



The most affordable  
Minimum Essential Coverage (MEC)  
plans on the market





## MagnaCare's affordable MyMEC plans meet your employees' health and wellness needs.

All MyMEC plans cover 64 preventive covered services to keep men, women, and children healthy. Additional medical and ancillary benefits are available through our flexible, customizable offerings.

Our health plans include:

**myMEC**  
Basic

**myMEC**  
Enhanced

**myMEC**  
Premier

Choose the plan that is the best fit for your budget and workforce.

## Minimum Essential Coverage (MEC) is employer-sponsored health coverage that gives employees access to the 64 preventive and wellness services as designated by the Affordable Care Act (ACA).

Our MyMEC plans reduce your company's exposure to penalties under the ACA for employers with 50 or more full-time employees. Employers that employ 50 or more full-time (or full-time equivalent) employees are required as of January 1, 2016 to provide at least a Minimum Essential Coverage group health benefit plan to avoid the per-employee tax for non-compliance (\$2,570 per employee as of 2020). MagnaCare's MyMEC benefit program provides coverage for the minimum essential coverage required services and offers an affordable ACA-compliant solution for employers.

While our MyMEC plan designs do not remove the possibility of the \$3,860 tax penalty (as of 2020) in the event that an eligible employee purchases insurance through the Marketplace, these plans are designed to be offered with other affordable MagnaCare medical products to offer a turn-key program of compliant plan designs that will eliminate this ACA tax as well.



### Benefits of MyMEC plans for employers:

- Limits exposure to ACA penalties
- Tax deductible
- Predictable cash flow
- Provide employee benefits
- Employee retention
- ERISA platform (eliminates state coverage mandates)
- Identical plan coverage in all 50 states

### Basic features included in all MyMec plans:



Coverage for 64 preventive care services such as routine vaccinations and cancer screenings



Broad provider network with thousands of doctors at convenient locations near you



Pharmacy coverage for preventive generic maintenance medications



Pharmacy discount card



Ability to customize your plan with additional benefits

### Benefits of MyMEC plans for employees:

- Meets ACA individual mandate for most states
- Full medical preventive care coverage
- No out-of-pocket costs for preventive services

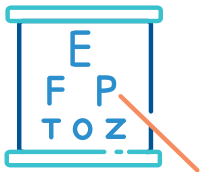




## Optional low-cost vision coverage

Regular vision exams are a critical wellness benefit, as many chronic medical conditions such as diabetes and high blood pressure can be detected early through an eye exam. Early detection leads to disease prevention and saves thousands of dollars a year in health care costs. With more than 75% of Americans needing some form of vision correction, employers who offer a vision plan benefit from higher productivity and lower turnover rates.

