

MEC BASIC™



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Find A Provider



Go to www.multiplan.com

Sample ID Card

MEC BASIC™		
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

This card does not guarantee coverage.

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

MEC BASIC™

MEC Basic™ 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 Basic™ has no copays, deductible or out-of-pocket maximum. MEC Basic™ 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

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.