



A United Group Programs, Inc. Brand

Go Well Beyond Minimum

Enanced Minimum Essential Coverage combines preventive medical services – the MEC portion – with attractive enhancements. You also have the option of adding indemnified medical services, features of a Limited Medical plan.

MEC is designed to satisfy the Affordable Care Act mandate of employer-provided preventive medical services for companies with 50 or more full-time equivalent employees (FTE).

Refer to the U.S. Preventive Services Task Force for a complete list of those services.

The services you'll find listed there are provided at no charge from providers within the applicable network. Services rendered out of network are reimbursed 40 percent.

OptiMed's Self-Funded E-MEC Plan includes excess loss insurance against claim liability. This unique approach allows the employer to remit level monthly contributions for the 12-month contract period. Excess loss insurance

Excess loss insurance limits the financial risk to the employer by paying claims that exceed the estimated claim liability. Should the OptiMed Self-Funded E-MEC plan be elected without excess loss insurance the employer would be responsible for funding any and all claims.

The self-funded plan differs from a fully insured program in that it segments administrative costs from the funds placed in reserve to pay medical claims. A runout period of 3 months allows for all claims to be paid and any funds remaining in the reserve are returned at 100%.

See U.S. Preventive Services Task Force for a list of Preventive Services:

healthcare.gov/coverage/preventive-care-benefits/

E-MEC is not a major medical plan, nor is it designed to replace a major medical plan.

Add fully insured group medical indemnity, choose from 3 plan levels

Hospital Confinement Benefit

\$300, \$500 or \$1,000 per day

For sickness or accidents; requires 24-hour stay.

Intensive Care Confinement Benefit

\$300, \$500 or \$1,000 per day

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

First Day Hospital Admission Benefit

\$500, \$1,000 or \$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

See back page for E-MEC benefits, beyond preventive medical services

E-MEC BENEFITS, BEYOND PREVENTIVE

DEDUCTIBLE		% OF COINSURANCE COVERED		OUT OF POCKET MAXIMUM	
NETWORK Single / Family	NON-NETWORK Single / Family	NETWORK Single or Family	NON-NETWORK Single or Family	NETWORK Single / Family	NON-NETWORK Single or Family
\$0 / \$0	\$500 / \$1,000	100%	40%	\$1,850 / \$12,700	N/A
Covered Services				First Health Network	Non-Network
<p>Emergency Room Services</p> <p>Covers all services performed in an emergency room including the hospital facility and physician charges. If an MRI is performed during the emergency room visit a separate copay 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.</p>				\$400 Copay	\$400 Copay
<p>Primary Care Visit to Treat an Injury or Illness (exc. Well Baby, Preventive, and X-rays)</p> <p>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.</p>				\$15 Copay	Deductible / Coinsurance
<p>Specialists Visits</p> <p>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.</p>				\$25 Copay	Deductible / Coinsurance
<p>Mental Nervous Substance Abuse</p> <p>Covers all provider visits including office, outpatient and inpatient charges. Copays apply to the provider visit charge only and does not include any other services rendered at the time of the visit.</p>				\$25 Copay	Deductible / Coinsurance
<p>Imaging (CT, PET Scan, MRIs)</p> <p>Covers charges for CT, PET Scans and MRI's and the charges for related services.</p>				\$400 Copay	Deductible / Coinsurance
<p>Lab Outpatient And Professional Services</p> <p>Covers the professional components of labs including the office, outpatient and inpatient charges.</p>				\$50 Copay	Deductible / Coinsurance
<p>X-rays and Diagnostic Imaging</p> <p>Covers the professional components of the x-rays including the office, outpatient and inpatient charges. A co-pay will apply to each visit.</p>				\$50 Copay	Deductible / Coinsurance
<p>Screening / Immunization</p> <p>Preventive services listed under the MEC-covered benefits listed at https://OptiMedHealth.com/mec-coverage/benefits</p>				100% Covered	Deductible / Coinsurance
<p>Chronic Disease Management (CDM)</p> <p>Covers minimum standards of care medical services for various chronic diseases.</p>				100% Covered	Deductible / Coinsurance
Prescription Drugs*					
Mail order copays are 2.5 X retail	Generics - 30-day supply			\$15 Copay	Excluded
	Preferred Brand Drugs - 30-day supply			\$25 Copay	Excluded
	Non-Preferred Brand Drugs - 30-day supply			\$25 Copay	Excluded

* Specialty drugs are not covered