



# LIMITED PLAN *Benefits*

PLAN BENEFITS	EDGE	CARE	PLUS
<b>Deductible</b>	Not Applicable	Not Applicable	Not Applicable
<b>Co-insurance</b>	Not Applicable	50% Member / 50% Plan	50% Member / 50% Plan
<b>Co-insurance Maximum</b>	Not Applicable	\$2,500 Single / \$5,000 Family	\$2,000 Single / \$4,000 Family
<b>PPO Network</b>	PHCS *	PHCS *	PHCS *
<b>Out-of-Pocket Maximum</b>	Not Applicable	\$5,000 Single / \$10,000 Family	\$3,500 Single / \$7,000 Family
<b>Preventive Services</b>	100% Coverage * **	100% Coverage * **	100% Coverage * **
<b>Physician Office Visits</b>			
- Primary Care Office Visit	\$30 Copay, then 100% to \$300 per visit	\$30 Copay, then 100% to \$300 per visit	\$30 Copay, then 100% to \$300 per visit
- Specialist Office Visit	\$50 Copay, then 100% to \$300 per visit	\$50 Copay, then 100% to \$300 per visit	\$50 Copay, then 100% to \$300 per visit
- Physician & Surgeon Professional Services	\$150 Copay, then 100% to \$500 per day	\$150 Copay, then 100% to \$500 per day	\$150 Copay, then 100% to \$500 per day
- Anesthesia Professional Services	\$150 Copay, then 100% to \$250 per day	\$150 Copay, then 100% to \$250 per day	\$150 Copay, then 100% to \$250 per day
<b>Telemedicine Consultations</b>	Included, \$0 Copay	Included, \$0 Copay	Included, \$0 Copay
<b>Outpatient Lab</b>	100% if preferred vendor, otherwise \$50 Copay, then 100%	100% if preferred vendor, otherwise \$50 Copay, then 100%	100% if preferred vendor, otherwise \$50 Copay, then 100%
<b>Outpatient Radiology &amp; Imaging</b>			
- Physician Office / Freestanding Imaging Ctr.	\$50 Copay, then 100% to \$500 per visit	\$50 Copay, then 100% to \$750 per visit	\$50 Copay, then 100% to \$1,000 per visit
- Hospital Outpatient	\$250 Copay, then 100% to \$500 per visit	\$250 Copay, then 100% to \$750 per visit	\$250 Copay, then 100% to \$1,000 per visit
<b>Outpatient Rehab &amp; Therapy</b>	Not Covered	Co-insurance, then 100%	Co-insurance, then 100%
<b>Allergy Treatment</b>	Not Covered	Co-insurance, then 100%	Co-insurance, then 100%
<b>Emergency Services</b>			
- Hospital ER (Facility Charge Only)	\$250 Copay, then 100% to \$1,000 per visit	\$250 Copay, then 100% to \$1,000 per visit	\$250 Copay, then 100% to \$1,000 per visit
- Urgent Care / ER Professional Services	\$75 Copay, then 100% to \$500 per visit	\$75 Copay, then 100% to \$500 per visit	\$75 Copay, then 100% to \$500 per visit
- Ambulance	Not Covered	Not Covered	Not Covered
- Air Ambulance	Not Covered	Not Covered	Not Covered
<b>Outpatient Surgical Procedures</b>			
- Physician Office / Freestanding Surgery Ctr.	\$250 Copay, then 100% to \$500 per day	\$250 Copay, then 100% to \$750 per day	\$250 Copay, then 100% to \$1,000 per day
- Hospital Outpatient	\$500 Copay, then 100% to \$500 per day	\$500 Copay, then 100% to \$750 per day	\$500 Copay, then 100% to \$1,000 per day
<b>Inpatient Hospitalization</b>			
- Medical Facility Services	\$150 per day benefit, unlimited days	\$350 per day benefit, unlimited days	\$500 per day benefit, unlimited days
- Anesthesiology & Surgeon Fees	\$150 Copay, then 100% to \$500 per day	\$150 Copay, then 100% to \$500 per day	\$150 Copay, then 100% to \$500 per day
<b>Cobra Benefits</b>	Included	Included	Included
<b>Prescription Drug Benefits</b>			
- Generic	Rx Discount Card through DirectHealth Mall	\$20 Copay, Generic Only to \$250/script	\$20 Copay, Generic Only to \$250/script

\*(Plan participants must see a doctor within the PHCS PPO Network in order to be covered for the benefits and services listed as part of the covered benefits summary.)

\*\* (All Mammography and Colonoscopy Screening require pre-certification. For pre-certification, please call a Care Coordinator at: 1-844-643-5104.)

