



# MEC Plan Options

## ACA Compliant | Minimum Essential Coverage (MEC) Plans

PLANS	BASIC MEC	ULTRA MEC	ULTIMATE MEC
Employee Only	\$49	\$108	\$139
Employee + Spouse	\$89	\$200	\$260
Employee + Child(ren)	\$89	\$200	\$260
Family	\$119	\$295	\$375
MEDICAL BENEFITS			
Wellness and Preventive	Covered at 100%	Covered at 100%	Covered at 100%
Primary Care Visits	Use Telemedicine	\$15 copay   Unlimited	\$15 copay   Unlimited
Specialists Visits	-	Network Discount	\$15 copay   Unlimited
Urgent Care Visits	-	\$50 copay   Unlimited	\$50 copay   Unlimited
Laboratory Services	-	Network Discount	\$50 copay   Unlimited
X-Rays	-	-	\$50 copay   Unlimited
Rx BENEFITS			
Rx Discount Plan	Included	Included	-
Generic Rx	-	Tier 1: \$10 copay Tier 2: \$25 Copay	Tier 1: \$10 copay Tier 2: \$25 Copay
Brand Rx	-	-	Tier 3: \$50 copay Tier 4: \$75 Copay
VIRTUAL HEALTH BENEFITS			
Telemedicine	\$0 Copay   Unlimited	\$0 Copay   Unlimited	\$0 Copay   Unlimited
Virtual Behavioral Health	-	\$50 Copay   3x/year	\$50 Copay   3x/year
MEC COMPANION CARD			
Dental	✓	✓	✓
Vision	✓	✓	✓
Durable Medical Equipment	✓	✓	✓
Diabetic Supplies	✓	✓	✓
Fitness	✓	✓	✓

1. Costs include Plan Document, Multiplan Network, ID cards, Enrollment Guides, Claims Adjudication, SBCs and COBRA Administration.
2. MEC preventive benefits are covered 100% for in network services.
3. Office Visits, Specialist Visits, Urgent Care, Lab and X-Rays are all member copays. Services are repriced through the Multiplan network.
4. Minimum participation of 10 lives enrolled



# MEC + Hospital Indemnity

*CHOOSE ONE*

PLANS	ULTIMATE + NATIONAL VALUE	ULTIMATE + NATIONAL HIGH
Employee Only	\$172	\$189
Employee + Spouse	\$325	\$379
Employee + Child(ren)	\$312	\$354
Family	\$460	\$526
MEDICAL BENEFITS		
Wellness and Preventive	Covered at 100%	Covered at 100%
Primary Care Visits	\$15 copay   Unlimited	\$15 copay   Unlimited
Specialists Visits	\$15 copay   Unlimited	\$15 copay   Unlimited
Urgent Care Visits	\$50 copay   Unlimited	\$50 copay   Unlimited
Laboratory Services	\$50 copay   Unlimited	\$50 copay   Unlimited
X-Rays	\$50 copay   Unlimited	\$50 copay   Unlimited
Rx BENEFITS		
Generic Rx	Tier 1: \$10 copay Tier 2: \$25 Copay	Tier 1: \$10 copay Tier 2: \$25 Copay
Brand Rx	Tier 3: \$50 copay Tier 4: \$75 Copay	Tier 3: \$50 copay Tier 4: \$75 Copay
VIRTUAL HEALTH BENEFITS		
Telemedicine	\$0 Copay   Unlimited	\$0 Copay   Unlimited
Virtual Behavioral Health	\$50 Copay   3x/year	\$50 Copay   3x/year
MEC COMPANION CARD		
MEC Companion Card	Dental, Vision, Durable Medical Equipment, and Fitness	
HOSPITAL INDEMNITY		
Admission Benefit	\$2,000   1x/year	\$2,500   1x/year
Confinement Benefits	\$50 per day   30x/year	\$200 per day   30x/year
Inpatient Rehabilitation	-	\$100 per day   15x/year
Inpatient Surgery Benefit	-	\$1,000   1x/year
Outpatient Surgery Benefit	\$250/\$500   1x/year	\$750/\$1,500   1x/year
Ambulance Benefit	-	\$500 air transportation   2x/year \$200 ground transportation   2x/year
Diagnostic Procedure	\$250   1x/year	\$250   1x/year
Emergency Room	-	\$100 per day   2x/year
Health Screenings	-	\$50   1x/year

Hospital Indemnity benefits can help pay for out-of-pocket costs associated with being hospitalized in addition to your medical coverage and can give you more of a financial safety net for unplanned expenses brought on by a hospital stay. **Payments are made directly to you, even if you did not actually incur any out-of-pocket expenses.**

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