

# Overview of Minimum Essential Coverage (MEC) Plans



	MEC Only	MEC with 4 Office Visits	MEC with Limited Benefits Coverage
<b>PRICING</b>			
Employee Only	\$56.00	\$65.00	\$99.00
Employee Plus 1	\$71.00	\$81.00	\$139.00
Employee Plus 2	\$81.00	\$86.00	\$159.00
Employee Plus 3+	\$86.00	\$101.00	\$189.00
<b>Minimum Employer Contribution</b>	50% of the employee only rate	50% of the employee only rate	50% of the employee only rate
<b>Minimum Participation</b>	Minimum participation is 10 employees	Minimum participation is 10 employees	Minimum participation is 25 employees
<b>BENEFITS</b>			
<b>Preventive Care</b>	100%	100%	100%
<b>Telehealth</b>	Included	Included	Included
<b>Outpatient Services <sup>1</sup></b>			
Provider Office Visits	\$20 copay/1 office visit	\$20 copay/4 office visits	\$20 copay/\$1,000 maximum benefit per plan year <sup>2</sup>
Illness or Injury	Not Covered	\$20 copay/4 office visits (copay applies to office visits only)	30% coinsurance \$1,000 total benefit/year <sup>2</sup>
<b>Network Access</b>	Included	Included	Included
<b>Prescription Drugs</b>	Prescription Drug Card 100% for preventive prescriptions only	Prescription Drug Card 100% for preventive prescriptions only	\$10 copay generic drugs/\$40 copay brand name drugs/\$500 maximum benefit per year
<b>Specialty Drugs</b>	Not Covered	Not Covered	Not Covered
<b>Inpatient Services</b>			
Illness	Not Covered	Not Covered	30% coinsurance/\$10,000 maximum benefit per plan year (\$500 room and board per day)
Injury	Not Covered	Not Covered	30% coinsurance/\$7,500 maximum benefit per plan year (\$500 room and board per day)
Surgeon (Illness)	Not Covered	Not Covered	30% coinsurance /\$1,500 benefit/year
Anesthesiologist (Illness)	Not Covered	Not Covered	30% coinsurance /\$300 benefit/year
<b>Emergency Room Services</b>			
Illness	Not Covered	Not Covered	\$50 max benefit/0% coinsurance (up to 3 visits per year) <sup>3</sup>
Injury	Not Covered	Not Covered	\$500 max benefit/0% coinsurance (up to 2 visits per year) <sup>3</sup>
<b>COBRA/HIPAA Administration</b>	Included	Included	Included

The maximum benefit amounts listed above are per covered person, per plan year unless otherwise stated. All maximum amounts are applied and capped at \$10,000 per person, per plan year. Must be in-network. Please note the following:

1. Outpatient physician's office visits include office visit expenses as well as laboratory tests and X-rays taken during the same visit.
2. The maximums for illness or injury outpatient benefits and outpatient physician's office visits are combined and capped at \$1,000 per person, per plan year.
3. Emergency room visits are not subject to the plan year maximum benefit for outpatient services but are instead subject to the limitations listed above.

The ABA MEC Plan is a cost effective, self-insured alternative to traditional health insurance. The defined benefit plan is neither insured nor stop loss protected.

