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

lyric

Virtual Urgent Care
How to Use

24/7/365 access to care. Fast, Convenient & Affordable.

Doctors can be hard to reach, illness can occur in the middle of the night, and sometimes you just have a question. In all of those circumstances – and many more – Lyric Health is a convenient and affordable solution.

Simple as 1, 2, 3

1 Call | Tap | or Click

Call 1.866.223.8831, download the **Lyric Health App** , or visit **www.getlyric.com** to log into your member portal to schedule a consultation with state licensed physician.

2 Triage

Member speaks to a Care Coordinator who will triage and update the patient's Electronic Health Record (EHR).

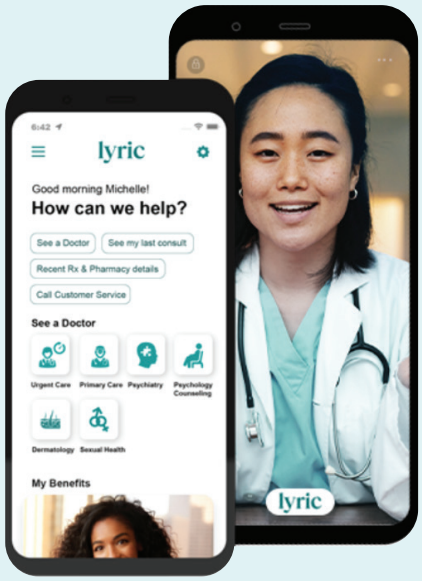
3 Consult

Member consults with Physician who recommends a treatment plan, and if medication(s) is prescribed, it's sent electronically.

When to use

Our goal is to provide you with convenient, affordable healthcare, when you need it most – 24/7/365.

- When you need care now
- If you have a health related questions, and just need professional guidance
- If you're considering the ER or urgent care center for a non-emergency issue
- On vacation, a business trip, or away from home



70% of low acuity illness can be taken care of **virtually**

Common Conditions:

- Cold & Flu Symptoms
- Sinus Problems
- Ear Infection
- Allergies
- Urinary Tract Infection
- Nausea
- Pink Eye
- Stomach Viruses
- Infections
- Rashes
- Sore Throat
- Acne
- Recommendations
- Second Opinions and more

Scan to download the Lyric Health App

1.866.223.8831 | www.getlyric.com

ASSURED BENEFITS ADMINISTRATORS

ACCESS YOUR INFORMATION 24/7 WITH THE **ASSURED BENEFITS MEMBER PORTAL**

At Assured Benefits Administrators (ABA), our biggest priority is to give you the highest quality of service and to provide you with the easiest way possible to manage your health. Because of this, our Member Portal will allow you to quickly and easily see claims, deductibles and maximums, find a network provider, get a temporary ID card and much more, all in one convenient online location.

The portal and mobile app will provide multiple services:

- Access to Claim Statements/Explanations of Benefits
- Digital ID Cards
- View expenses applied to your deductible and out-of-pocket maximums
- Find links to your provider locator websites

REGISTER HERE: **https://portal.abadmin.com/Logon**

Registration

1. In the upper right corner of the Member Portal home screen, click Register Now
2. Fill out the Registration Form and click Submit.

Logging In

Once you have registered for the Member Portal, you may use your username and password to log in. The Login button is in the upper right corner of the Member Portal home screen.

An Important Note About Your Explanation of Benefits

Explanation of Benefits (EOBs) are no longer mailed to your home. You must register on the Member Portal and enter the email address that you wish to receive notifications to. You will receive an email every time a claim for you has been processed. You then simply log in to the Member Portal to access a copy of the EOB or download a report showing all your claims that have been processed for you and your covered dependents.

