

Balance Health Care Costs With Allied MEC Plans



What are Allied MEC Plans?

Offering essential benefits for an affordable price can be a challenge, but with the Allied MEC Plans (Minimum Essential Coverage), maintaining the balance between benefits and costs is easy.

Selecting one of the Allied MEC Plans satisfies the ACA employer mandate to provide minimum essential coverage and eliminates the Part A penalty for applicable large employers. Employers are providing 100% coverage for preventive services with no copays, deductibles, or annual or lifetime limits.

How do Allied MEC Plans Work?

Because Allied MEC Plans are level funded, they save employers money by paying claims with employer dollars instead of insurance premiums. Any money left at the end of the plan year are employer savings — not insurance profits. Plus, 12 level monthly payments each year covers all the costs for your plan. As long as the monthly premiums are paid, there are no other plan costs.



Protects the plan from serious or numerous claims.

Employer's monthly fixed costs that includes stop-loss insurance, administrative and sales fees and 1/12 of the plan's maximum annual claims fund cost.

At the end of the plan year run-out period, any unused dollars in the claims fund are refunded to the employer.

Notes

This image shows a full page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

About Allied National, a 90 Degree Benefits Company

Founded in 1970, Allied National is one of the nation's oldest and most experienced third-party administrators. As the small group benefit experts, Allied works with small business employers to provide unique and affordable group health benefits. Allied National is a 90 Degree Benefits Company, a subsidiary of Blue Cross Blue Shield of Alabama.

Plan Provisions Continued

The following services are not covered under the MEC plans. In addition to these services, the Plan includes additional exclusions and limitations (see Summary Plan Description for details).

MEC

The MEC Plan provides 100% coverage for all preventive services as listed by the U.S. Preventive Services Task Force. There are no deductibles, copays or annual or lifetime limits. A list of these services can be found at <https://www.healthcare.gov/coverage/preventive-care-benefits/>. Please note coverage ONLY covers preventive services, all other services including doctor visits for illnesses or emergency situations are not covered under this plan.

MEC Plus

The following is a non-exhaustive list of services not covered under the MEC Plus Plan. In addition to these services, the plan includes additional exclusions and limitations (see Summary Plan Description for details).

1. Inpatient services and stays.
2. Any surgeries.
3. Outpatient charges are limited to Primary Care office visits and preventive services as listed by the U.S. Preventive Services Task Force. A list of these services can be found at <https://www.healthcare.gov/coverage/preventive-care-benefits/>. All other outpatient facility treatment charges are excluded. This includes dialysis, radiation treatment, chemotherapy and any other service not specifically listed.
4. Emergency Room visits.
5. Urgent Care Visits.
6. Specialist office visits.
7. Complex imaging.
8. Prescription drugs - drugs are available at a discount.
9. Rehabilitative therapy including speech therapy, physical therapy, occupational therapy, and cardiac rehabilitation are not covered.
10. Skilled nursing, home health care and hospice are not covered.
11. Infertility testing and treatment are not covered.
12. Durable medical equipment, including hearing aids, orthotics and orthopedic devices, and prosthetics are not covered.
13. Covered services received in-network are paid based on the PPO allowable price. Out-of-network services are subject to the plan's fair and reasonable limitations.

MEC Advantage

The following is a non-exhaustive list of services not covered under the MEC Advantage Plan. In addition to these services, the plan includes additional exclusions and limitations (see Summary Plan Description for details).

1. Inpatient services and stays.
2. Any surgeries.
3. Outpatient charges such as dialysis, radiation treatment, chemotherapy and any other service not specifically listed.
4. Emergency Room visits.
5. Prescription drugs other than generics.
6. Rehabilitative therapy including speech therapy, physical therapy, occupational therapy, and cardiac rehabilitation are not covered.
7. Skilled nursing, home health care and hospice are not covered.
8. Infertility testing and treatment are not covered.
9. Durable medical equipment, including hearing aids, orthotics and orthopedic devices, and prosthetics are not covered.
10. Covered services received in-network are paid based on the PPO allowable price. Out-of-network services are subject to the plan's fair and reasonable limitations.



Allied MEC Plans Benefit Features

Covered services for each plan

MEC	MEC Plus	MEC Advantage
<ul style="list-style-type: none"> Preventive services covered at 100% with no copay 	<ul style="list-style-type: none"> Preventive services covered at 100% with no copay 	<ul style="list-style-type: none"> Preventive services covered at 100% with no copay
<ul style="list-style-type: none"> Prescription drug discount 	<ul style="list-style-type: none"> Prescription drug discount 	<ul style="list-style-type: none"> \$10 copay for generic drugs
	<ul style="list-style-type: none"> 1 primary care visit with no copay 	<ul style="list-style-type: none"> 3 primary care visits with \$20 copay
		<ul style="list-style-type: none"> 3 specialist and/or urgent care visits with \$50 copay
		<ul style="list-style-type: none"> 5 lab and/or X-Ray services with \$50 copay
		<ul style="list-style-type: none"> 1 Diagnostic testing (CT, PET, MRI scans) with \$200 copay

This is a brief description of the terms of the plan. Please see the Summary Plan Description for complete details.



Features

First Health PPO Plan Network access gives members a variety of providers to choose from for care services.

Pharmacy benefits are available through a prescription or discount drug ID card given to employees to use at participating pharmacies across the nation, including most national chains.

What is ERISA?

Allied MEC Plans are primarily governed by federal ERISA laws (ERISA is the Employer Retirement Income Security Act which governs employee welfare plans). ERISA establishes minimum standards for retirement, health and other welfare benefit plans.

What is an ERISA Plan?

To employees, the ERISA plan of benefits described in the Summary Plan Description (SPD) is the standard health benefit plan description they are used to seeing with a fully insured plan. An SPD is provided to each insured employee detailing their benefits.

Plan Provisions

This brochure describes Allied MEC Plans benefits and requirements. Exact provisions for the plan are contained in the Summary Plan Description (SPD). Each covered employee will receive an SPD, which contains a detailed explanation of the plan provisions.

Participation, Contribution Requirements and Eligibility

A minimum of five employees must enroll. The MEC plan requires 100% employee participation (after waivers) and is paid for by the employer. Employees have the option to buy up and get MEC Plus and MEC Advantage.

Eligibility

An eligible employee is a person directly employed and actively at work (including approved medical leave) on a full-time basis in the regular business of the employer and compensated by the employer with regular periodic wages for service. Full time is 30 hours per week unless the employer wishes to define a lower limit for all employees. Retiree coverage is available when approved by underwriting. Eligible dependents are an employee's legal spouse who is not legally separated or divorced from the employee and is not a member of the Armed Forces, and an employee's children, including stepchildren, legally adopted or foster children, under the age of 26.

Waivers

Waivers must be completed for ALL eligible employees and/or dependents not enrolling for coverage. If the waiver is because of qualifying existing coverage, the waiver will not count against the calculation of the group's participation. An employee's failure to complete a waiver could jeopardize his or her future rights to coverage.



Find the balance with Allied MEC Plans



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