Biweekly Premium Cost	Option 1: MEC Plus Plan	Option 2: Optimal Plan	Option 3: Bronze Plan	Option 4: Silver Plan
Employee Only Enrollment	**$33.00**	**$60.00**	**Call for payroll cost**	**$282.62**
Employee & Spouse Enrollment	$57.09	$84.00	Premium for employee-only	$469.06
Employee & Child(ren) Enrollment	$90.09	$96.60	coverage will not exceed	$417.46
Employee, Spouse & Child(ren) Enrollment	$119.79	$114.60	9.96% of wages	$617.61
Care from Network Provider	**Option 1: MEC Plus Plan**	**Option 2: Optimal Plan**	**Option 3: Bronze Plan**	**Option 4: Silver Plan**
Routine Physical & Preventive Care	You pay $0	You pay $0	You pay $0	You pay $0
Flu Shots, Immunizations, COVID Test	You pay $0	You pay $0	You pay $0	You pay $0
Video or Phone Doctor Visit available 24 hrs. every day	You pay $0	You pay $0	You pay $0	You pay $0
In-Office Doctor Office Visit	You pay $10 copay (limited to 4 visits per year)	You pay $20 copay per visit (unlimited number of visits)	You pay $25 or $50 copay per visit (8 visits per year, maternity excluded)	You pay $15 or $25 copay per visit (10 visits per year)
Hospitalization	You pay full cost	Plan pays $500 per day (up to $10,000)	You pay $350 copay per stay (5 day max per year)	You pay $350 copay per stay (7 day max per year)
Retail Prescription Drugs	Up to 50% discount	You pay $10 or $40 copay (up to maximum drug benefit)	You pay 20% (Specialty drugs excluded)	You pay 20% (Specialty drugs excluded)
Directory of Network Doctors and Facilities	www. multiplan.com choose Limited Benefit Plan		https://portal.hstechnology.com/PHCS	
Phone Number for Member Services	(800) 247-7114	(800) 247-7114	(833) 723-2261	(833) 723-2261
This charts is only a few of the benefits. For a full plan description of benefits and exclusions see the Detailed Plan Descriptions.				

Option 1: MEC Plus Plan	◯ Emp. Only $33.00	◯ Emp & 1 $57.09	◯ Emp & 2 $90.09	◯ Emp & 3+ $119.79
Option 2: Optimal Plan	◯ Emp. Only $60.00	◯ Emp & Spouse $84.00	◯ Emp & Children $96.60	◯ Family $114.60
Option 3: Bronze Plan	◯ Emp. Only call for cost	◯ Emp & Spouse call for cost	◯ Emp & Children call for cost	◯ Family call for cost
Option 4: Silver Plan	◯ Emp. Only $282.62	◯ Emp & Spouse $469.06	◯ Emp & Children $417.46	◯ Family $617.61
Option 5: Decline Medical	◯ $0.00			

Option 1: Dental Plan	◯ Emp. Only $12.30	◯ Emp & Spouse $24.17	◯ Emp & Children $24.71	◯ Family $38.88
Option 2: Decline Dental	◯ $0.00			

Mark 3 Circles	Option 1 $10,000	Option 2 $25,000	Option 3 $50,000	Option 4 $75,000	Option 5 $100,000	Decline Life Insurance
Employee Life Ins.	◯ See chart above	◯ See chart above	◯ See chart above	◯ See chart above	◯ See chart above	◯ **No Coverage**
Spouse Life Ins.	◯ See chart above	◯ See chart above				◯ **No Coverage**
Children Life Ins.	◯ $0.92 covers all children (under age 26) regardless of the number of children					◯ **No Coverage**

Option 1: Vision Plan	◯ Emp. Only $3.06	◯ Emp & Spouse $7.05	◯ Emp & Children $7.80	◯ Family $11.92
Option 2: Decline Vision	◯ $0.00			

Option 1: STD Plan	◯ 65.4% of 1 hour's wage	**Option 2: Decline STD**	◯ $0.00

Biweekly payroll contributions based on employee age.

Employee's Age on 12/1/20	Option 1 $10,000	Option 2 $25,000	Option 3 $50,000	Option 54 $75,000	Option 5 $100,000	Billed rate per $1,000		
Under 30 yrs.	$0.37	$0.92	$1.85	$2.77	$3.69	$0.06	$0.02	$0.08
30-34 yrs.	$0.42	$1.04	$2.08	$3.12	$4.15	$0.07	$0.02	$0.09
35-39 yrs.	$0.46	$1.15	$2.31	$3.46	$4.62	$0.08	$0.02	$0.10
40-44 yrs.	$0.65	$1.62	$3.23	$4.85	$6.46	$0.12	$0.02	$0.14
45-49 yrs.	$1.06	$2.65	$5.31	$7.96	$10.62	$0.21	$0.02	$0.23
50-54 yrs.	$1.71	$4.27	$8.54	$12.81	$17.08	$0.35	$0.02	$0.37
55-59 yrs.	$2.58	$6.46	$12.92	$19.38	$25.85	$0.54	$0.02	$0.56
60-64 yrs.	$3.97	$9.92	$19.85	$29.77	$39.69	$0.84	$0.02	$0.86

Maximum Annual Benefit	$1,500 per person
Annual Deductible	$50 per person
Type A Services Exams/Cleaning Bitwing X-rays Fluoride	You pay $0 (no deductible)
Type B Services Full Mouth X-rays Fillings Simple Extracts	After 6 months of coverage and $50 annual deductible, you pay 20%.
Type C Services Surgery Bridgework/Dentures Crowns & Inlays Endo and Periodontics	After 12 months of coverage and $50 annual deductible, you pay 50%.
Child Orthodontia	After 12 months of coverage, the plan pays 50% up to $1,000 per child
Phone Number Member Services	877-999-2330