



PREFERRED BENEFIT
consultants



HCAOA BENEFIT PLANS
AFFORDABLE BENEFITS FOR
EVERYDAY PEOPLE

BENEFIT PLANS

Monthly Rates	Basic MEC	MEC Excel	MEC Ultimate	MEC Platinum
Employee Only	\$45	\$72	\$107	\$144
Employee • Spouse	\$87	\$124	\$207	\$274
Employee • Children)	\$87	\$124	\$207	\$274
Employee • Family	\$102	\$210	\$307	\$405
Medical Benefits				
Preventive / Wellness	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Primary Care Visits	-	\$15 copay	\$15 copay	\$15 copay
Specialist Visits	-	Network Discount	\$15 copay	\$15 copay
Urgent Care	-	\$50 copay	\$50 copay	\$50 copay
Labs	-	Network Discount	\$50 copay	\$50 copay
X-Rays	-	Network Discount	\$50 copay	\$50 copay
Hospital Benefits				
Hospital Admission	-	-	-	\$2,500 - 1 day per calendar year
Daily Hospital Confinement	-	-	-	\$100 per day 31 days per confinement
Outpatient Surgery	-	-	-	\$500 / 1 day per year 20% Anesthesia
Off the job Accidental Injury Benefit	-	-	-	\$200.00 / 1 day per accident 5 accidents per year
Employee Discount Card	-	-	-	Included
Health Advocate Services	-	-	-	Included
PPO Network	-	-	-	Included
Virtual Health				
24/7/365 Telehealth	Included	Included	Included	Included
benieWALLET	Included	Included	Included	Included
Behavioral Health	-	-	\$50 fee max 3 per year	\$50 fee max 3 per year
Rx Benefits				
Generic Rx	Discount Only	Discount Only	Tier 1: \$10 copay Tier 2: \$25 copay	Tier 1: \$10 copay Tier 2: \$25 copay
Brand Rx	Discount Only	Discount Only	Tier 3: \$50 copay Tier 4: \$75 copay	Tier 3: \$50 copay Tier 4: \$75 copay

To locate providers participating in the MultiPlan PHCS network call (888) 263-7543 or visit www.multiplan.com and click “Find a Provider” located in the top right-hand corner of the page and follow the steps below.

1. After acknowledging you have read the disclaimer at the bottom of the screen, click on the green “Select Network “button.
2. When selecting your network, choose “PHCS,” then “Specific Services.”
3. Enter one of the search criteria suggested in the search box to begin your search.
4. If your browser settings don’t allow your location to be detected, enter a zip code.

Dental Plan

Monthly Rates	Anthem Complete
Employee Only	\$45.45
Employee • Spouse	\$95.50
Employee • Children	\$105.25
Employee • Family	\$165.25



Dental Benefits	In Network	Out of Network
Annual Deductible	\$50 individual / \$150 family	\$100 individual / \$300 family
Annual Benefit Maximum	\$1,500 per insured person	\$500 per insured person
Diagnostic & Preventive Oral Exams / Cleanings (2 per year) X-Rays (1 per year depending on age)	Covered 100% (deductible waived)	Covered 70% (subject to deductible)
Basic Services Fillings, Extractions, Root Canals, Scaling & Root Planing	Covered 80%	Covered 50%
Major Services Crowns, Dentures, Bridges	Covered 50%	Covered 20%
Dental Implants / Orthodontic Services	Not Covered	Not Covered

Vision Plan

Monthly Rates	Anthem Complete
Employee Only	\$10.20
Employee • Spouse	\$21
Employee • Children	\$17.75
Employee • Family	\$29.26



Vision Benefits	In Network	Out of Network	Frequency
Comprehensive eye exam	\$10 copay	Up to \$49 allowance	Once every 12 months
Eyeglass Frames			
One pair of eyeglass frames	\$130 allowance then 20% off remaining balance	Up to \$50 allowance	Once every 24 months
Eyeglass Lenses (instead of contacts)			
Single	\$25 copay	Up to \$35 allowance	Once every 12 months
Bifocal	\$25 copay	Up to \$49 allowance	Once every 12 months
Trifocal	\$25 copay	Up to \$74 allowance	Once every 12 months
Contact Lenses (instead of glasses)			
Elective conventional	\$130 allowance then 15% off any remaining balance	Up to \$92 allowance	Once every 12 months
Elective disposable	\$130 allowance	Up to \$92 allowance	Once every 12 months
Non-elective (medically necessary)	Covered 100%	Up to \$250 allowance	Once every 12 months

HCAOA VOLUNTARY INSURANCE PLANS



Plans that provide employees with additional coverage to help offset the potential out-of-pocket costs associated with hospitalization, accidents, critical illness or ultimately death.

INDIVIDUAL/FAMILY POLICIES:

- **Accident:** Helps with medical and out-of-pocket expenses after a covered injury, including treatment-related costs and everyday bills.
- **Short Term Disability:** Provides a source of income if a disability due to covered accident or illness.
- **Hospital:** A Hospital Confinement Insurance policy can help ease the financial burden of hospital stays by providing cash benefits.
- **Cancer:** For help with the high out-of-pocket costs associated with cancer – beyond what health insurance may cover – so you can focus on recovery, not finances.
- **Critical Care:** Assists with the cost of treatment in the event of a covered critical illness such as a heart attack, stroke or paralysis.
- **Life Insurance:** For assistance with end-of-life expenses and to help provide financial peace of mind to loved ones.

We can help provide financial protection if you get sick or hurt, with benefits paid directly to you – not to doctors or hospitals.

Michael Shinn

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