Five Key Features of MEC Plus

1. MEC Plus is the lowest cost plan.

2. MEC Plus also provides routine preventive care office visits, labs and procedures at no cost to you. A detailed list of covered services is attached.

3. MEC Plus provides unlimited free access to MyTelemedicine (800) 611-5601. MyTelemedicine is a non-emergency medical service with licensed, board-certified physicians who can diagnose and treat your medical conditions, and provide prescription drugs.

4. MEC Plus provides 4 office visits to a local network primary care physician at a cost of $10 co-payment per visit.

5. MEC Plus provides WellCardRx which discounts prescription drugs up to 50% at local retail pharmacies near you. Call 800-562-9625 or visit www.WellCardRx.com

PREVENTIVE CARE

The ***Plan's*** benefits shall be based on the recommendations of the United State Preventive Services Task Force, the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, and Advisory Committee and the current Health Resources and Services Administration guidelines. For a current listing of preventive services and procedures, please visit:

https://www.healthcare.gov/what-are-my-preventive-care-benefits/#part=1

Covered Preventive Services For Adults

Abdominal Aortic Aneurysm – one time screening for men of specified ages who have ever smoked
Alcohol Misuse – screening and counseling
Aspirin – use for men and women of certain ages
Blood Pressure – screening for all adults
Cholesterol – screening for adults of certain ages or at higher risk
* Colorectal Cancer – screening for adults **over age fifty (50)**
Depression – screening for adults
Type 2 Diabetes – screening for adults with high blood pressure
Diet – counseling for adults at higher risk for chronic disease
HIV – screening for all adults at higher risk
*Immunization – vaccines for adults – doses and recommended populations vary
Obesity – screening and counseling for adults
Sexually Transmitted Infection (STI) – prevention counseling for adults at higher risk
Tobacco Use – screening for all adults and cessation interventions for tobacco users
Syphilis – screening for all adults at higher risk

Covered Preventive Services for Women, Including Pregnant Women

Anemia – screening on a routine basis for pregnant women
Bacteriuria – urinary tract or other infection screening for pregnant women
* BRCA – counseling about genetic testing for women at higher risk
*Breast Cancer Mammography – screenings every one (1) to two (2) years for women over forty (40)
* Breast Cancer Chemoprevention – counseling for women at higher risk
*Breast Feeding – comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women
Cervical Cancer – screenings for sexually active women
Chlamydia Infection – screening for younger women and other women at higher risk
*Contraception – Food and Drug Administration-approved contraceptive methods, sterilization procedures and **patient education counseling,** not including abortifacient drugs
Domestic and interpersonal violence – screening and counseling for all women
Folic Acid – supplements for women who may become pregnant
*Gestational diabetes – **screening** for women twenty-four (24) to twenty-eight (28) weeks pregnant and those at high risk of developing gestational diabetes
Gonorrhea – screening for all women at higher risk
*Hepatitis B – screening for pregnant women **at their first prenatal visit**
Human Immunodeficiency Virus (HIV) – screening and counseling for sexually active women
*Human Papillomavirus (HPV) DNA Test – high risk HPV DNA testing every three (3) years for women with normal cytology results **who are thirty (30) or older**
Osteoporosis – screening for women over sixty (60) depending on risk factors
*Rh Incompatibility – screening for all pregnant women and follow-up testing for women at higher risk
Tobacco Use – screening and interventions for all women and expanded counseling for pregnant tobacco users
Sexually Transmitted Infections (STI) – counseling for sexually active women
*Syphilis – **screening** for all pregnant women or other women at increased risk
Well-woman visits – to obtain recommended preventive services for women under sixty-five (65)

