

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.

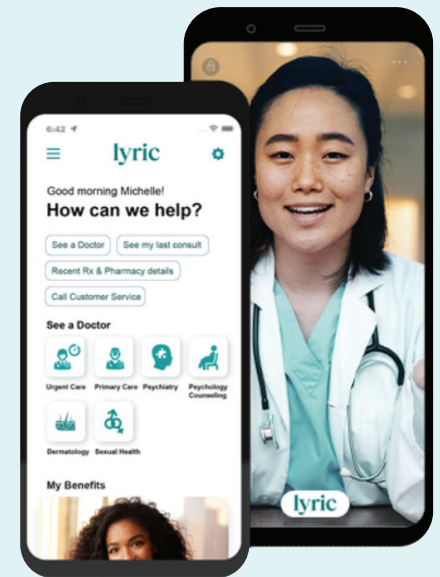
- When you need care now
- If you have a health related questions, and just need professional guidance
- If you're considering the ER or urgent care center for a non-emergency issue
- On vacation, a business trip, or away from home

1.866.223.8831 | www.getlyric.com

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Scan to download the
Lyric Health App



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



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.

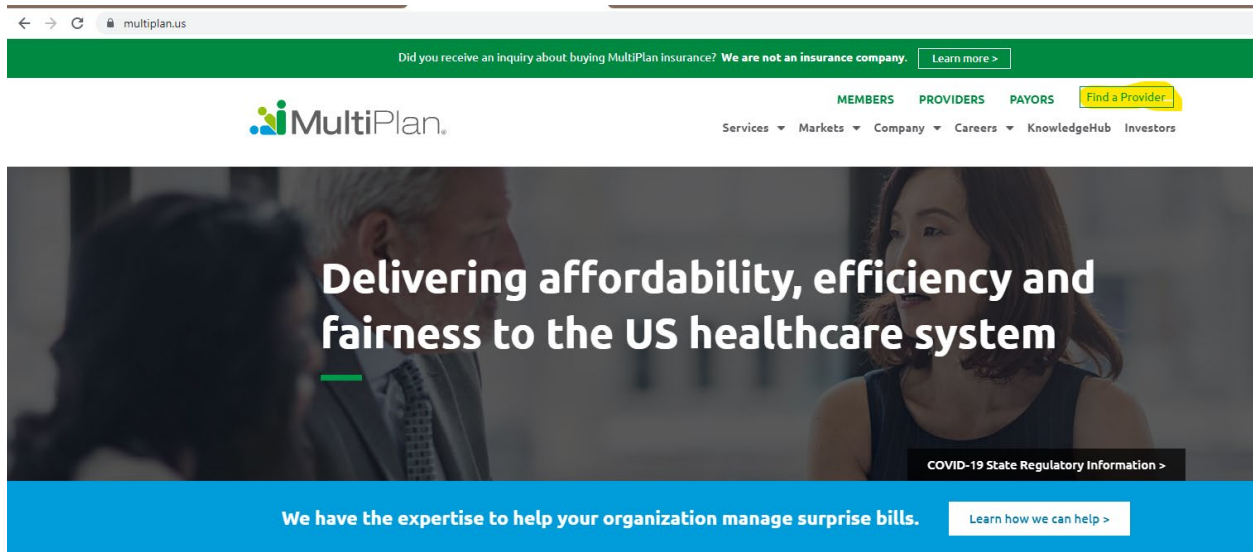
As we continuously find ways to improve these tools, we will add additional services and information. We plan to keep you informed of progress as we move forward with portal improvements.

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

On-Line Network Provider Directory

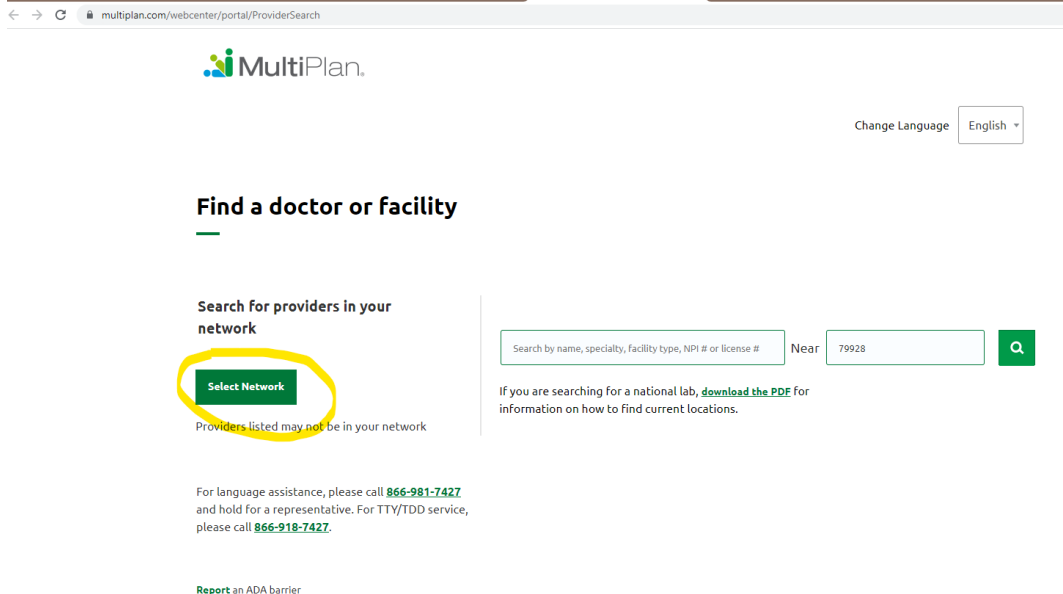
Please visit.

