



Employers Essential - MEC Solution
...a solution to minimize your ACA liability

Prepared For:

Sample Quote

Effective:

Sample Quote

Presented By:



Minimum Essential Coverage w/ Stop Loss

Employer Name
Sample Quote

Self-Funded Coverage Type Minimum Essential Coverage
Stop Loss Protection
Contract Type 12/18
Medical Group Size 100
Plan Description
All Mandated Preventive Services Covered at 100%
Provider Network First Health
Network Access Fee \$2.50

Effective Date: Sample Quote

Coverage Type:	Employee	EE + Spouse	EE + Child	Family	Total Monthly	Total Annual
Employee Count:	100	0	0	0		

MEC Plan Fixed Cost

A) Aggregate Stop Loss	\$4.05	\$8.10	\$8.10	\$12.15	\$405	\$4,860
B) Aggregate Accomodation Fee	\$1.35	\$1.35	\$1.35	\$1.35	\$135	\$1,620
C) Provider Network	\$2.50	\$2.50	\$2.50	\$2.50	\$250	\$3,000
D) Admin Fees/COBRA	\$34.00	\$34.00	\$34.00	\$34.00	\$3,400	\$40,800
E) Total MEC Fixed Cost (A + B + C + D)	\$41.90	\$45.95	\$45.95	\$50.00	\$4,190	\$50,280

MEC Plan Claims Cost

F) Maximum Claims Cost	\$16.26	\$36.58	\$42.27	\$62.59	\$1,626	\$19,512
G) Expected Claims Cost	\$8.62	\$17.24	\$17.24	\$25.85	\$862	\$10,344

Total Cost

H) MEC Maximum Cost (E + F)	\$58.16	\$82.53	\$88.22	\$112.59	\$5,816	\$69,792
I) MEC Expected Cost (E + G)	\$50.52	\$63.19	\$63.19	\$75.85	\$5,052	\$60,624

* Projections are based on consistent enrollment.

* Set Up costs (normally \$1000) waived when sold through LISI. Includes Plan Document, SBC preparation, ID cards, coverage booklets, online enrollment and bill preparation.

* Rates assume the employer is paying 100% for the MEC. If the employer funds less than 100% rates and claims assumptions (lines A and F) will be increased by 11.5%. This would also require that at least 75% of eligible employees participate in either the MEC or the MVP.

* Expected Claims Cost is calculated using claims data from over 40,000 currently enrolled members. The projected cost above is a conservative (120%) of actual expected.

* Total Aggregate Stop Loss must equal at least \$5,000 per year. This includes premium collected on the MVP Plan.



MEC Benefits

Employer Name

Sample Quote

Provider Network First Health

The Affordable Care Act requires that in order for a plan to satisfy the Minimum Essential Coverage guidelines it must cover 63 preventive care services. These services must be covered at 100% without the employee having to pay a copayment or co-insurance or being applied to any deductible. This only applies when these services are delivered by a network provider.

Preventive Health Services for Adults		
Service	In-Network	Out-of-Network
1. Abdominal Aortic Aneurysm one-time screening for men of specified ages who have never smoked.	Covered at 100%	Not Covered
2. Alcohol Misuse screening and counseling.	Covered at 100%	Not Covered
3. Aspirin use for men and women of certain ages.	Covered at 100%	Not Covered
4. Blood Pressure screening for all adults.	Covered at 100%	Not Covered
5. Cholesterol screening for adults of certain ages or at higher risks.	Covered at 100%	Not Covered
6. Colorectal Cancer screening for adults over 50.	Covered at 100%	Not Covered
7. Depression screening for adults.	Covered at 100%	Not Covered
8. Type 2 Diabetes screening for adults with high blood pressure.	Covered at 100%	Not Covered
9. Diet counseling for adults at higher risk for chronic disease.	Covered at 100%	Not Covered
10. HIV screening for all adults at higher risk.	Covered at 100%	Not Covered
11. Immunization vaccines for adults - doses, suggested ages, and recommended populations vary: <ul style="list-style-type: none"> • Hepatitis A • Hepatitis B • Herpes Zoster • Human Papillomavirus • Influenza (flu shot) • Measles, Mumps, Rubella • Meningococcal • Pneumococcal • Tetanus, Diphtheria, Pertussis • Varicella 	Covered at 100%	Not Covered
12. Obesity screening and counseling for all adults	Covered at 100%	Not Covered
13. Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk	Covered at 100%	Not Covered
14. Syphilis screening for all adults at higher risk	Covered at 100%	Not Covered
15. Tobacco Use screening for all adults and cessation interventions for tobacco users	Covered at 100%	Not Covered

* For additional information, visit: <https://www.healthcare.gov/what-are-my-preventive-care-benefits/#part=>:



MEC Benefits (cont.)