Covered Preventive Services For Children

Alcohol and Drug Use – assessments for adolescents
*Autism – screening for children at eighteen (18) and twenty-four (24) months of age
Behavioral – assessments for children of all ages
Blood Pressure – **screening** for children ages: * **1 to 11 months, 1 to** 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
Cervical Dysplasia – screening for sexually active females
* Congenital Hypothyroidism – **screening** for newborns
Depression – screening for adolescents
*Developmental – **screening** for children under age three (3), and surveillance throughout childhood
Dyslipidemia – screening for children at higher risk of lipid disorders **– *Ages 1 to** 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
Fluoride Chemoprevention – supplements for children without fluoride in their water source
* Gonorrhea – preventive medication for the eyes of all **newborns**
*Hearing – screening for all newborns through the age of thirty (30) days and diagnostic follow-up for children to age twenty-four (24) months
Height, Weight and Body Mass Index – measurements for children – ***Ages 0 to 11 months, 1 to** 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
*Hematocrit or Hemoglobin – **screening** for children
* Hemoglobinopathies – or sickle cell **screening** for newborns
HIV – screening for adolescents at higher risk
*Immunization – vaccines for children from birth to age eighteen (18) – doses, recommended ages, and recommended populations vary
*Iron – supplements for children ages six (6) to twelve (12) months at risk for anemia
Lead – screening for children at risk of exposure
Medical History – for all children throughout development – ***Ages 0 to 11 months, 1 to** 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 year
Obesity – screening and counseling
*Oral Health – risk assessment for young children, Ages 0 to 11 months, 1 to 4 years, 5 to 10 years
* Phenylketonuria (PKU) – **screening** for this genetic disorder **in newborns**
Sexually Transmitted Infection (STI) – prevention counseling for adolescents at high risk
Tuberculin – testing for children at higher risk of tuberculosis – ***Ages 0 to 11 months, 1 to** 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
Vision – screening for all children

TELEHEALTH ON DEMAND

Use MyTelemedicine for 24/7 access to medical providers.

QUICK AND CONVENIENT
Members and their families don't have to waste time waiting to see a doctor about their medical issues.

24/7 PEACE OF MIND
Licensed doctors and nurses are always available to help members by phone, email or online video.

EASY ACCESS TO DOCTORS
After a brief registration process that will take just a few minutes, members can have doctors assist them with medical advice, non-emergency care and, if necessary, short-term prescriptions.

WIDE VARIETY OF MEDICAL ASSISTANCE
MyTelemedicine physicians are equipped to help diagnose medical conditions, develop a treatment plan for routine illnesses and can even send a prescription to a member's local pharmacy.

SECURE MEDICAL RECORDS
Medical records are available to members at all times and are securely protected for members' privacy.

SAVE MONEY
Avoid unnecessary and costly payments for emergency room and urgent care treatment.

Did you know?

Up to 66% of emergency room visits are not emergencies. **66%**

Up to 70% of typical doctor's office visits can be handled by video or telephone. **70%**

WHEN TO USE MYTELEMEDICINE

- To treat minor, common medical conditions quickly and efficiently from home
- For general health-related questions that can be answered via informational consultations
- To save the time and expense of a trip to the doctor or clinic for non-emergency care
- When traveling or away from a primary care physician
- To skip the lines at urgent care or pharmacy clinics
- To talk to a doctor, instead of a nurse or assistant
- For routine sinus infections, UTIs or other recurring conditions
- For ear infections or other typical childhood ailments

COMMON CONDITIONS TREATED

- Acid reflux
- Acne
- Allergies
- Asthma
- Blood pressure
- Bronchitis
- Cold and flu symptoms
- Constipation
- Diabetes
- Ear infections
- Fever
- Headaches and migraines
- Hemorrhoids
- Nausea and vomiting
- Pink eye
- Poison ivy
- Rashes
- Respiratory infections
- Sinus and nasal conditions
- Sore throat
- Stomach virus
- Urinary tract infections

To speak with a doctor, call 1.800.611.5601 or visit www.mytelemedicine.com.

ABA Member Portal

Find useful information about your benefit plan 24 hours a day, seven days a week through the ABA Member Portal. Find a provider, review your plan documents, view benefits paid, check the status of claims, download a PDF copy of your ID card, print forms and materials, and more, all in one convenient online location.