<https://www.multiplan.us/> Select Find a provider on the upper right-hand corner.



The screenshot shows the MultiPlan homepage. At the top, there is a green navigation bar with the MultiPlan logo on the left and links for MEMBERS, PROVIDERS, PAYORS, and a highlighted 'Find a Provider' button on the right. Below the navigation bar is a large banner image with the text 'Delivering affordability, efficiency and fairness to the US healthcare system'. A blue bar at the bottom of the banner contains the text 'We have the expertise to help your organization manage surprise bills.' and a 'Learn how we can help >' button.

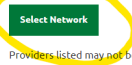
SELECT NETWORK/ PHCS/ LIMITED BENEFIT PLAN



The screenshot shows the 'SELECT NETWORK/ PHCS/ LIMITED BENEFIT PLAN' page. It features the MultiPlan logo and a 'Change Language' dropdown menu set to 'English'. The main heading is 'Find a doctor or facility'. Below this, there is a search section titled 'Search for providers in your network'. A green button labeled 'Select Network' is circled in yellow. Below the button, it says 'Providers listed may not be in your network'. To the right, there is a search form with a text input field containing 'Search by name, specialty, facility type, NPI # or license #', a 'Near' dropdown menu with '79928' selected, and a green search button. Below the search form, there is a note: 'If you are searching for a national lab, download the PDF for information on how to find current locations.' At the bottom, there is contact information: 'For language assistance, please call 866-981-7427 and hold for a representative. For TTY/TDD service, please call 866-918-7427.' and a link to 'Report an ADA barrier'.

Find a doctor or facility

Search for providers in your 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

[Back](#)

Do you see any of these statements on y benefits ID card?

(Statement usually appears below the logo)

[Out of Area](#)

[Extended PPO](#)

[Limited Benefit Plan](#)

[Practitioner Only](#)

[Hospital Only](#)

[Practitioner & Ancillary](#)

[Preventive Services Only](#)


[Specific Services](#)

[Healthy Directions](#)

[I don't see any of these statements](#)

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

← → ↻ multiplan.com/webcenter/portal/ProviderSearch

 Change Language English ▾

Find a doctor or facility

PHCS

[Change Network](#)

Remember my network

PHCS Limited Benefit Plan

Near

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](tel:866-981-7427) and hold for a representative. For TTY/TDD service, please call [866-918-7427](tel:866-918-7427).

[Report an ADA barrier](#)



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 ?	None. This plan has no deductible .	This plan has no deductibles , but it has limited plan year maximum benefits. See the "Limits, Exceptions & Other Important Information" section next to each covered medical event.
Are there services covered before you meet your deductible ?	Not applicable. This plan has no deductible .	This plan covers some items and a copayment or coinsurance may apply. 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 ?	None. This plan has no out-of-pocket limit .	This plan has no out-of-pocket limit , but it does have limited plan year maximum benefits for all inpatient and outpatient services except for the covered preventive services listed at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
What is not included in the out-of-pocket limit ?	Not applicable. This plan has no out-of-pocket limit .	Not applicable.
Is there an overall annual limit on what the plan pays?	Yes. The maximum benefit per plan year is \$10,000 per person, which includes the following: \$1,500 for inpatient surgeon's fees, \$300 for inpatient anesthesiologist's fees, \$1,000 for outpatient benefits, \$10,000 for inpatient hospital due to illness and \$7,500 for inpatient hospital due to injury.	The chart starting on page 2 describes specific coverage limits.
Will you pay less if you use a network provider ?	Yes. For a list of (Limited Benefit Plan) providers, visit www.multiplan.com or call 1-888-371-7427.	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 applicable.

