

# MEC

Self-Funded Preventive Care Minimum Essential Coverage (MEC) Health Plan

# OptiMed™

A United Group Programs, Inc. Brand

## Preventive Services Plus!

- Self-funded health plan with Excess Loss Insurance.
- Satisfies ACA Preventive Services mandate.
- 63 itemized preventive services covered at 100% in network.
- Levelized monthly employer contribution with aggregate Excess Loss Insurance coverage.
- Low enrollment minimums.
- Employer portal for add/delete and spreadsheet enrollments.
- Monthly claims transparency reports.
- 100% surplus claims returned at end of contract (can be used as employer contribution toward renewal).
- Plan includes OptiMed's Valued-Added Benefits of telemedicine with no copay, wellness programs, and counseling services.
- Optional Rx coverage can be added.
- Smartphone app available.

**5 Plan Designs**  
— See Back Page

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

FOR PRODUCER USE ONLY. Refer to Policy for Complete Benefits and Exclusions.

# OPTIMED SELF-FUNDED MEC PLANS

	MEC Basic	MEC Pro	MEC Preferred	MEC Pro+	MEC Advantage
Network	PHCS or First Health or similar	PHCS or First Health or similar	PHCS or First Health or similar	PHCS or First Health or similar	PHCS or First Health or similar
Out of Network Coverage	No	No	No	No	No
Deductible - Individual	\$0	\$0	\$0	\$0	\$2,500
Deductible - Family	\$0	\$0	\$0	\$0	\$7,500
Maximum Out of Pocket - Individual	\$0	\$400	\$725	\$1,200	\$5,000
Maximum Out of Pocket - Family	\$0	\$800	\$1,450	\$2,400	\$15,000
*Preventive & Wellness	100%	100%	100%	100%	100%
<b>Physician and Office Visits:</b>	Not Included	8 combined visits per year	10 combined visits per year	10 combined visits per year	No Limit
• Primary Care Visit	Not Included	\$25 copay	\$25 copay	\$25 copay	\$25 copay
• Specialist Visit	Not Included	\$35 copay	\$35 copay	\$35 copay	\$35 copay
• Urgent Care Visit	Not Included	\$50 copay	\$50 copay	\$50 copay	\$50 copay
• Maternity Pre/Post Natal	Not Included	Not Included	\$25 copay	\$25 copay	\$25 copay
• Mental/Behavioral Health	Not Included	Not Included	\$35 copay	\$25 copay	\$25 copay
X-Rays & Lab	Not Included	Not Included	\$75 copay, 2/yr	\$75 copay, 3/yr	\$75 copay
Imaging	Not Included	Not Included	\$75 copay, 1/yr	\$75 copay, 1/yr	\$75 copay after ded.
Emergency Room	Not Included	Not Included	Not Included	\$400 copay, 1/yr	\$400 copay, 3/yr after ded.
Outpatient/Inpatient Services Hospital Admission/Emergency Transport	Not Included	Not Included	Not Included	Not Included	Not Included
Rx (ACA Formulary)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay

\*Preventive services covered without limitation or out of pocket expense. Refer to the U.S. Preventive Services Task Force for a complete list at: [healthcare.gov/coverage/preventive-care-benefits/](https://healthcare.gov/coverage/preventive-care-benefits/)