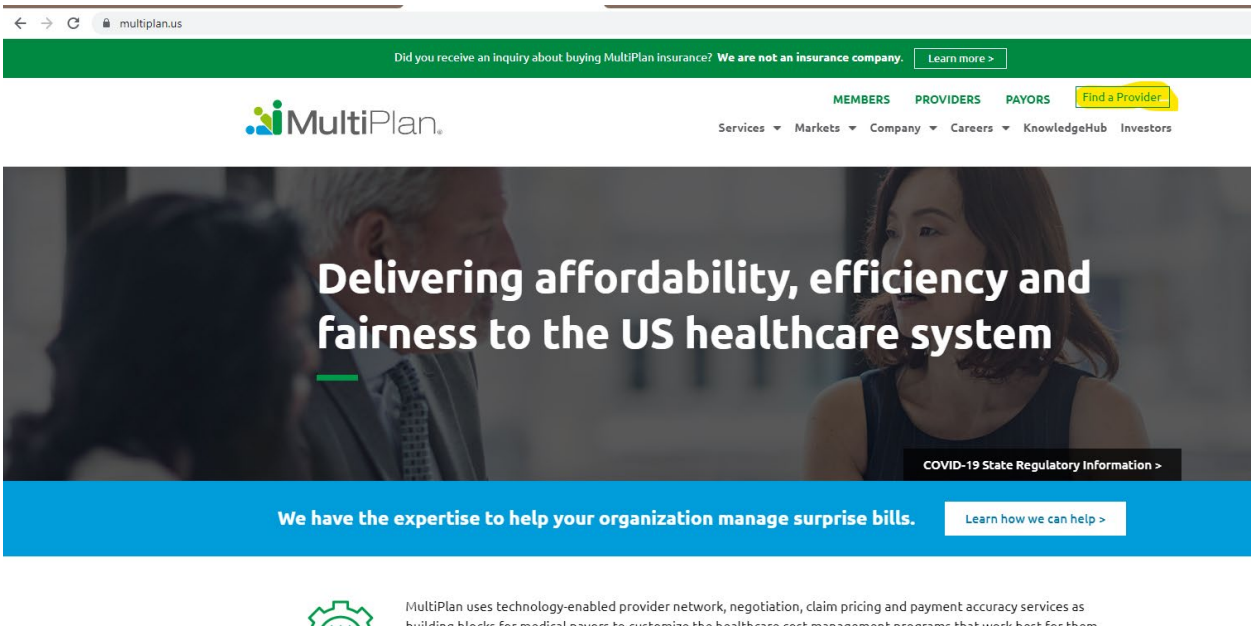
As we continuously find ways to improve these tools, we will add additional services and information. We plan to keep you informed of progress as we move forward with portal improvements.

For plan questions and technical support please contact the customer service number on the member ID cards or email **customerservice@abadmin.com.**

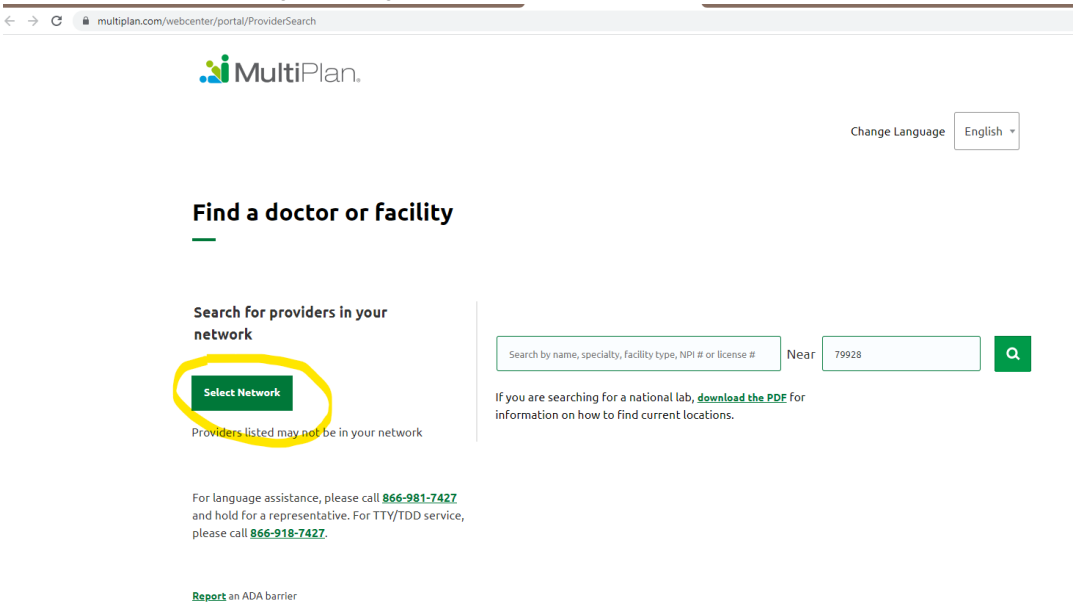
How to use In-Network Provider Directory

