

MEC Financial Overview Prepared For: **SAMPLE**
Effective Date: 2025

NETWORK ACCESS AND ADMINISTRATION SERVICES	FEES PEPM	One Year Term
Claims Administration & Marketing Fee 2 - 24 enrolled employees	Enhanced MEC	\$120.50 PEPM
Claims Administration & Marketing Fee 25 - 49 enrolled employees	Enhanced MEC	\$113.50 PEPM
Claims Administration & Marketing Fee 50 - 74 enrolled employees	Enhanced MEC	\$100.50 PEPM
Claims Administration & Marketing Fee 75 + enrolled employees	Enhanced MEC	\$90.50 PEPM
First Health Travel Network Access	Included	
Rx Benefits through MagnaCare RX	Included	
ID Cards – 2 Per Policy	Included	
Implementation – Start-Up	Included	
Provider Directories	Web Based Only	
COBRA Administration	\$2.00 PEPM (all plans)	
Telehealth	\$2.00 PEPM (all plans)	
Vision	\$2.50 PEPM (all plans)	
ESTIMATED CLAIMS FUNDING – ENHANCED MEC PLAN		
Employee	\$47.19	
Employee + 1	\$100.73	
Employee + Child(ren)	\$78.82	
Family	\$139.95	

*The monthly admin fee depends on how many employees enroll.

**Estimated claims funding amounts are for budgeting purposes. Employer is responsible to remit payment within 30 days of receiving a claims funding invoice.

*** Combining the administrative fee with the estimated claims funding will yield a total amount for budgeting purposes to assist in financial planning. Please be advised that claims invoices are due upon billing.

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

Sample MyMEC Enhanced Summary	
Deductible	Not applicable
Co-Insurance	Not applicable
Preventive services	100% coverage*
Physician office visits	
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)
Outpatient lab	\$30 copay in office setting or free-standing facility; Max 1 visit per person/year
Outpatient x-ray	\$30 copay in office setting or free-standing facility; Max 1 visit per person/year
Emergency services	
Urgent care	\$50 copay, Max 1 visit per person/year
Prescription drug benefits	Not Covered for Non-Preventive Drugs *\$0 Preventive Drugs (Birth Control)

*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.

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