Preventive Health Services for Women

Service	In-Network	Out-of-Network
1. Anemia screening on a routine basis for pregnant women.	Covered at 100%	Not Covered
2. Breast Cancer Genetic Test Counseling (BRCA) for women at higher risk for breast cancer.	Covered at 100%	Not Covered
3. Breast Cancer Mammography screenings every 1 to 2 years for women over 40.	Covered at 100%	Not Covered
4. Breast Cancer Chemoprevention counseling for women at higher risk.	Covered at 100%	Not Covered
5. Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women.	Covered at 100%	Not Covered
6. Cervical Cancer screening for sexually active women.	Covered at 100%	Not Covered
7. Chlamydia Infection screening for younger women and other women at higher risk.	Covered at 100%	Not Covered
8. Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs).	Covered at 100%	Not Covered
9. Domestic and interpersonal violence screening and counseling for all women.	Covered at 100%	Not Covered
10. Folic Acid supplements for women who may become pregnant.	Covered at 100%	Not Covered
11. Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes.	Covered at 100%	Not Covered
12. Gonorrhea screening for all women at higher risk.	Covered at 100%	Not Covered
13. Hepatitis B screening for pregnant women at their first prenatal visit.	Covered at 100%	Not Covered
14. HIV screening and counseling for sexually active women.	Covered at 100%	Not Covered
15. Human Papillomavirus (HPV) DNA Test every 3 years for women with normal cytology results who are 30 or older.	Covered at 100%	Not Covered
16. Osteoporosis screening for women over age 60 depending on risk factors.	Covered at 100%	Not Covered
17. Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk.	Covered at 100%	Not Covered
18. Sexually Transmitted Infections counseling for sexually active women.	Covered at 100%	Not Covered
19. Syphilis screening for all pregnant women or other women at increased risk.	Covered at 100%	Not Covered
20. Tobacco Use screening and interventions for all women, and expanded counseling for pregnant tobacco users.	Covered at 100%	Not Covered
21. Urinary tract or other infection screening for pregnant women.	Covered at 100%	Not Covered
22. Well-woman visits to get recommended services for women under 65.	Covered at 100%	Not Covered

* For additional information, visit: <https://www.healthcare.gov/what-are-my-preventive-care-benefits/#part=2>



MEC Plan Benefits (cont.)

Preventive Health Services for Children		
Service	In-Network	Out-of-Network
1. Alcohol and Drug Use assessments for adolescents.	Covered at 100%	Not Covered
2. Autism screening for children at 18 and 24 months.	Covered at 100%	Not Covered
3. Behavioral assessments for children at the following ages: <i>0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.</i>	Covered at 100%	Not Covered
4. Blood Pressure screening for children at the following ages: <i>0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.</i>	Covered at 100%	Not Covered
5. Cervical Dysplasia screening for sexually active females.	Covered at 100%	Not Covered
6. Depression screening for adolescents.	Covered at 100%	Not Covered
7. Developmental screening for children under age 3.	Covered at 100%	Not Covered
8. Dyslipidemia screening for children at higher risk of lipid disorders at the following ages: <i>1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.</i>	Covered at 100%	Not Covered
9. Fluoride Chemoprevention supplements for children without fluoride in their water source.	Covered at 100%	Not Covered
10. Gonorrhea preventive medication for the eyes of all newborns.	Covered at 100%	Not Covered
11. Hearing screening for all newborns.	Covered at 100%	Not Covered
12. Height, Weight and Body Mass Index measurements for children at the following ages: <i>0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.</i>	Covered at 100%	Not Covered
13. Hematocrit or Hemoglobin screening for children.	Covered at 100%	Not Covered
14. Hemoglobinopathies or sickle cell screening for newborns.	Covered at 100%	Not Covered
15. HIV screening for adolescents at higher risk.	Covered at 100%	Not Covered
16. Hypothyroidism screening for newborns.	Covered at 100%	Not Covered
17. Immunization vaccines for children from birth to age 18 —doses, recommended ages, and recommended populations vary: <ul style="list-style-type: none"> • Tetanus, Diphtheria, Pertussis • Hepatitis A • Human Papillomavirus • Influenza (flu shot) • Meningococcal • Rotavirus • Haemophilus influenza type b • Hepatitis B • Inactivated Poliovirus • Measles, Mumps, Rubella • Pneumococcal • Varicella 	Covered at 100%	Not Covered
18. Iron supplements for children ages 6 to 12 months at risk for anemia.	Covered at 100%	Not Covered
19. Lead screening for children at risk of exposure.	Covered at 100%	Not Covered
20. Medical History for all children throughout development at the following ages: <i>0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.</i>	Covered at 100%	Not Covered
21. Obesity screening and counseling.	Covered at 100%	Not Covered
22. Oral Health risk assessment for young children Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years.	Covered at 100%	Not Covered
23. Phenylketonuria (PKU) screening for this genetic disorder in newborns	Covered at 100%	Not Covered
24. Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk.	Covered at 100%	Not Covered
25. Tuberculin testing for children at higher risk of tuberculosis at the following ages: <i>0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.</i>	Covered at 100%	Not Covered
26. Vision screening for all children.	Covered at 100%	Not Covered

