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MEC Basic Plan

The Health+ MEC Basic plan, combined with adequate and affordable major medical options, offers your company a compliant and money-saving solution for both the employer and individual mandates under the Affordable Care Act, aka Obamacare. **Keep your company penalty free.**

BENEFITS	MEC BASIC
Daily Hospital Confinement	\$450/day, 2X for ICU
Regular Office Visits (Non-Wellness)	\$40/visit
Specialist Office Visits (Non-Wellness)	\$60/visit
Prescription Drug	
Generic	\$10
Formulary	\$25
Non-Formulary	\$40
Surgery	
Inpatient	\$1,000
Outpatient	\$500
Office Visit	\$100
Anesthesia	\$100/day
Ambulance	\$100 ground / \$500 air
Emergency Room	\$75/visit
Urgent Care	\$40/visit
Diagnostic	
Lab	\$10
X-Ray/Ultrasound	\$50
PET	\$150
CT Scan	\$200
MRI	\$350
Preventive Care <small>(covers 63 services, see www.yourhealthplus.org for a complete list)</small>	100%
Chiropractic	\$25/visit
Physical Therapy	\$25/visit
Inpatient Mental Health	\$100/day
Inpatient Substance Abuse	\$100/day
Extended Care Facility	\$100/day
Basic Term Life Insurance	\$10,000 employee-only

The Health+ MEC plans utilize the National BlueCard® PPO Network. Participating physician and hospital information can be obtained via <http://provider.bcbs.com>. All employee contributions should be made on a pretax basis. Renewal date of the program will be May 1. MEC plans not available in the state of Minnesota. Please refer to the Summary Plan Description (SPD) for further details.

The Health+ MEC Basic plan is minimum essential coverage that allows an individual to satisfy the individual mandate requirement under the Affordable Care Act. Benefits are paid on an unlimited per diem basis.





MEC Basic Plan

May 1, 2016 – April 30, 2017
Monthly Benefit Option Rates

GROUP SIZE 25-49 (ELIGIBLE) Total monthly premium				GROUP SIZE 50-99 (ELIGIBLE) Total monthly premium				GROUP SIZE 100+ (ELIGIBLE) Total monthly premium			
	TIER	UNDER AGE 65	AGES 65+		TIER	UNDER AGE 65	AGES 65+		TIER	UNDER AGE 65	AGES 65+
Employer contributes 0-24.99%	EE	\$160.45	\$190.78	EE	\$154.39	\$183.20	EE	\$148.63	\$176.00		
	ES or EE+1	\$306.02	\$372.74	ES or EE+1	\$292.68	\$356.06	ES or EE+1	\$280.00	\$340.21		
	EC	\$275.69	\$334.83	EC	\$263.87	\$320.05	EC	\$252.63	\$306.00		
	FAMILY	\$390.93	\$478.88	FAMILY	\$373.34	\$456.89	FAMILY	\$356.63	\$436.00		
Employer contributes 25-49.99%	EE	\$151.96	\$180.17	EE	\$146.32	\$173.12	EE	\$140.96	\$166.42		
	ES or EE+1	\$287.34	\$349.39	ES or EE+1	\$274.93	\$333.87	ES or EE+1	\$263.14	\$319.14		
	EC	\$259.14	\$314.13	EC	\$248.14	\$300.38	EC	\$237.69	\$287.32		
	FAMILY	\$366.31	\$448.10	FAMILY	\$349.95	\$427.65	FAMILY	\$334.41	\$408.22		
Employer contributes 50-74.99%	EE	\$144.07	\$170.30	EE	\$138.82	\$163.74	EE	\$133.84	\$157.51		
	ES or EE+1	\$269.97	\$327.67	ES or EE+1	\$258.42	\$313.24	ES or EE+1	\$247.46	\$299.54		
	EC	\$243.74	\$294.88	EC	\$233.51	\$282.10	EC	\$223.79	\$269.95		
	FAMILY	\$343.41	\$419.47	FAMILY	\$328.19	\$400.45	FAMILY	\$313.74	\$382.39		
Employer contributes 75% or more	EE	\$136.72	\$161.11	EE	\$131.84	\$155.02	EE	\$127.21	\$149.22		
	ES or EE+1	\$253.81	\$307.47	ES or EE+1	\$243.08	\$294.06	ES or EE+1	\$232.88	\$281.31		
	EC	\$229.42	\$276.98	EC	\$219.90	\$265.09	EC	\$210.86	\$253.79		
	FAMILY	\$322.11	\$392.85	FAMILY	\$307.96	\$375.16	FAMILY	\$294.52	\$358.36		

* The rates quoted are applicable to the plan design selected. We reserve the right to adjust your rates in the event your plan design must be modified as a result of any change, modification or clarification in law, including the Patient Protection and Affordable Care Act.

** The monthly premium rates quoted do not include the government-mandated Transitional Reinsurance Program fee of \$2.25 per covered individual per month under the Affordable Care Act. The Transitional Reinsurance Program fee will be included in your monthly invoice and can be passed on to your employees.