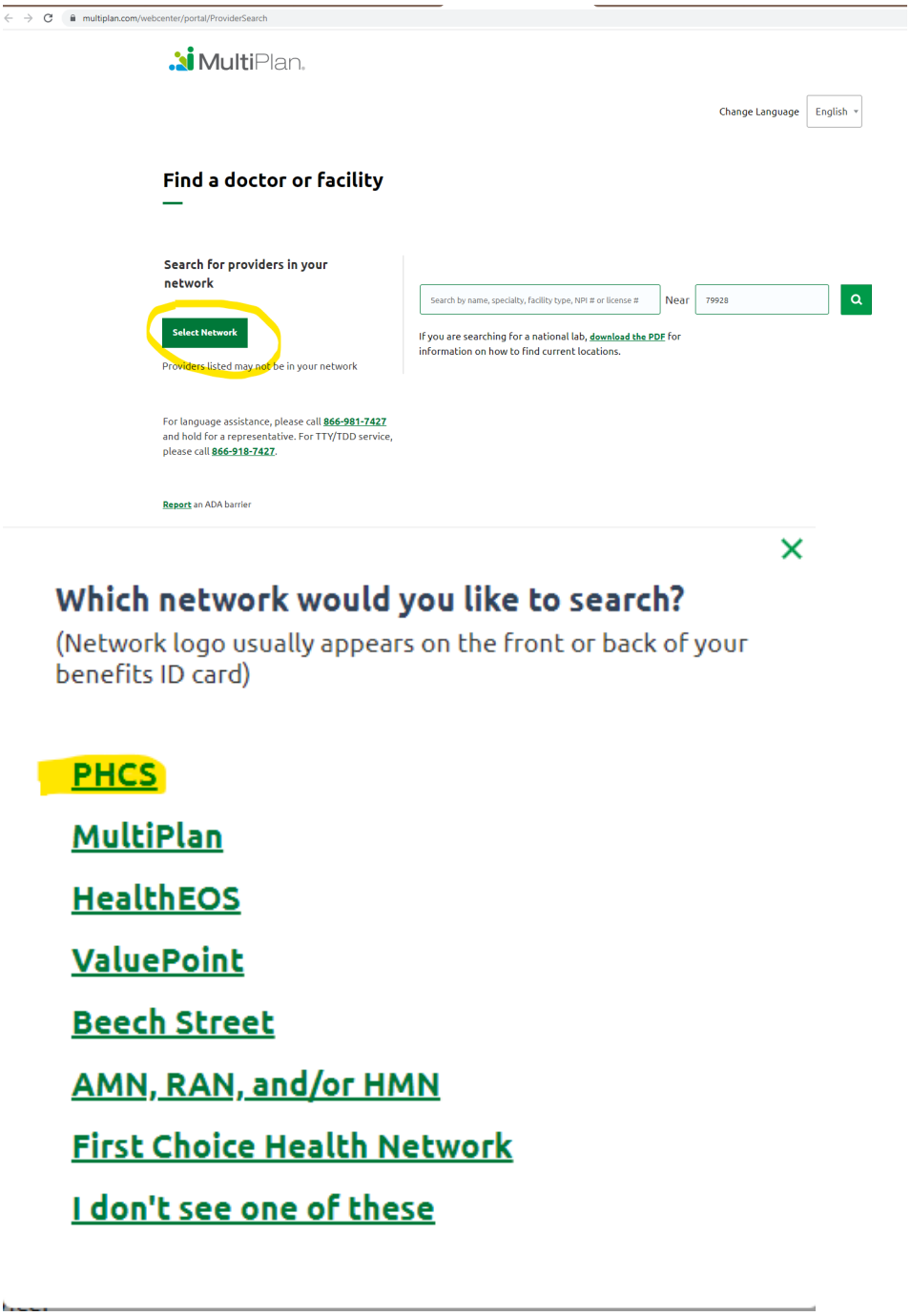
Please visit.
https://www.multiplan.us/ Select Find a provider on the upper right-hand

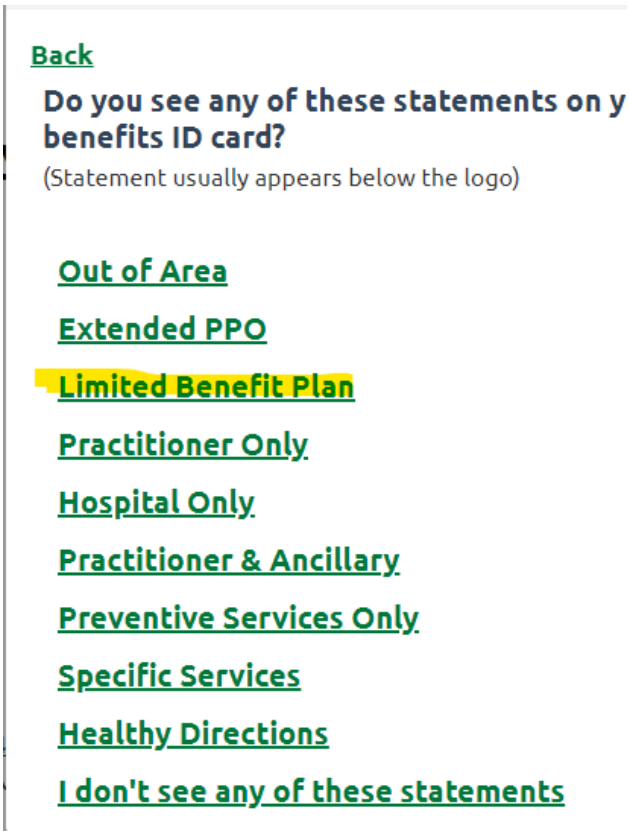
corner.