* For additional information, visit: <https://www.healthcare.gov/what-are-my-preventive-care-benefits/#part=3>



MVP w/ Stop Loss

Employer Name
Sample Quote

Self-Funded Coverage Type	Minimum Value Plan
Stop Loss Protection	
Specific Deductible	TBD
Contract Type	12/18
Medical Group Size	100
Plan Description	
See Attached Benefit Summary	
Provider Network	First Health PPO
Network Access Fee	\$6.00

Effective Date: Sample Quote

	Coverage Type:	Employee	EE + Spouse	EE + Child	Family	Total	Total
	Employee Count:	100	0	0	0	Monthly	Annual

MVP Fixed Cost

A) Specific Stop Loss	\$164.85	\$362.67	\$296.73	\$494.55	\$16,485	\$197,820
B) Aggregate Stop Loss (w/ Accomodation)	\$21.87	\$46.49	\$38.29	\$62.91	\$2,187	\$26,244
C) Aggregate Accomodation Fee	\$1.35	\$1.35	\$1.35	\$1.35	\$135	\$1,620
D) Provider Network & Case Management	\$7.65	\$7.65	\$7.65	\$7.65	\$765	\$9,180
E) Admin Fees/COBRA	\$39.50	\$39.50	\$39.50	\$39.50	\$3,950	\$47,400
F) Total MVP Fixed Cost (A + B + C + D + E)	\$235.22	\$457.66	\$383.52	\$605.96	\$23,522	\$282,264

MVP Claims Cost

G) Maximum Claims Cost (H x 1.25)	\$416.67	\$937.38	\$1,083.19	\$1,603.90	\$41,667	\$500,004
H) Expected Claims Cost	\$333.34	\$749.90	\$866.55	\$1,283.12	\$33,334	\$400,003

Total Cost

I) MVP Maximum Cost (E + F)	\$651.89	\$1,395.04	\$1,466.71	\$2,209.86	\$65,189	\$782,268
J) MVP Expected Cost (E + G)	\$568.56	\$1,207.56	\$1,250.07	\$1,889.08	\$56,856	\$682,267

* Projections are based on consistent enrollment.

* Set Up costs (normally \$1000) waived when sold through LISI. Includes Plan Document, SBC preparation, ID cards, coverage booklets, online enrollment and bill preparation.

* Stop Loss carrier requires 75% total enrollment on either MEC or MVP. There is no minimum requirement on the MVP Plan.



MVP Benefits

Employer Name

Sample Quote

Provider Network

First Health

In order to avoid all PPACA penalties an employer must offer a plan that meets 60% actuarial value, covers all the MEC benefits and costs less than 9.56% of an employee's income. A self-funded employer is allowed to exclude Essential Health Benefits from their plan as long as the plan meets the 60% threshold. The MVP plan meets the requirements for a 60% plan. This plan has no participation requirement as long as the employer also offers the MEC plan and has 100% of the group participate on that plan.

