**Minimum Essential Coverage (MEC) Desk Guide**

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| **Insurance Type** | **Carrier Code** | **MEC?** |
| A - Medicare Part A | 600 | Y |
| B - Medicare Part B | 100 | Y |
| D - Dental Benefits | 200,201,202,203,299, 300, 302, 399, 400-401, 500-501, 503-507, 509-510, 512-516, 518, 520-541, 598, 700-708, 710-716, 718-728, 730-732, 734-739,750-763,765-768, 770-772, 774-781, 783-784,798,799 | N |
| F - Medicare Part D | 103 | Y |
| H - Hospital Plan Only | 200-203,299,300,302,701-704,706-708, 710-716,718-728,730-732,734-739,750,763,799 | N |
| L - Black Lung Medical Benefits | 803 | Y |
| M - Major Medical Coverage | 200-203,240-244,249,299,300,302,340,400-401,701-704,706-708, 710-716, 718-728,730- 741,744-745, 750,755,762,763,799 | Y |
| N - Auto Insurance | 801 | N |
| O - HMO/PPO/POS | 200-203, 299, 300, 399, 400, 500-541, 598,701-704,706-708, 710-716, 718-728, 730-732, 734-739, 750-763,765-768,770-772,774-781,783-784,798, 783,784,798,799 | Y |
| P - Patient Pay | 900 | N |
| Q - Resource Transfer | 903 | N |
| R - Drug Plan | 200-203,299,300,302,400-401,500-501,503-507,509-510, 512-516, 518,520-541,598,701-708, 710-716, 718-728, 730- 732, 734-739,743,745-763,765-768,770-772,774-781,783-784,798,799 | N |
| S - Medicare Part A Supplemental | 240-244,249,340,701- 704,706-708,710- 716,718-728,730-732,734-741,744,750,799 | Y |
| T - Medicare Part B Supplemental | 242,244,340,349,701-704,706-708,710- 716, 718-728,730-732,734-741,744,750,799 | Y |
| U - Autism Spectrum Disorder | 200-203, 300, 302, 701-704, 706-708, 710-716, 718-728, 730-732, 734-739, 750, 752-755, 757-758, 760-763, 765-766, 772, 774-776, 778-781,783-784,798-799 | N |
| **Insurance Type** | **Carrier Code** | **MEC?** |
| V - Vision Benefits | 200,201,202,203,299,300,302,399,500-501,503-506,509-518, 520-541,598,701-704,706-708,710-716,718-728, 730-732,734-739, 742,750, 752-763, 765-766, 770-772,774-776, 778-781, 783, 784,798-799 | N |
| W - Workers' Compensation | 802 | N |
| X - Basic Coverage | 200-203,299,300,302,399-401,701-704,706-708,710-716, 718-728,730-732,734-739,750,755,762,763,799 | Y |
| Z - LTC Patient Pay | 902 | N |