

MCS GLOBAL

Plan # 791815

Effective 10/1/2024

Medical Deductible	N/A
Max Out of Pocket	
Medical & Prescription (RX)	\$6,350 individual/ \$12,700 family
Hospital Coverage	
Deductible	N/A
Copay	\$75 Tier 1 / \$350 Tier 2
Major Medical	Covered
Organ Transplant	Covered
Physicians Visits	
Generalists	\$10
Specialists	\$15
Sub-Specialists	\$18
Emergency Room	
Accident	\$0
Sickness	\$75
Miscellaneous	
Teleconsultation	\$0
Specialized Tests	30%
Laboratories	30%
X-Rays	30%
Prescription Coverage	
Step Therapy	Covered
Dispensing Rule	Penalty, plus Brand copay
Up Front Deductible	N/A
Maximum Annual Benefit	N/A
Bioequivalent	\$10
Preferred Brand	25% (Min. \$15)
Non-Preferred Brand	25% (Min. \$15)
Specialty Drugs	\$0
Chemotherapy Drugs	10%
OTC	\$1
X-Rays	30%
Mail Order Program	
Bioequivalent	\$20
Preferred Brand	25% (Min. \$70)
Non-Preferred Brand	25% (Min. \$70)
Dental	
Diagnostic & Preventive	0%
Space Maintainers	20%
Restorative Services	20%
Oral Surgery	20%
Endodontics	20%
Periodontal	20%
Prosthesis	50%
Orthodontics	50%
Dental Annual Maximums	
In Prosthesis	N/A
In Periodontics	N/A
Per Member Per Policy Year	\$1,000
Orthodontics	\$1,000
Other Benefits	
Life Insurance & AD&D	\$10,000
Vision	\$100 per policy year
EAP	Included

This is a summary of benefits description, this is not a contract.
In conflicts between this summary & the wording of the corresponding contract, the contract will prevail