MVP Schedule of Benefits		
Service	In-Network	Out-of-Network
Annual Maximum / Lifetime Maximum Benefit	Unlimited	
Deductible (per covered person)	\$5,000	
Out-of-Pocket Maximum (per covered person)	\$5,000	
Medical Benefits		
Preventive Care/Screening/Immunization (MEC Benefits)	Covered at 100%	Not Covered
Primary Care Visits (excluding Well Baby, Preventive, X-rays)	Covered at 100%*	Not Covered
Specialist Visits	Covered at 100%*	Not Covered
Urgent Care Visits	Covered at 100%*	Not Covered
Non-Preventive Well Baby Visits and Care	Covered at 100%*	Not Covered
Laboratory Outpatient and Professional Services	Covered at 100%*	Not Covered
X-rays and Diagnostic Imaging	Covered at 100%*	Not Covered
Emergency Room Services	Covered at 100%*	Not Covered
Inpatient Hospital Services (including MHSA)	Covered at 100%*	Not Covered
Outpatient Mental/Behavioral Health and Substance Abuse Services	Covered at 100%*	Not Covered
Advanced Imaging (CT/PET Scans/MRI's)	Not Covered	Not Covered
Rehabilitative Speech Therapy	Not Covered	Not Covered
Rehabilitative Occupational and Rehabilitative Physical Therapy	Not Covered	Not Covered
Skilled Nursing Facility	Not Covered	Not Covered
Durable Medical Equipment	Not Covered	Not Covered
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Not Covered	Not Covered
Prescription Drug Benefits		
Generic Drugs	\$5 Co-Pay*	Not Covered
Preferred Brand Drugs	Not Covered	Not Covered
Non-Preferred Brand Drugs	Not Covered	Not Covered
Specialty High-Cost Drugs	Not Covered	Not Covered

* These benefits are subject to the deductible.



Underwriting, Stop Loss Terms & Qualifications

Employer Name

Sample Quote

Broker Commissions	This proposal includes \$10.00 per employee per month (pepm).
Initial Enrollment	Initial enrollment through excel spreadsheet. No paper applications needed.
Stop Loss Carrier	Fidelity Security Life
AM Best Rating	A-
Effective Date	Sample Quote
Participation Requirement	Total between MEC and MVP plans must be at least 75% of total eligible (minus eligible waivers). Plan must have at least 35 total enrolled. Plans with 35 to 50 enrolled members add \$8.00 pepm to administration fee.
Recalculation of Claim Factors	MEC: none; MVP: The MVP Stop Loss Premium and Aggregate factors are based on the demographics of the total eligible group; final factors will be calculated post-enrollment, using the age & gender mix of the participating employees as well as the results of an Rx lookup for any enrolled employees. Rates and factors can be increased up to 100%.
Minimum Employer Contribution	Employer must pay 90% of the cost for employee-only coverage on the MEC plan (highly suggest 100%). MEC rates and factors are lower if the employer chooses to pay 100% of the MEC premium.
Minimum Annual Premium	\$5,000 of annual premium is required to go to Fidelity Security Life.
Administrator	Employee Benefits Administration & Management Corporation (EBA&M)
Network	MEC: First Health Limited Benefit Plan; MVP: First Health PPO
Contract Type	MEC: Aggregate Only, 12/18, Includes Monthly Aggregate Accomodation MVP: Specific (\$25,000) 12/18, Aggregate 12/18, Includes Monthly Aggregate Accomodation
Maximum Annual Reimbursement	\$1,000,000
Stop Loss Provisions	Quote is subject to all policy provisions, limitations, and exclusions.
SB161 Compliance	Based on our understanding of this group, this group is not subject to SB161. If your group has less than 100 full-time employees and is based in California please ask your broker for an SB161 Compliant quote.



Additional Benefits *(available to whole family)*



Sometimes you just need a doctor –Now you can talk to a doctor any time of day, wherever you are. LiveHealth Online lets you have face-to-face conversations with a doctor on your computer or mobile device. It's medical advice the moment you need it.

The cost of an online doctor visit is just \$49 if you don't have a health plan or your plan doesn't cover online visits.

No appointments. No waiting. Get prescriptions. Mobile App. For more information call 855-603-7985
www.LiveHealthOnline.com



- Diagnose, treat and write prescriptions for common family illnesses such as strep throat, bladder infections, pink eye, and infections of the ears, nose and throat
- Provide common vaccinations for flu, pneumonia, pertussis and hepatitis, among others
- Treat minor wounds, abrasions, joint sprains, and skin conditions such as poison ivy, ringworm, lice and acne
- Provide a wide range of wellness services including TB testing, sports and camp physicals, and lifestyle programs such as smoking cessation and a medically based weight loss program
- Offer routine lab tests, instant results and education for those with diabetes, high cholesterol or high blood pressure
- Provide care to adults and children 18 months and older for most services**
- Share records with primary care provider with patient permission

We suggest reading the what to know sections on the service pages. This will help you to prepare and get the most out of your visit. Prices range from \$49 to \$99 for most services. For a price list visit cvs.com/minuteclinic/services/price-lists.

For more information visit www.cvs.com then click on minute clinic.



- \$4 Generic Prescriptions or Mail order \$10 for 90 day supply (generic)
- Immunizations

Go to Walmart.com and search pharmacy. All the benefits of less expensive prescriptions are at your fingertips or call your local Walmart.