



# Health Benefits 2.0

## LIMITED BENEFIT PLANS

Plan	MEC 1	MEC 2	MEC 3	MEC 4
Network	PHCS / Multiplan	PHCS / Multiplan	PHCS / Multiplan	PHCS / Multiplan
Deductible (Indv/Fam)	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Maximum Out of Pocket (Indv/Fam)	N/A	\$7,350 / \$14,700	\$7,350 / \$14,700	\$7,350 / \$14,700
<b>Preventive, Physician &amp; Diagnostic Services</b>				
Preventive & Wellness (Non-Hospital Based)	Included	Included	Included	Included
Primary Care Office Visit (Non-Hospital Based)	Not Covered	\$25 Copay (2 visits per plan year)	\$25 Copay (3 visits per plan year)	\$25 Copay (4 visits per plan year)
Specialist Office Visit (Non-Hospital Based) (Includes Mental and Behavioral Health)	Not Covered	\$50 Copay (2 visits per plan year)	\$50 Copay (3 visits per plan year)	\$50 Copay (4 visits per plan year)
Urgent Care	Not Covered	\$50 Copay (2 visits per plan year)	\$50 Copay (2 visits per plan year)	\$50 Copay (3 visits per plan year)
Telemedicine	\$0 Copay (Unlimited)	\$0 Copay (Unlimited)	\$0 Copay (Unlimited)	\$0 Copay (Unlimited)
Laboratory Services & Radiology (Non-Hospital Based)	Not Covered	\$50 Copay (1 visit per plan year)	\$50 Copay (2 visits per plan year)	\$50 Copay (3 visits per plan year)
CT / MRI / MRA / PET Scan (Non-Hospital Based) (Prior Authorization Required)	Not Covered	Not Covered	\$350 Copay <sup>1</sup> (1 per plan year)	\$350 Copay <sup>1</sup> (2 per plan year)
<b>Hospital &amp; Facility Services (Subject to Referenced Based Pricing)</b>				
Outpatient Hospital or Free-Standing Facility Services and Surgery (Prior Authorization Required)	Not Covered	Not Covered	\$350 Copay <sup>1</sup> (1 visit per plan year)	\$350 Copay <sup>1</sup> (1 visit per plan year)
Anesthesia	Not Covered	Not Covered	Included in OP Hospital or FSF Services and Surgery Copay (1 per plan year)	Included in OP Hospital or FSF Services and Surgery Copay (1 per plan year)
Second Surgical Opinion	Not Covered	Not Covered	\$0 Copay	\$0 Copay
<b>Pharmacy Benefits (Subject to Formulary)</b>				
Preventive (Generic Only)	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Non-Preventive (Retail)	\$5 Copay (APS Acute List)	\$5 Copay (APS Acute List) \$10 Copay (All Other Generic)	\$5 Copay (APS Acute List) \$10 Copay (All Other Generic)	\$5 Copay (APS Acute List) \$10 Copay (All Other Generic)
Non-Preventive (Mail Order)	\$15 Copay (APS Chronic List)	\$15 Copay (APS Chronic List) \$30 Copay (All Other Generic)	\$15 Copay (APS Chronic List) \$30 Copay (All Other Generic)	\$15 Copay (APS Chronic List) \$30 Copay (All Other Generic)
<sup>1</sup> After Copay, benefit subject to Reference Based Pricing				

## Rates

Plan	MEC 1	MEC 2	MEC 3	MEC 4
Single	\$88.79	\$149.68	\$228.96	\$254.22
EE + Spouse	\$131.09	\$211.69	\$321.31	\$358.89
EE + Child(ren)	\$119.61	\$191.03	\$290.52	\$324.00
Family	\$154.03	\$253.04	\$382.87	\$428.67

**ENROLL TODAY: Contact Steven Chapkin, AAFD Director of Health Benefits**  
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