MEC Basic		Sample MEC Plus Plan		Century - Advantage Plus Plan		MVP	
	PHCS Preventive Only Network	PHCS Limited Benefit Network	PHCS Limited Benefit Network	PHCS Limited Benefit Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Network	PHCS Preventive Only Network	PHCS Limited Benefit Network	PHCS Limited Benefit Network	PHCS Limited Benefit Network	PHCS Limited Benefit Network	PHCS Limited Benefit Network	None, reference based pricing. Pays up to 125% of Medicare for professional fees and 150% for facility charges.	
<b>Annual Deductible</b>								
Individual	None	None	None	None	None	\$500	\$6,500	
Family	None	None	None	None	None	\$1,000	\$13,000	
<b>Out of Pocket Maximum (Includes deductible)</b>								
Individual	N/A	N/A	N/A	N/A	\$2,500	\$5,000	\$6,500	
Family	N/A	N/A	N/A	N/A	\$5,000	\$10,000	\$13,000	
Co-insurance	N/A	N/A	N/A	N/A	100%	50%	100% after deductible	
Lifetime Max Benefit	N/A	N/A	N/A	N/A	Unlimited	Unlimited	Unlimited	
<b>Professional Services</b>								
Physician Office Visit	N/A	\$75 per day / 4 days per year	\$75 per day / 4 days per year	\$75 per day / 4 days per year	\$30 Copay	50%	100% after deductible	
Specialist Office Visit	N/A	Included in physician office visit	Included in physician office visit	Included in physician office visit	\$60 Copay	50%	100% after deductible	
Preventive Care	Covered at 100% In-Network Only	Covered at 100% In-Network Only	Covered at 100% In-Network Only	Covered at 100% In-Network Only	Covered at 100%	Not Covered	100% after deductible	
Urgent Care	N/A	N/A	N/A	N/A	\$60 Copay	50%	100% after deductible	
Hospital Based Physician/Surgeon Charges	N/A	Included in surgery benefit below	Included in surgery benefit below	Included in surgery benefit below	IP - No, OP - Yes, see below		100% after deductible	
<b>Diagnostic Procedures</b>								
Outpatient Lab & X-Ray	IP / OP Hospital Care	IP / OP Hospital Care	IP / OP Hospital Care	IP / OP Hospital Care	\$50 Copay	50%	100% after deductible	
Complex Imaging (CT, PET, MRI, etc.)	N/A	\$500 per day / 1 day per year	\$500 per day / 1 day per year	\$500 per day / 1 day per year	\$400 Copay	50%	100% after deductible	
<b>IP / OP Hospital Care</b>								
First Hospital Confinement	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Hospital Confinement	N/A	\$300 per day / 30 days per year	\$300 per day / 30 days per year	\$300 per day / 30 days per year	\$1,000 per day / 30 days per year	100% after deductible	100% after deductible	
ICU Confinement	N/A	\$600 per day / 30 days per year	\$600 per day / 30 days per year	\$600 per day / 30 days per year	\$2,000 per day / 30 days per year	100% after deductible	100% after deductible	
Substance Abuse	N/A	\$150 per day / 30 days per year	\$150 per day / 30 days per year	\$150 per day / 30 days per year	\$400 per day / 30 days per year	100% after deductible	100% after deductible	
Mental Illness Disorder Confinement	N/A	\$150 per day / 30 days per year	\$150 per day / 30 days per year	\$150 per day / 30 days per year	\$400 per day / 30 days per year	100% after deductible	100% after deductible	
Skilled Nursing Facility Confinement	N/A	\$150 per day / 30 days per year	\$150 per day / 30 days per year	\$150 per day / 30 days per year	\$400 per day / 30 days per year	100% after deductible	100% after deductible	
Inpatient / Outpatient Surgery Benefits	N/A	\$1,000 / \$500 (1 IP or 1 OP pr/yr)	\$1,000 / \$500 (1 IP or 1 OP pr/yr)	\$1,000 / \$500 (1 IP or 1 OP pr/yr)	\$2,000 / \$1,000 (1 IP or 1 OP pr/yr)	100% after deductible	100% after deductible	
Inpatient / Outpatient Anesthesia Benefits	N/A	\$250 / \$125 (1 IP or 1 OP pr/yr)	\$250 / \$125 (1 IP or 1 OP pr/yr)	\$250 / \$125 (1 IP or 1 OP pr/yr)	\$500 / \$250 (1 IP or 1 OP pr/yr)	100% after deductible	100% after deductible	
Inpatient / Outpatient Surgeons Bill	N/A	Included in surgery benefit above	Included in surgery benefit above	Included in surgery benefit above	IP Surgeon - Not covered OP Surgeon - \$60 Copay	50%	100% after deductible	
Emergency Room	N/A	\$150 per day / 1 day per year	\$150 per day / 1 day per year	\$150 per day / 1 day per year	\$500 per Day / 3 days per year		100% after deductible	
<b>Pharmacy</b>								
Deductible					\$0		100% after deductible	
Tier I or Preferred Generic/Brand					\$10		100% after deductible	
Tier II or Preferred Brand					\$35		100% after deductible	
Tier III or Non-Preferred Brand					\$75		100% after deductible	
Tier IV or Specialty Drugs					Not Covered	Not Covered	100% after deductible	
Mail Order - 90 day supply					\$25, \$87.50, \$187.50		Not Covered	
<b>Additional Coverages</b>								
Accident Medical	N/A	Pays U&C charges Up to \$5,000 per occurrence Unlimited Occurrences pr/yr	Pays U&C charges Up to \$5,000 per occurrence Unlimited Occurrences pr/yr	Pays U&C charges Up to \$5,000 per occurrence Unlimited Occurrences pr/yr			N/A	
Accident Death & Dismemberment	N/A	Employee - \$15k Spouse - \$7,500 Child(ren) - \$3k	Employee - \$15k Spouse - \$7,500 Child(ren) - \$3k	Employee - \$15k Spouse - \$7,500 Child(ren) - \$3k	Employee - \$15k Spouse - \$7,500 Child(ren) - \$3k		N/A	
Critical Illness	N/A	N/A	N/A	N/A	Employee - \$10k Spouse - \$10k Child(ren) - \$1k		N/A	
Healthiest You (Telamedicine)	N/A	\$0 Copay for physicians and discounted access to mental health professionals. Unlimited calls for each Family Member	\$0 Copay for physicians and discounted access to mental health professionals. Unlimited calls for each Family Member	\$0 Copay for physicians and discounted access to mental health professionals. Unlimited calls for each Family Member	\$0 Copay for physicians and discounted access to mental health professionals. Unlimited calls for each Family Member		N/A	