### Our affordable vision plans cover:



Eye Exams



Eyeglass Frames

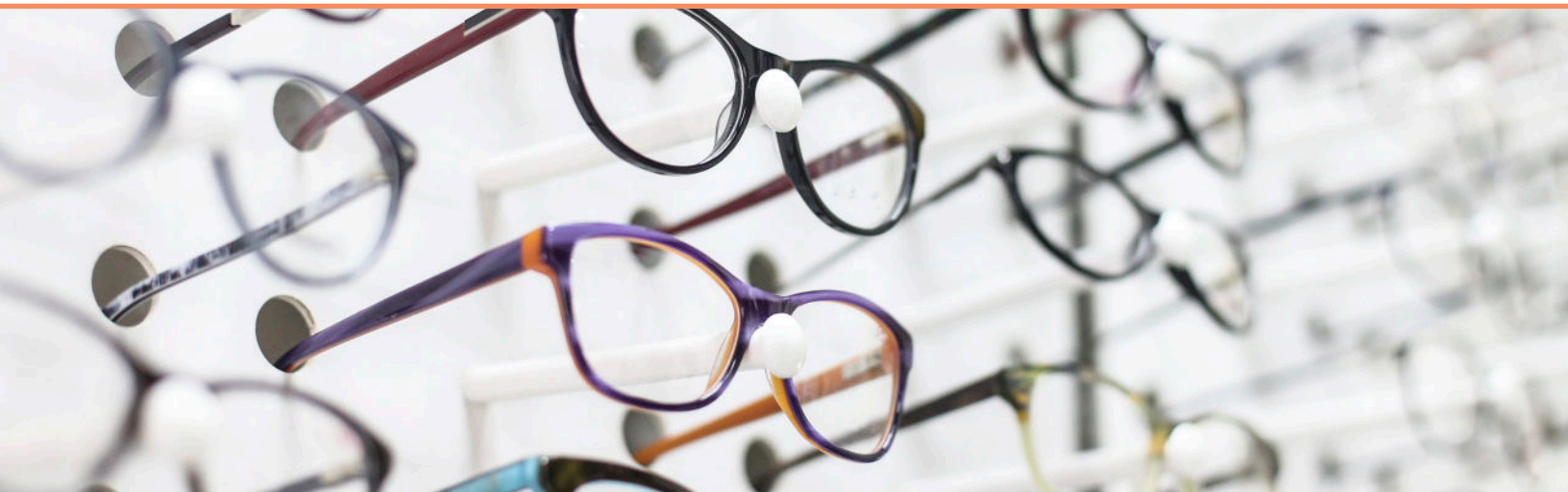


Prescription Lenses



Contact Lenses

(Copays may apply)



## Covered Services

All MyMEC plans provide no-cost coverage for 64 preventive services. With MyMEC plans, pre-certification or referrals are NOT required for any of these tests and screenings.

### 15 covered preventive services for adults (ages 18+)

- Abdominal Aortic Aneurysm
- Alcohol Misuse
- Aspirin for CVD
- Blood Pressure
- Cholesterol
- Colorectal Cancer
- Depression Screening
- Type 2 Diabetes Screening
- Diet Counseling
- HIV Screening
- Immunizations
- Obesity Screening
- Sexually Transmitted Infection (STI) Prevention Counseling
- Tobacco Use Screening
- Syphilis Screening

### 23 covered preventive services for women (including pregnant women)

- Anemia Screening
- Bacteriuria Urinary Tract Infection Screening
- BRCA Counseling
- Breast Cancer Mammography
- Breast Cancer Chemoprevention Counseling
- Breastfeeding Support/ Counseling
- Cervical Cancer Screening
- Chlamydia Infection Screening
- Contraception (FDA Approved)
- Domestic and Interpersonal Violence Screening
- Folic Acid Supplements
- Gestational Diabetes Screening
- Gonorrhea Screening
- Hepatitis B Screening
- Human Immunodeficiency Virus (HIV) Screening
- Human Papillomavirus (HPV) DNA Test
- Osteoporosis Screening
- Routine Prenatal Visits
- Rh Incompatibility Screening
- Tobacco Use Screening
- Sexually Transmitted Infections (STI) Counseling
- Syphilis Screening
- Well-woman Visits