 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	\$20 copay/office visit	Not covered	Includes simple lab tests and X-rays rendered during the same office visit. \$1,000 maximum plan year benefit. All outpatient services are combined under this limit. Includes simple lab tests and X-rays rendered during the same office visit. \$1,000 maximum plan year benefit. All outpatient services are combined under this limit. Out-of-network immunizations are covered at 100% of allowable charge. Age and frequency schedules apply. For an updated list of covered preventive services, see www.healthcare.gov/what-are-my-preventive-care-benefits .
	Specialist visit	\$20 copay/office visit	Not covered	
	Preventive care/screening/immunization	No charge	Not covered	
If you have a test	Diagnostic test (x-ray, blood work)	<u>In physician's office:</u> No charge <u>Independent/outpatient lab:</u> 30% coinsurance	Not covered	\$1,000 maximum plan year benefit. All outpatient services are combined under this limit.
	Imaging (CT/PET scans, MRIs)	30% coinsurance	Not covered	\$1,000 maximum plan year benefit. All outpatient services are combined under this limit.
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	\$10 copay	Not covered	\$500 maximum combined benefit per plan year.
	Preferred brand drugs	\$40 copay	Not covered	
	Non-preferred brand drugs	\$40 copay	Not covered	
	Specialty drugs	\$40 copay	Not covered	\$500 maximum combined benefit per plan year for generic drugs; \$500 maximum combined benefit per plan year for brand name drugs.

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 have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	30% coinsurance	Not covered	\$1,000 maximum plan year benefit. All outpatient services are combined under this limit.
	Physician/surgeon fees	30% coinsurance	Not covered	\$1,000 maximum plan year benefit. All outpatient services are combined under this limit.
If you need immediate medical attention	Emergency room care	30% coinsurance	30% coinsurance	Maximum benefit of \$50 per visit and 3 visits per plan year for illnesses. Maximum benefit of \$500 per visit and 2 visits per plan year for accidents. Must be a true emergency. Otherwise, no coverage.
	Emergency medical transportation	30% coinsurance	30% coinsurance	\$1,000 maximum plan year benefit. All outpatient services are combined under this limit.
	Urgent care	\$20 copay	30% coinsurance	\$1,000 maximum plan year benefit. All outpatient services are combined under this limit.
If you have a hospital stay	Facility fee (e.g., hospital room)	30% coinsurance	Not covered	Maximum benefit of \$500 per day.
	Physician/surgeon fees	30% coinsurance	Not covered	\$1,500 maximum plan year benefit. All inpatient physician/surgeon fees are combined under this limit.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$20 copay/office visit	Not covered	\$1,000 maximum plan year benefit. All outpatient services are combined under this limit.
	Inpatient services	30% coinsurance	Not covered	\$10,000 maximum plan year benefit. All inpatient services are combined under this limit.
If you are pregnant	Office visits	Initial visit: \$20 copay All other office visits: 30% coinsurance	Not covered	\$1,000 maximum plan year benefit. All outpatient services are combined under this limit.
	Childbirth/delivery professional services	30% coinsurance	Not covered	\$1,500 maximum plan year benefit. All inpatient physician/surgeon fees are combined under this limit.

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 are pregnant	Childbirth/delivery facility services	30% coinsurance	Not covered	Maximum benefit of \$500 per day.
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	30% coinsurance	Not covered	\$1,000 maximum plan year benefit. All outpatient services are combined under this limit.
	Habilitation services	30% coinsurance	Not covered	\$1,000 maximum plan year benefit. All outpatient services are combined under this limit.
	Skilled nursing care	Not covered	Not covered	Not covered under this medical plan.
	Durable medical equipment	30% coinsurance	Not covered	\$1,000 maximum plan year benefit. All outpatient services are combined under this limit.
	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 866-223-8831 or visit www.getlyric.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 .)		
<ul style="list-style-type: none"> • Cosmetic surgery • Dental care (adult) • Infertility treatment • Weight loss programs 	<ul style="list-style-type: none"> • Long-term care • Private duty nursing • Routine eye care (adult) • Acupuncture 	<ul style="list-style-type: none"> • 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.)		
<ul style="list-style-type: none"> • Preventive exams • Immunizations 	<ul style="list-style-type: none"> • Mammograms • Routine laboratory tests 	<ul style="list-style-type: none"> • PSA

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

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 visit www.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, kwijigo 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	\$20
■ Hospital (facility) coinsurance	30%
■ Other coinsurance	30%

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
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In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$20
Coinsurance	\$3,813
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Peg would pay is	\$3,833

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	\$20
■ Hospital (facility) coinsurance	30%
■ Other coinsurance	30%

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
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In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$180
Coinsurance	\$2,163
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Joe would pay is	\$2,343

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$0
■ Specialist copay	\$20
■ Hospital (facility) coinsurance	30%
■ Other coinsurance	30%

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
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In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$0
Coinsurance	\$1,425
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,425

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.