

MEC VALUE™





MEC VALUE™


Find A Provider



Go to www.multiplan.com

Sample ID Card

MEC VALUE		
Employer Name: United Benefits GP	Plan ID: WPL333	
Member Name: First Last	Member ID #: 123456789	
<small>Each Person is a Cardholder: Replace Last 2 Digits with Applicable Suffix</small>		
Dependents:		
	www.WellDyneRX.com	Pharmacy Help Desk 555-555-5555
Member Services: 555-555-5555		
BIN:123456	RXGROUP: HMATPA	Processor: NetCard

<u>This card does not guarantee coverage.</u>	
To Verify benefits, eligibility, or obtain precertification/ authorization, visit the websites or call: 555-555-5555	
For Members:	www.hma-az.com/members
For Providers:	www.hma-az.com/provider-portal
Claims: HMA	123 Easy St Tempe AZ 85285
Administered by	
	To find a PHCS, or if not available, a Multiplan provider, visit www.multiplan.com or call 888-826-5317

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MEC VALUE™ provides coverage for the preventive health and wellness services required by the PHSA § 2713 (a). This health plan provides Minimum Essential Coverage and satisfies the “A Tax” penalty and Individual Mandate. MEC VALUE™ has low copays and no deductible or out-of-pocket maximum. MEC VALUE™ does not cover out-of-network services.

Medical Service Deductible Information		
Deductible	In-Network Services	
Individual	\$0	
Family	\$0	
Medical Services		
Medical Service	Member Pays	Limitations & Exceptions
Preventive & Wellness Coverage	\$0	Some services are subject to age and other limitations
Telemedicine	\$0	None
Non-Specialist Doctor Visits	\$25 Copay	Covers 3 visits in addition to any preventive visits
Outpatient Laboratory	\$50 Copay	Covers 1 visit in addition to any preventive outpatient laboratory visits
Urgent Care	\$50 Copay	Covers 1 visit

NOTE: Please refer to the Schedule of Benefits for a more in-depth list of Benefits Coverage, Limitations, and Exclusions before enrolling in this plan.

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Exclusions

Some health care services are not covered by the Plan. The following is an example of services that are generally not covered.

1. Any medical service, treatment or procedure not specified as covered under this Plan;
2. Office visits, physical examinations, immunizations, and tests when required solely for the following:
 - a. Sports
 - b. Camp
 - c. Employment
 - d. Travel
 - e. Insurance
 - f. Marriage
 - g. Legal proceedings
3. Routine foot care for treatment of the following:
 - a. Flat feet
 - b. Corns
 - c. Bunions
 - d. Calluses
 - e. Toenails
 - f. Fallen arches
 - g. Weak feet
 - h. Chronic foot strain
4. Rehabilitative therapies
5. Dental procedures
6. Any other expense, bill, charge, or monetary obligation not covered under this Plan, including
but not limited to all non-medical service expenses, bills, charges, and monetary obligations. Unless the medical service is explicitly provided by this Schedule of Benefits or otherwise explicitly provided in the Summary Plan Description (SPD), this Plan does not cover the medical service or any related expense, bill, charge, or monetary obligation to the medical service provider.