

# MEC Advanced Plan

## Self-Funded Minimum Essential Coverage Plan (MEC)

	MEC Advanced	
<b>MVP Covered Benefits:</b>	<b>Network</b>	<b>Non-network</b>
Deductible	\$0/\$0	\$500/\$1,000
Coinsurance	100%	40%
Out of Pocket Maximum	\$1,850/\$12,700	N/A
<b>MVP Covered Benefits:</b>	<b>Network</b>	<b>Non-Network</b>
PPO Network	Multiplan	
Emergency Room Services	\$400 Copay	Ded/Coins
Primary Care Visit to Treat an Injury or Illness (exc. Well Baby, Preventive, and X rays)	\$15 Copay	Ded/Coins
Specialist Visit	\$25 Copay	Ded/Coins
Imaging (CT,PET Scans, MRIs)	\$400 Copay	Ded/Coins
Laboratory Outpatient and Professional Services	\$50 Copay	Ded/Coins
X-rays and Diagnostic Imaging	\$50 Copay	Ded/Coins
Preventive Care/Screening/Immunization (MEC)	100% Covered	Ded/Coins
Chronic Disease Management Benefit	100% Covered	Ded/Coins
Prescription Drugs		
Generics	\$15 Copay	Ded/Coins
Preferred Brand Drugs	\$25 Copay	Ded/Coins
Non-Preferred Brand Drugs	\$75 Copay	Ded/Coins
<b>Monthly Rates</b>	<b>MEC Advanced</b>	
<b>Voluntary Contribution Rates</b>		
Employee		\$190
Employee + Spouse		\$285
Employee + Child(ren)		\$280
Family		\$380
<b>25-50% Employer Contribution</b>		
Employee		\$183
Employee + Spouse		\$273
Employee + Child(ren)		\$269
Family		\$363
<b>51%+ Employer Contribution</b>		
Employee		\$177
Employee + Spouse		\$261
Employee + Child(ren)		\$257
Family		\$346

### NOTES

Minimum Essential Coverage (MEC): MEC plans must cover 100% of the coverage requirements outlined by ERISA and ACA. Generally these are preventative and wellness related test and treatments.

Employers that have >50 employees can prevent the \$2,000 penalty on all benefit eligible employees by offering a MEC plan.

An individual enrolled in a MEC plan can avoid the personal tax assessed for not being enrolled in qualifying coverage by being enrolled in such a plan.

An employer can charge any amount they choose to an employee for MEC (not subject to the 9.5% limitation).

Participation Requirement is 10 enrolled on MEC.