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Voluntary Benefits

**May 1, 2016 – April 30, 2017
Monthly Benefit Option Rates**

Dental Plans

	DENTAL LOW	DENTAL HIGH
EMPLOYEE ONLY	\$47.69	\$51.12
EMPLOYEE + SPOUSE	\$79.67	\$86.53
EMPLOYEE + CHILD(REN)	\$94.51	\$99.29
FAMILY	\$126.49	\$134.70

Vision Plans

	VISION
EMPLOYEE ONLY	\$7.10
EMPLOYEE + SPOUSE	\$13.35
EMPLOYEE + CHILD(REN)	\$13.95
FAMILY	\$21.00

Health +

Supplemental Term Life Insurance Monthly Premium

PRIMARY	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
UNDER 30	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20	\$8.00
30-34	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00
35-39	\$1.20	\$2.40	\$3.60	\$4.80	\$6.00	\$7.20	\$8.40	\$9.60	\$10.80	\$12.00
40-44	\$1.90	\$3.80	\$5.70	\$7.60	\$9.50	\$11.40	\$13.30	\$15.20	\$17.10	\$19.00
45-49	\$2.90	\$5.80	\$8.70	\$11.60	\$14.50	\$17.40	\$20.30	\$23.20	\$26.10	\$29.00
50-54	\$4.20	\$8.40	\$12.60	\$16.80	\$21.00	\$25.20	\$29.40	\$33.60	\$37.80	\$42.00
55-59	\$8.30	\$16.60	\$24.90	\$33.20	\$41.50	\$49.80	\$58.10	\$66.40	\$74.70	\$83.00
60-64	\$12.70	\$25.40	\$38.10	\$50.80	\$63.50	\$76.20	\$88.90	\$101.60	\$114.30	\$127.00
65-69	\$24.00	\$48.00	\$72.00	\$96.00	\$120.00	\$144.00	\$168.00	\$192.00	\$216.00	\$240.00
70+	\$39.70	\$79.40	\$119.10	\$158.80	\$198.50	\$238.20	\$277.90	\$317.60	\$357.30	\$397.00

SPOUSE	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
UNDER 30	\$0.44	\$0.88	\$1.32	\$1.76	\$2.20	\$2.64	\$3.08	\$3.52	\$3.96	\$4.40
30-34	\$0.65	\$1.30	\$1.95	\$2.60	\$3.25	\$3.90	\$4.55	\$5.20	\$5.85	\$6.50
35-39	\$0.75	\$1.50	\$2.25	\$3.00	\$3.75	\$4.50	\$5.25	\$6.00	\$6.75	\$7.50
40-44	\$1.10	\$2.20	\$3.30	\$4.40	\$5.50	\$6.60	\$7.70	\$8.80	\$9.90	\$11.00
45-49	\$1.75	\$3.50	\$5.25	\$7.00	\$8.75	\$10.50	\$12.25	\$14.00	\$15.75	\$17.50
50-54	\$2.55	\$5.10	\$7.65	\$10.20	\$12.75	\$15.30	\$17.85	\$20.40	\$22.95	\$25.50
55-59	\$4.95	\$9.90	\$14.85	\$19.80	\$24.75	\$29.70	\$34.65	\$39.60	\$44.55	\$49.50
60-64	\$7.55	\$15.10	\$22.65	\$30.20	\$37.75	\$45.30	\$52.85	\$60.40	\$67.95	\$75.50
65-69	\$14.55	\$29.10	\$43.65	\$58.20	\$72.75	\$87.30	\$101.85	\$116.40	\$130.95	\$145.50
70+	\$23.55	\$47.10	\$70.65	\$94.20	\$117.75	\$141.30	\$164.85	\$188.40	\$211.95	\$235.50

	\$5,000	\$10,000
CHILDREN	\$1.10	\$2.20

Note: Employees are eligible to purchase the following amount(s) of supplemental life and AD&D insurance based on the employment class:
 All Salaried Full-time employees may purchase up to \$100,000 of supplemental life. Hourly Full-time up to \$50,000. Guaranteed Issue: \$50,000. Not offered to Part-time employees.

AD&D Class 1 employees: All Salaried and Full-time hourly employees may purchase up to \$100,000. Guaranteed Issue: \$50,000

AD&D Class 2 employees: All Part-time hourly employees that work an average of 20 hours or more per week may purchase up to \$50,000. Guaranteed Issue: \$50,000



Supplemental AD&D Monthly Premium

Employee Rates

Coverage Amount – Class 1: Salaried Employees and Full Time Hourly	Total Monthly Premium	Coverage Amount – Class 2: Part Time Employees working an avg. of 20 hours or more per week	Total Monthly Premium
\$10,000	\$0.30	\$10,000	\$0.30
\$20,000	\$0.60	\$20,000	\$0.60
\$30,000	\$0.90	\$30,000	\$0.90
\$40,000	\$1.20	\$40,000	\$1.20
\$50,000	\$1.50	\$50,000	\$1.50
\$60,000	\$1.80		
\$70,000	\$2.10		
\$80,000	\$2.40		
\$90,000	\$2.70		
\$100,000	\$3.00		

Spouse Rates

Coverage Amount – Class 1: Salaried Employees and Full Time Hourly	Total Monthly Premium	Coverage Amount – Class 2: Part Time Employees working an avg. of 20 hours or more per week	Total Monthly Premium
\$5,000	\$0.15	\$2,000	\$0.06
\$10,000	\$0.30	\$4,000	\$0.12
\$15,000	\$0.45	\$6,000	\$0.18
\$20,000	\$0.60	\$8,000	\$0.24
\$25,000	\$0.75	\$10,000	\$0.30
\$30,000	\$0.90		
\$35,000	\$1.05		
\$40,000	\$1.20		
\$45,000	\$1.35		
\$50,000	\$1.50		

Child Rates

Coverage Amount – Class 1: Salaried Employees and Full Time Hourly	Total Monthly Premium	Coverage Amount – Class 2: Part Time Employees working an avg. of 20 hours or more per week	Total Monthly Premium
\$5,000	\$0.15	\$2,000	\$0.06
\$10,000	\$0.30	\$4,000	\$0.12
\$15,000	\$0.45	\$6,000	\$0.18
\$20,000	\$0.60	\$8,000	\$0.24
\$25,000	\$0.75	\$10,000	\$0.30