Sample Premium Rates

MEC Basic

	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
MEC Maximum Claims Liability	\$14.75	\$34.68	\$39.96	\$62.64
Total Fees	\$35.25	\$35.25	\$35.25	\$35.25
Total Maximum Plan Expense	<b>\$50.00</b>	<b>\$69.93</b>	<b>\$75.21</b>	<b>\$97.89</b>

MEC Plus

	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Limited Benefit Medical Cost	\$64.75	\$144.82	\$130.54	\$213.86
MEC Aggregate Premium	\$4.50	\$4.50	\$4.50	\$4.50
MEC Maximum Claims Liability	\$14.75	\$34.68	\$39.96	\$62.64
MEC Administrative Fee	\$16.00	\$16.00	\$16.00	\$16.00
Total Maximum Plan Expense	<b>\$100.00</b>	<b>\$200.00</b>	<b>\$191.00</b>	<b>\$297.00</b>

MEC Enhanced

	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
MEC Enhanced Maximum Claims Liability	\$270.70	\$500.62	\$504.78	\$734.69
MEC Enhanced Administrative Costs	\$51.93	\$51.93	\$51.93	\$51.93
Total Maximum Plan Expense	<b>\$322.63</b>	<b>\$552.55</b>	<b>\$556.71</b>	<b>\$786.62</b>
Hospital Indemnity Cost	\$82.00	\$167.00	\$139.00	\$260.00
Total Maximum Plan Expense w/ Hospital Indemnity	<b>\$404.63</b>	<b>\$719.55</b>	<b>\$695.71</b>	<b>\$1,046.62</b>

MVP

	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$25,000 Specific Stop Loss	\$180.00	\$400.00	\$370.00	\$550.00
125% Corridor Aggregate Stop Loss	\$45.00	\$85.70	\$76.45	\$135.15
Claims Liability	\$227.00	\$462.50	\$388.90	\$646.30
Administrative Costs	\$60.75	\$60.75	\$60.75	\$60.75
Total Monthly Cost	<b>\$512.75</b>	<b>\$1,008.95</b>	<b>\$896.10</b>	<b>\$1,392.20</b>