



| BENEFIT COMPARISON | <u>MEC Basic</u> | <u>Value</u> | <u>Select</u> |
|---------------------------------|--------------------|--|--|
| Doctor's Office Visits | Not covered | Pays \$55 per visit | Pays \$70 per visit |
| # of Visits Per Year | Not covered | 4 | 5 |
| Inpatient Hospital | Not covered | \$400 per day up to 30 days | \$600 per day up to 100 days |
| Intensive Care Benefits | Not covered | \$800 per day up to 30 days | \$1,200 per day up to 30 days |
| Surgical Benefits | Not covered | \$500 in-patient, \$250 out-patient | \$750 in-patient, \$500 out-patient |
| Preventive Visits | 100% | 100% | 100% |
| Outpatient Lab/X-Ray | Not covered | Up to \$55 per visit (3 visits per year) | Up to \$70 per visit (4 visits per year) |
| Mental Nervous/Substance Abuse | Not covered | \$150 per day/30 day max | \$250 per day/30 day max |
| Accident Medical Per Occurrence | Not covered | \$5,000 | \$5,000 |
| AD&D | Not covered | | |
| Employee | Not covered | \$15,000 | \$15,000 |
| Spouse | Not covered | \$7,500 | \$7,500 |
| Child | Not covered | \$3,000 | \$3,000 |
| Prescription Drug Plan | Discount Only Plan | Discount Only Plan | \$10 most generics/\$50 or 50% some generics and preferred brand |
| PPO Network | PHCS | PHCS | PHCS |