



A United Group Programs, Inc. Brand

Cost-Saving Insurance for Large Employers

OptiMed Minimum Essential Coverage (MEC) is an employer sponsored, self-funded plan that satisfies the specific portion of the PPACA pertaining to penalties on employers with over 50 full-time employees that do not provide health insurance. This basic coverage has two levels of upgrade, MEC Edge and Enhanced Mec (E-MEC).



MEC Features

Preventive benefits including but not limited to:

- Routine physical exams
- Annual Well-Woman exam
- Annual routine mammogram (age 40+)
- Routine bone density test (age 60+)
- Well Baby Exam and Well Child Exams
- Routine immunizations
- Routine hearing screening (newborn)
- Influenza/Pneumococcal vaccine
- All FDA-approved women's contraception methods
- Routine colonoscopy (age 50+)
- Routine vision screening (for children)
- Unlimited telephonic doctor consultations

MEC also includes access to a national PPO network, COBRA administration, as well as optional aggregate stop loss which limits claims to a specific amount. No one is disqualified due to pre-existing conditions. A written Actuarial Certification that this program complies with certain ACA Requirements is also provided.

MEC Edge

For both employers and employees, affordability is a key factor in securing healthcare coverage. These companies and people appreciate the economy of MEC, and its three levels of preventive services. MEC Edge distinguishes itself by zeroing in on the five most frequently used medical services, listed at right.

- Primary Care Doctor Visits (3/year, \$20 copay)
- Specialists Office Visits (3/year, \$50 copay)
- Urgent Care (3/year, \$50 copay)
- Diagnostic X-ray and Lab (5/year, \$50 copay)
- CT Scan/MRI (outpatient only, max 1 CT scan or MRI per plan year, \$200 copay)

Enhanced MEC (E-MEC) See tables on back >

Enhanced MEC Provides Increased Benefits

E-MEC PARTICULARS

	NETWORK	NON-NETWORK
Deductible	\$0/\$0	\$500/\$1,000
Coinsurance	100%	40%
Out of Pocket	\$1,850/\$12,700	N/A

GROUP LIMITED MEDICAL INDEMNITY

Hospital Confinement Benefit up to \$1,000 per day

For sickness or accidents; requires 24-hour stay

Intensive Care Confinement Benefit up to \$1,000 per day

30 day benefit period maximum (paid in addition to Hospital Confinement Indemnity Benefit)

First Day Hospital Admission Benefit up to \$1,500 per day

Paid in addition to Daily Hospital Confinement Benefit - One Day benefit maximum per person.

Surgery and Anesthesia

- Inpatient - 2 Day Per Person Per Benefit Period Max, up to \$1,000 per day
- Outpatient - 2 Day Per Person Per Benefit Period Max, up to \$500 per day
- Anesthesia - Inpatient and Outpatient, up to 20% of surgical benefit

Employee Term Life Insurance/AD&D up to \$20,000

Dependent Term Life - Life Insurance Only

- Spouse, up to \$10,000
- Children 6 months to 19 (25 if full time student), up to \$5,000
- Infants 14 days to 6 months

PRESCRIPTION DRUGS*

Generic: \$15 copay

Preferred Brand Drugs: \$25 copay

Non-Preferred Brand Drugs: \$75 copay

Mail order copays are 2.5 times the retail copay.

E-MEC COVERED SERVICES

Emergency Room Services

Covers all services performed in an emergency room including the hospital facility and physician charges. If a MRI is performed during the emergency room visit a separate co-pay will not be applied. If surgery, physical therapy, or DME are performed during the emergency room visit, they will be covered under the emergency room benefit.

Primary Care Visit to Treat an Injury or Illness (exc. Well Baby, Preventive, and X-rays)

Covers all physician visits including office, outpatient and inpatient charges. Co-pays apply to the physician visit charge only and does not include any other services rendered at the time of the visit.

Specialists Visits

Covers all physician visits including office, outpatient and inpatient charges. Co-pays apply to the physician visit charge only and does not include any other services rendered at the time of the visit.

Mental Nervous Substance Abuse

Covers all provider visits including office, outpatient and inpatient charges. Co-pays apply to the provider visit charge only and does not include any other services rendered at the time of the visit.

Imaging (CT, PET Scan, MRIs)

Covers charges for CT, PET Scans and MRI's and the charges for related services.

Laboratory Outpatient And Professional Services

Covers the professional components of labs including the office, outpatient and inpatient charges. A copay will apply to each visit.

X-rays and Diagnostic Imaging

Covers the professional components of the x-rays including the office, outpatient and inpatient charges. A copay will apply to each visit.

Screening / Immunization

Covers all of the services listed under the MEC-covered benefits: <https://OptiMedHealth.com/mec-coverage/>.

Chronic Disease Management (CDM) Covers the minimum standards of care services for various chronic diseases.

Review/download MEC Services:

<https://OptiMedHealth.com/mec-coverage/>

*Does not include specialty drugs

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