MEMBER PORTAL REGISTRATION

To create your user account, complete the following steps:

1. Visit **www.abadmin.com**. Click on **Portal** then select **Member Portal**.
2. Click on **Proceed to our sign up process**.
3. Read the License Agreement and click **Agree**.
4. Complete the forms on the next few pages as it applies to you. You must enter your first and last name, your date of birth, and either your Social Security number or your member ID (exactly as it appears on your ID card).

After creating your account, you will be able to access the Member Portal through the **MyABA mobile application**, which is available for download on the Google Play™ store or the Apple® App Store®.

You can invite your family members to create their own user accounts after you create your account. This will allow them to view their benefit information online and to provide you or other family members access to view their health information if they desire.

LOCATE A PHCS PPO PROVIDER

Complete the following steps to find a PHCS PPO provider near you:

1. Visit **www.phcs.com**. Under "I'm looking for a provider in the following network," select **PHCS Network (PPO)** then click on **Submit**.
2. Select **Doctor** or **Facility**, then press **Continue**.
3. Enter your location information, then press **Continue**.

Useful Phone Numbers:

Telemedicine call 1-800-611-5601 you will have immediate access to doctors who can help with your medical needs. This service is free to you and your family, and is available 24/7.

ABA CUSTOMER SERVICE OR ELIGIBILITY | 1-800-247-7114 OR 915-532-2100

ABA is available Monday through Friday from 8 a.m. to 6 p.m. Central Standard Time.

Important Information

This plan does not include coverage for hospital visits, surgeries, laboratory examinations or prescription drugs. This plan only provides coverage for four physician office visits per calendar year for illness or injury and preventive care services such as well woman exams and annual check-ups with labs. For a complete list of preventive services covered by this plan, visit **www.healthcare.gov/coverage/preventive-care-benefits**.

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.
This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, contact Assured Benefits Administrators at 1-800-247-7114. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.abadmin.com or call 1-800-247-7114 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	**$0**	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Preventive care and primary care services are covered.	This plan only covers certain preventive services without cost-sharing. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	**No.**	Not applicable.
What is the out-of-pocket limit for this plan?	Not applicable.	Not applicable.
What is not included in the out-of-pocket limit?	Not applicable.	Not applicable.
Will you pay less if you use a network provider?	**Yes.** For a list of PHCS providers, visit www.phcs.com or call 1-800-922-4362.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	**No.**	Not covered.