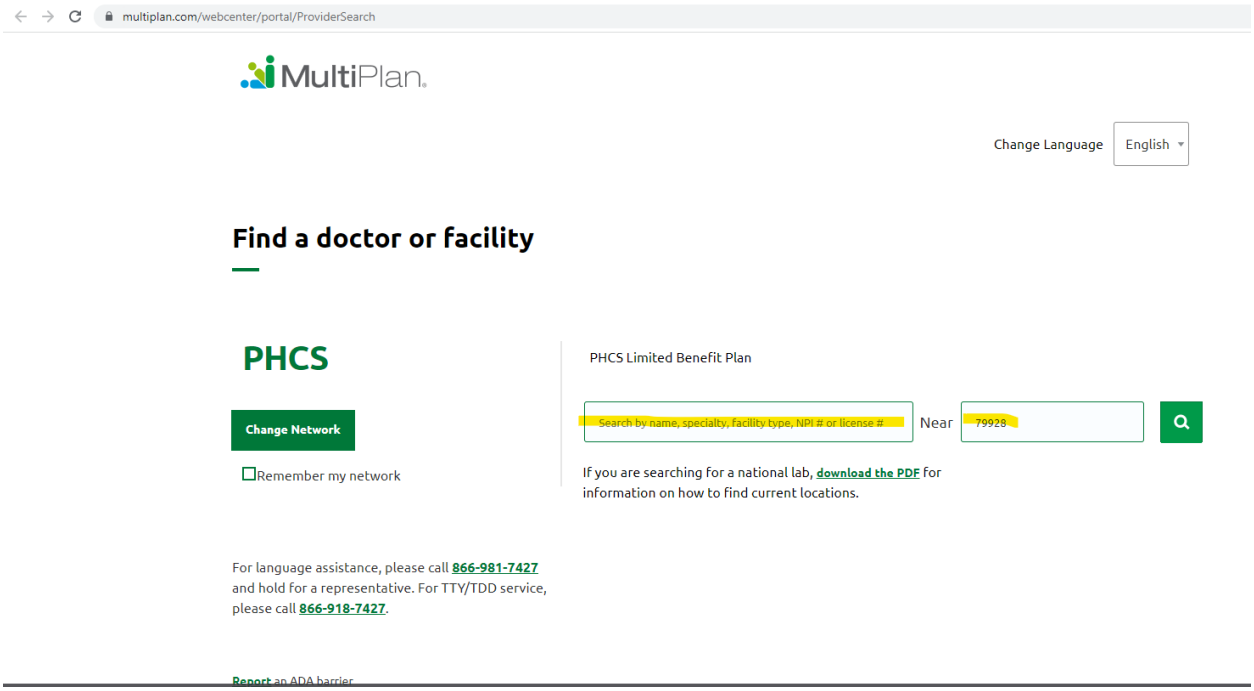
SELECT NETWORK/ PHCS/ LIMITED BENEFIT PLAN




multiplan.com/webcenter/portal/ProviderSearch
MultiPlan.
Change Language
English
Find a doctor or facility
Search for providers in your network
Select Network
Providers listed may not be in your network
Search by name, specialty, facility type, NPI # or license #
Near
79928
If you are searching for a national lab, download the PDF for information on how to find current locations.
For language assistance, please call 866-981-7427 and hold for a representative. For TTY/TDD service, please call 866-918-7427.
Report an ADA barrier
Which network would you like to search?
(Network logo usually appears on the front or back of your benefits ID card)
PHCS
MultiPlan
HealthEOS
ValuePoint
Beech Street
AMN, RAN, and/or HMN
First Choice Health Network
I don't see one of these



Then you can search by doctor type, facility, or specialty.



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.multiplan.com or call 1-888-794-7427.	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.

OMB Control Numbers 1545-2229, 1210-0147, and 0938-1146
Released on April 6, 2016

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.

For more information about limitations and exceptions, see the plan or policy document at www.abadmin.com.

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 Lyric Health 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.getlyric.com.				

For more information about limitations and exceptions, see the plan or policy document at www.abadmin.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.

For more information about limitations and exceptions, see the plan or policy document at www.abadmin.com.

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.