

# Minimum Essential Coverage (MEC) Plans

## The coverage you want with some additional perks.

Minimum Essential Coverage (MEC) plans cover the required ACA Preventive Care prescriptions and services. This means you have the basics covered and experience lower premium costs. We'll throw in a few extras for you as well.

### MEC

Just the basics: Preventive services, TeleMed, discount vision.

### MEC Plus

The basics+ generic Rx+ primary care office visits.

### MEC Enhanced

More comprehensive coverage. Better Rx. Discount dental.

## Included with all EMI Health MEC Plans

- Pair any MEC Plan alongside major medical products
- Find security with a 3% rate cap for one additional year
- Rates stay the same for voluntary or contributory
- TeleMed with no consultation fee
- Discount Vision with access to the VSP network

## Networks

Nationwide	First Health Limited Benefit Network
Utah	EMI Health MEC Network



Contact **Stephanie Waldrop**  
to learn more.

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## Plan Comparisons

*Participating Pharmacy (30-day supply)	ACA Preventive Care - Covered 100% Generic - Discount Only Preferred - Discount Only Non-Preferred - Discount Only	' Participating Pharmacy (30-day supply)	ACA Preventive Care - Covered 100% Generic - 50% Preferred - Discount Only Non-Preferred - Not Covered	' Participating Pharmacy (30-day supply)	ACA Preventive Care - Covered 100% Generic - 10% Preferred - 50% Non-Preferred - Not Covered
' Mail Order (90-day supply)	ACA Preventive Care - Covered 100% Generic - Discount Only Preferred - Discount Only Non-Preferred - Discount Only	'Mail Order (90-day supply)	ACA Preventive Care - Covered 100% Generic - 50% Preferred - Discount Only Non-Preferred - Not Covered	' Mail Order (90-day supply)	ACA Preventive Care - Covered 100% Generic - 10% Preferred - 50% Non-Preferred - Not Covered
Routine Physical , Gynecological, Pap Smear & Mammogram, Well-Baby, Vision, and Hearing Exams. (1 visit per year)	Covered 100%	Routine Physical, Gynecological, Pap Smear & Mammogram, Well-Baby, Vision, and Hearing Exams. (1 visit per year)	Covered 100%	Routine Physical, Gynecological, Pap Smear & Mammogram , We ll-Baby, Vision, and Hearing Exams. (1 visit per year)	Covered 100%
Covered Immunizations	Covered 100%	Covered Immunizations	Covered 100%	Covered Immunizations	Covered 100%
Eligible Preventive Facility Services	Covered 100%	Eligible Preventive Facility Services	Covered 100%	Eligible Preventive Facility Services	Covered 100%

Physician & Professional Services	You Pay	Physician & Professional Services	You Pay
Physician Office Visits (primary care) (Max 3 per year)	\$10	Physician Office Visits (primary care) (Max 3 per year)	\$20
		Physician Office Visits (secondary care) (Max 3 visits per year)	\$50

## Rates

Coverage	MEC	MEC Plus	MEC Enhanced
<b>Single</b>			
Employee+ Spouse	\$85	\$119	\$194
Employee+ Child(ren)	\$99	\$139	\$222
Family	\$129	\$175	\$277
<b>3% rate cap for one additional year</b>			
<b>TeleMed Included With All Plans</b>			
<b>You Pay</b>			\$0

Convenience Clinic (Max 3 visits per year)	\$20
Major Diagnostic Test, CT Scan, MRI, NMR (office) (Max 1 per year)	\$250
Minor Diagnostic Test , Radiology , Lab (office or outpatient) (Max 3 per year)	\$50
Injections (office) (Max 3 per year)	Covered 100%
Surgery (office) (Max 1 per year)	Covered 100%
Anesthesiology (office) (Max 3 per year)	Covered 100%
<b>Urgent Care Clinic</b>	
<b>You Pay</b>	
Urgent Care Clinic (Max 3 visits per year)	\$50
<b>Medical Supplies &amp; Equipment</b>	
<b>You Pay</b>	
Diabetic Testing Supplies (90-day supply)	30%
Medical Supplies (office) (Max 3 per year)	Covered 100%

<b>Discount Dental</b>	
15 - 75% savings on dental services & procedures	

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**Legal Stuff:**

- Long-term [maintenance] medications must be purchased through mail order or Walgreens to receive coverage.

PLEASE NOTE: These are summaries only and do not guarantee benefits. All benefits are subject to the terms, limitations, and exclusions set forth in the Plan document and in the Summary Plan Description (SPD)/handbook of the Plan. Any discrepancies between this summary, the SPD/handbook, and the Plan document are resolved in favor of the Plan document. For more information, refer to the SPD/handbook or the Plan document, or contact EMI Health Customer Service. All services are subject to the EMI Health Table of Allowances. There will be no benefit when using a Non-participating Provider. THIS IS A MINIMUM ESSENTIAL COVERAGE PLAN. BENEFITS ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. Read your plan document carefully! Administered by EMI Health.