### 26 covered preventive services for children and teens\*

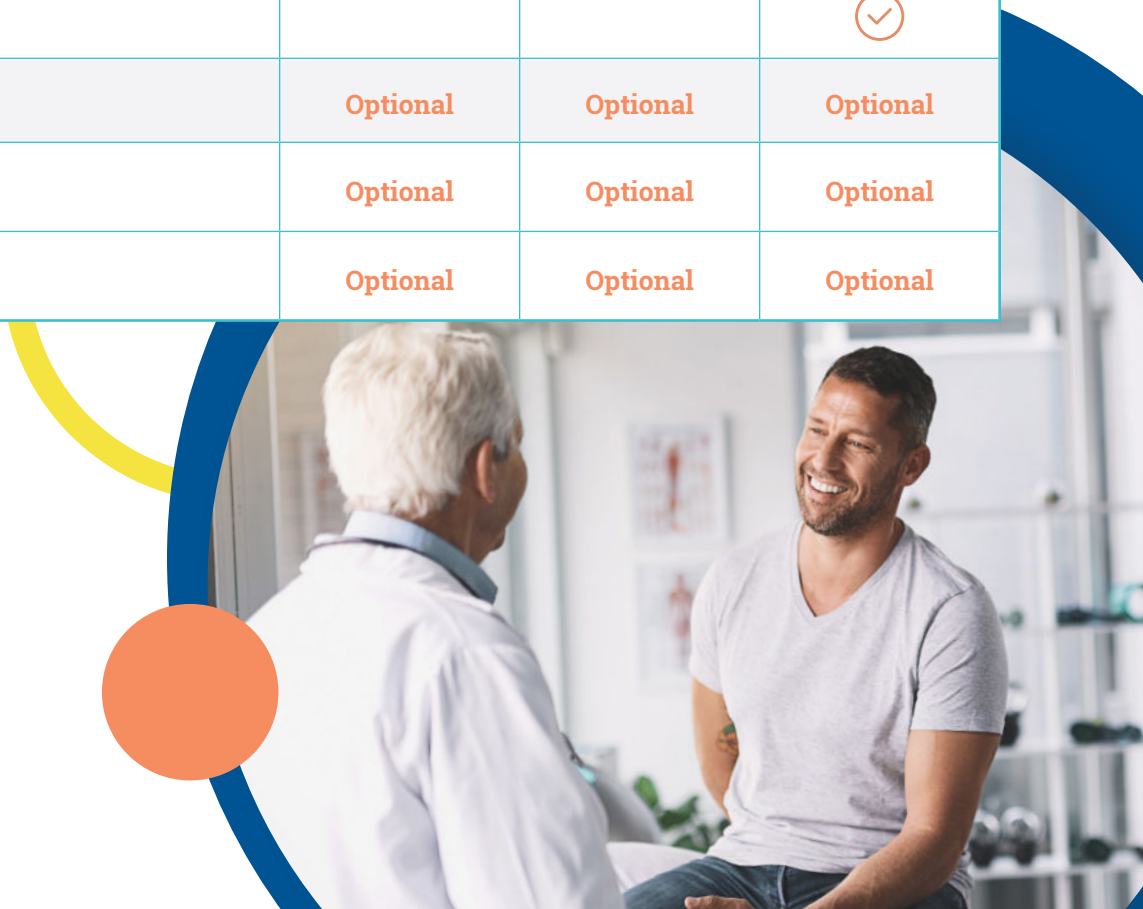
- Alcohol and Drug Use Assessments
- Autism Screening
- Behavioral Assessments
- Blood Pressure Screening
- Cervical Dysplasia Screening
- Congenital Hypothyroidism Screening
- Depression Screening
- Developmental Screening / Surveillance
- Dyslipidemia Screening
- Fluoride Chemoprevention Supplements
- Gonorrhea Preventive Medication
- Hearing Screening for Newborns
- Height, Weight and Body Mass Index Measurements
- Hematocrit or Hemoglobin Screening
- Hemoglobinopathies or Sick-Cell Screening
- HIV Screening
- Immunizations
- Iron Supplements
- Lead Screening
- Medical History through Developmental Ages
- Obesity Screening and Counseling
- Oral Health Risk Assessment
- Phenylketonuria (PKU) Screening
- Sexually Transmitted Infection (STI) Prevention Counseling
- Tuberculin Testing
- Vision Screening

\*Age limits may apply

## Plan comparison

MyMEC plans can be customized to meet your needs.

MyMEC Plan Comparison			
Services	MyMEC Basic	MyMEC Enhanced	MyMEC Premier
Preventive & wellness services coverage	✓	✓	✓
Primary care office visit		✓	✓
Specialist office visit		✓	✓
Urgent care services		✓	✓
Outpatient x-ray		✓	✓
Laboratories		✓	✓
Emergency room services			✓
Rx discount card	✓	✓	✓
Rx drug benefits			✓
Telemedicine services	Optional	Optional	Optional
COBRA	Optional	Optional	Optional
Vision benefits	Optional	Optional	Optional



## Sample MyMEC Basic Plan Summary

<b>Deductible</b>	Not applicable
<b>Co-Insurance</b>	Not applicable
<b>Preventive services</b>	100% coverage* (see our list of preventive services on pg. 5)
<b>Physician office visits</b>	
Primary care office visit	Not covered
Specialist office visit	Not covered
Physician & surgeon professional services	Not covered
Anesthesia professional service	Not covered
<b>Telemedicine consultations</b>	Optional
<b>Outpatient lab</b>	Not covered
<b>Outpatient x-ray</b>	Not covered
<b>Outpatient rehab &amp; therapy</b>	Not covered
<b>Allergy treatment</b>	Not covered
<b>Emergency services</b>	
Hospital ER	Not covered
Urgent care	Not covered
Ambulance	Not covered
<b>Outpatient surgical procedures</b>	
Physician office/freestanding surgery center	Not covered
Hospital outpatient	Not covered
<b>Prescription drug benefits</b>	All generic preventive medications covered plus Rx discount card

\*Plan participants must see a doctor within the network in order to be covered for the services listed as part of the covered benefits summary. No pre-certification needed.