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$10 copay	Not covered	Four visits per plan year. Copay covers ONLY the office visit.
	Specialist visit	Not covered	Not covered	Not covered under this medical plan.
	Preventive care/screening/ immunization	$0	Not covered	You have coverage for preventive care / screening / immunizations only. For an updated list, see www.healthcare.gov/what-are-my-preventive-care-benefits.
If you have a test	Diagnostic test (x-ray, blood work)	$0 (preventive laboratory test)	Not covered	You have coverage for preventive care / screening / immunizations only. For an updated list, see www.healthcare.gov/what-are-my-preventive-care-benefits.
	Imaging (CT/PET scans, MRIs)	Not covered	Not covered	Not covered under this medical plan.
If you need drugs to treat your illness or condition For more information about **prescription drug coverage**, check the pharmacy plan section of your ID card.	Generic drugs	Not covered	Not covered	Not covered under this medical plan, but discount card available.
	Preferred brand drugs	Not covered	Not covered	Not covered under this medical plan, but discount card available.
	Non-preferred brand drugs	Not covered	Not covered	Not covered under this medical plan, but discount card available.
	Specialty drugs	Not covered	Not covered	Not covered under this medical plan, but discount card available.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Not covered	Not covered	Not covered under this medical plan.
	Physician/surgeon fees	Not covered	Not covered	Not covered under this medical plan.
If you need immediate medical attention	Emergency room care	Not covered	Not covered	Not covered under this medical plan.
	Emergency medical transportation	Not covered	Not covered	Not covered under this medical plan.
	Urgent care	Not covered	Not covered	Not covered under this medical plan.
If you have a hospital stay	Facility fee (e.g., hospital room)	Not covered	Not covered	Not covered under this medical plan.
	Physician/surgeon fees	Not covered	Not covered	Not covered under this medical plan.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Not covered	Not covered	Not covered under this medical plan.
	Inpatient services	Not covered	Not covered	Not covered under this medical plan.
If you are pregnant	Office visits	Not covered	Not covered	Not covered under this medical plan.
	Childbirth/delivery professional services	Not covered	Not covered	Not covered under this medical plan.
	Childbirth/delivery facility services	Not covered	Not covered	Not covered under this medical plan.
If you need help recovering or have other special health needs	Home health care	Not covered	Not covered	Not covered under this medical plan.
	Rehabilitation services	Not covered	Not covered	Not covered under this medical plan.
	Habilitation services	Not covered	Not covered	Not covered under this medical plan.
	Skilled nursing care	Not covered	Not covered	Not covered under this medical plan.
	Durable medical equipment	Not covered	Not covered	Not covered under this medical plan.
	Hospice services	Not covered	Not covered	Not covered under this medical plan.
If your child needs dental or eye care	Children's eye exam	0% coinsurance	Not covered	The USPSTF recommends vision screening for all children at least once between 3 to 5 years of age to detect the presence of amblyopia or its risk factors.
	Children's glasses	Not covered	Not covered	Not covered under this medical plan.
	Children's dental check-up	0% coinsurance	Not covered	Children from birth to 5 years old. The USPSTF recommends that PCPs apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.
This plan includes 24/7 TeleMedicine services at no cost to you. Licensed doctors and nurses are available for you and your family 24/7. To speak with a doctor, call **800-611-5601** or visit **www.mytelemedicine.com**.				

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Cosmetic surgery
- Dental care (adult)
- Infertility treatment
- Weight loss programs
- Long-term care
- Private duty nursing
- Routine eye care (adult)
- Acupuncture
- Treatment for medical conditions
- Routine foot care
- Non-emergency care when traveling outside of the U.S.

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Preventive exams
- Immunizations
- Mammograms
- Routine laboratory tests
- PSA

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. To contact the U.S. Department of Labor, Employee Benefits Security Administration call 1-866-444-3272 or visit www.dol.gov/ebsa. To contact the U.S. Department of Health and Human Services, call 1-877-267-2323 x61565 or visitwww.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact Assured Benefits Administrators at 1-800-247-7114.

Does this plan provide Minimum Essential Coverage? Yes.
If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? No.
If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:
Spanish (Español): Para obtener asistencia en Español, llame al 1-800-247-7114.
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-247-7114.
Chinese (中文): 如果需要中文的帮助，**请拨打这个号码**1-800-247-7114.
Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-247-7114.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	$0
Specialist copay	N/A
Hospital (facility) coinsurance	N/A
Other coinsurance	N/A

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work)*
Specialist visit *(anesthesia)*

Total Example Cost	**$12,731**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$0
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$12,731
The total Peg would pay is	**$12,731**

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	$0
Specialist copay	N/A
Hospital (facility) coinsurance	N/A
Other coinsurance	N/A

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs
Durable medical equipment *(glucose meter)*

Total Example Cost	**$7,389**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$0
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$7,389
The total Joe would pay is	**$7,389**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	$0
Specialist copay	N/A
Hospital (facility) coinsurance	N/A
Other coinsurance	N/A

This EXAMPLE event includes services like:
Emergency room care *(including medical supplies)*
Diagnostic test *(x-ray)*
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

Total Example Cost	**$1,925**

In this example, Mia would pay:

Cost Sharing	
Deductibles	$0
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$1,925
The total Mia would pay is	**$1,925**

The plan would be responsible for the other costs of these EXAMPLE covered services.