



YOUR GROUP BENEFITS

As of January 1, 2017

Medical Plan Options

	MEC Plan	TransChoice Plan	MVP Plan
Calendar Year Deductible	\$0	\$0	\$5,000 per Person
Calendar Year Out-of-Pocket Maximum	\$0	\$0	\$5,000 per Person
Preventive Services : Adults (Blood Pressure, Cholesterol and Diabetes screenings, Immunization vaccines, etc.) Women (Breast cancer mammography, Cervical cancer and Osteoporosis screenings, Well-woman visits, etc.) Children (Autism, blood pressure, hearing, vision, sickle cell and developmental screenings, medical history, immunization vaccines, etc.)	Covered at 100%	Covered at 100% under the MEC plan	Covered at 100%
Physician Office Visits	Not covered	Plan pays \$50 per day (Max 6 days/year)	Covered at 100% after you meet the deductible
Inpatient Hospital	Not covered	Plan pays \$500 per day (Max 1 day/year)	Covered at 100% after you meet the deductible
Outpatient Surgery	Not covered	Plan pays \$250 per procedure (Max 1 day/year)	Not covered
Emergency Room	Not covered	Plan pays \$50 per day (Max 2 days/year)	Covered at 100% after you meet the deductible
Prescription Drugs	Not covered	Plan pays per prescription: Generic \$10 / Brand \$20	Generic only: \$5 Copay after you meet the deductible
Weekly Costs	MEC	TransChoice	MVP
Employee	\$3.81	\$17.99	\$32.42
+ Children	\$14.61	\$42.40	\$181.06
+ Spouse	\$14.61	\$36.83	\$187.44
Family	\$17.81	\$50.82	\$283.29

The Affordable Care Act (ACA) requires that in order for a plan to satisfy the Minimum Essential Coverage guidelines it must cover 63 preventive care services. Enrollment in the **MEC** plan satisfies the Individual Mandate for health coverage as defined by the ACA. All benefits shown above are for In-Network services only.