## Sample MyMEC Enhanced Plan Summary

<b>Deductible</b>	Not applicable
<b>Co-Insurance</b>	Not applicable
<b>Preventive services</b>	100% coverage* (see our list of preventive services on pg. 5)
<b>Physician office visits</b>	
Primary care office visit	\$30 copay, Max 4 visits per person/year (combined with specialty visits)
Specialist office visit	\$40 copay, Max 4 visits per person/year (combined with primary care visits)
Physician & surgeon professional services	Not covered
Anesthesia professional service	Not covered
<b>Telemedicine consultations</b>	Optional
<b>Outpatient lab</b>	\$30 copay in office setting or free-standing facility; Max 1 visit per person/year
<b>Outpatient x-ray</b>	\$30 copay in office setting or free-standing facility; Max 1 visit per person/year
<b>Outpatient rehab &amp; therapy</b>	Not covered
<b>Allergy treatment</b>	Not covered
<b>Emergency services</b>	
Hospital ER	Not covered
Urgent care	\$50 copay; Max 1 visit per person/year
Ambulance	Not covered
<b>Outpatient surgical procedures</b>	
Physician office/freestanding surgery center	Not covered
Hospital outpatient	Not covered
<b>Prescription drug benefits</b>	All generic preventive medications covered plus Rx discount card

\*Plan participants must see a doctor within the network in order to be covered for the services listed as part of the covered benefits summary. No pre-certification needed.



## Sample MyMEC Premier Plan Summary

Deductible	Not applicable	<b>Pharmacy Benefits</b>  • Limit of 20 prescription fills annually combined between Retail and Mail Order**  • Mandatory mail order drug (MOD) program applies to maintenance medications. Plan allows 2 fills at retail before mandatory MOD program is require <ul style="list-style-type: none"><li>• MOD = 3-month supply</li></ul> **The maximum of 20 prescription fills/refills does not include mandated preventive immunizations as outlined by the Affordable Care Act and/or oral contraceptives.  <b>Retail:</b>  • Generic \$5 copay  • Preferred Brand-Name \$5.00 copay (Covered only when no generic drug is available. Limited to the generic benefit)  <b>Mail Order for 3-month supply:</b>  • Generic \$12.50 copay  • Preferred Brand-Name \$12.50 copay (Covered only when no generic drug is available. Limited to the generic benefit)
Maximum out-of-pocket	\$8,150 individual / \$16,300 family	
Preventive services	100% coverage* (see our list of preventive services on pg. 5)	
Physician office visits		
Primary care office visit	\$10 copay, Max 4 visits per person/ year (combined with specialty visits)	
Specialist office visit	\$25 copay, Max 4 visits per person/ year (combined with primary care visits)	
Telemedicine consultations	Optional	
Outpatient lab	\$25 copay, Max 3 visit per person/ year (combined with imaging visits)	
Outpatient x-ray	\$25 copay in office setting or free-standing facility; Max 1 visit per person/year (combined with lab visits)	
Hospital outpatient	Not covered	
Outpatient rehab & therapy	Not covered	
Allergy treatment	Not covered	
Emergency services		
Hospital ER	\$200 copay; then 80% coinsurance Max 1 visit per person/year	
Urgent care	\$50 copay; Max 1 visit per person/ year	
Ambulance	Not covered	
Outpatient surgical procedures		
Physician office/free-standing surgery center	\$200 copay, then 80% coinsurance Max 1 visit per person/year	
Hospital outpatient	Not covered	

\*Plan participants must see a doctor within the network in order to be covered for the services listed as part of the covered benefits summary. No pre-certification needed.



**Contact us for your custom quote!**

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