



CONTACT

1 (800) 519-2969



info@mympb.com



www.mpb.health



TO OUR VALUED MEMBER

DEAR MEMBER,

Thank you for joining MPB Health! We are thrilled to be on this path together providing better healthcare solutions for families and businesses.

You have chosen to include the Affordable Care Act (ACA) Compliant annual wellness screenings as part of your membership. Enclosed is your new ARM Ltd card that you will need to present when seeking preventative screenings. You will be served best by visiting a provider who accepts the PHCS network. Please contact the MPB Concierge for assistance locating a provider or answering questions.

You will see a high deductible of \$5,000 per individual / \$6,000 per family. You will NEVER use this deductible (assuming it's paired with a medical cost sharing membership). However, this is what gives your ARM Ltd membership the compliance to fund a Health Savings Account. The maximum funding amounts increase every year. In 2024, if you are single, you can contribute up to \$4,150 and the maximum contribution for families is \$8,300. For HSA users aged 55 and older, you can contribute an extra \$1,000 to your Health Savings Account.

We congratulate you on joining our MPB Health community of health focused individuals. We look forward to serving you a great healthcare experience.

Stay healthy,

MPB HEALTH

YOUR BENEFITS PLAN DESIGN

Your employer is providing a benefit package that can help you stay well—or get well.

MINIMUM ESSENTIAL COVERAGE MEC

Covers preventive health services and health screenings for adults, women, and children. Also includes:

- Outpatient physician and urgent care visits
- Prescription drug coverage



ADMINISTERED BY ARM LTD.

Eligibility | Member Cards | MEC Claims Adjudication

For information:

www.altrisk.com

[1 800-392-1770](tel:18003921770)



ONE ID CARD FOR ALL BENEFITS

ARM Ltd will send your ID card to your home. Call ARM Ltd first with questions. After you enroll, you may use the information on the ID card for help with eligibility, benefit and claim questions.

FILING A CLAIM

When you go to a provider, present your ID card to show you have coverage.

For Claims: To receive the services included with the MEC plan, you must use a network provider who will file the claim.

Note: Once you exceed the specified number of primary care visits and services, you are still eligible for network discounts from the PHCS PPO network.

COVERED SERVICES

Preventive/wellness benefits*	HDHP/BASIC MEC
MEC benefits cover 100% of the costs of certain preventive health services, when delivered by a doctor or provider in your plan's network. Visit www.HealthCare.gov/center/regulations/prevention.html for the most current listing of preventive benefits.	COVERED AT 100%
*HDHP/Basic MEC: Deductible, Individual/Family	\$5,000/\$6,000
*HDHP/Basic MEC: Maximum OOP, Individual/Family	\$6,650/\$13,300
PHCS-PPO Network Services	PHCS
Primary Care Physician Visits	\$20 Copay after satisfaction of deductible
Specialist Office Visits	\$50 Copay after satisfaction of deductible
Urgent Care	\$50 Copay after satisfaction of deductible
Diagnostic X-ray and Lab	\$50 Copay by DOS after satisfaction of deductible
CT Scan/MRI (outpatient only)	NOT COVERED
Citizen RX - PRESCRIPTION BENEFITS	
Tier 1 - Low Cost	Discount Only
Tier 2 - Generics	Discount Only
Tier 3 - Preferred	Discount Only

*Please note that the HDHP portion of the HDHP/Basic MEC Plan is not traditional HDHP. It is only designed to provide the framework to allow HSA compatibility.

TO USE YOUR FREE MEC PREVENTIVE PHYSICIAN OFFICE VISIT

1. Locate a network provider using the instructions below.
2. Confirm that the provider is participating in the MEC program when you make your appointment.
3. Request all preventive services you require when making the initial appointment.
4. Present your ID card when you receive covered preventive services. (Your provider will bill ARM Ltd for the cost of your care.)

NOTE: MEC services are only free when delivered by a doctor or other provider in your plan's network. There are 3 sets of preventive services – for adults, women, and children. Refer to your plan documents to confirm the MEC services you are eligible to receive.

HOW TO ACCESS YOUR SERVICE PROVIDERS



TO FIND AN IN-NETWORK PHARMACY OR BUY PRESCRIPTION DRUGS ONLINE

Citizens Rx is a full-service prescription benefit manager with a retail network of 67,000 pharmacies nationwide. Citizens Rx manages your pharmacy benefits, enabling you to receive discounts on your prescriptions.

Learn more at: **citizensrx.com**



1

Please Read Before You Proceed

We work hard to ensure our data is accurate, but provider information changes frequently. Also, finding a provider on this site is not a guarantee of benefits coverage.

Before you receive care, you should contact:

- The provider to verify location, range of expertise, services currently being offered, network participation and if they are accepting new patients.
- Your health plan to verify your benefits.



2

Find a doctor

PHCS

Change Network

☐ Remember my network

3

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](#)

4

[Back](#)

Do you see any of these statements on your 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](#)

[For Value-Driven Health Plans](#)

5

Find a doctor or facility

PHCS

Change Network

☐ Remember my network

PHCS Specific Services

Search by name, specialty, facility type

Near

City/County

Q



I'm not a robot



reCAPTCHA
Privacy · Terms

Your MEC plan is PPACA Compliant

The list below summarizes some but not all services.

Please reference the US Preventive Services Task Force website for the entire list.

www.HealthCare.gov/center/regulations/prevention.html

Covered preventive services for all adults (ages 18 and older)

1. Abdominal aortic aneurysm one-time screening for men of specified ages who have ever smoked
2. Alcohol misuse screening and counseling
3. Aspirin use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk
4. Blood pressure screening
5. Cholesterol screening for adults of certain ages or at higher risk
6. Colorectal cancer screening for adults 45 to 75
7. Depression screening
8. Diabetes (Type 2) screening
9. Diet counseling for adults at higher risk for chronic disease
10. Falls prevention (with exercise or physical therapy and vitamin D use)
11. Hepatitis B screening for people at high risk, including people from countries with 2% or more Hepatitis B prevalence
12. Hepatitis C screening for adults age 18 to 79 years
13. HIV screening for everyone age 15 to 65, at increased risk
14. PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV through sex or injection drug use
15. Immunizations for adults — doses, recommended ages, and recommended populations vary: Chickenpox (Varicella), Diphtheria, Flu (influenza), Hepatitis A, Hepatitis B, Human Papillomavirus (HPV), Measles, Meningococcal, Mumps, Whooping Cough (Pertussis), Pneumococcal, Rubella, Shingles, Tetanus
16. Lung cancer screening for adults 50 to 80 at high risk for lung cancer
17. Obesity screening and counseling
18. Sexually transmitted infection (STI) prevention counseling
19. Statin preventive medication for adults 40 to 75 at high risk
20. Syphilis screening for adults at higher risk
21. Tobacco use screening for all adults and cessation interventions for tobacco users

Covered preventive services for pregnant women or women who may become pregnant

1. Breastfeeding support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
2. Birth control: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers." Learn more about contraceptive coverage.
3. Gestational diabetes screening for women 24 weeks pregnant (or later) and those at high risk of developing gestational diabetes
4. Folic acid supplements for women who may become pregnant
5. Hepatitis B screening for pregnant women at their first prenatal visit
6. Maternal depression screening for mothers at well-baby visits
7. Preeclampsia prevention and screening for pregnant women with high blood pressure
8. Rh incompatibility screening for all pregnant women and follow-up testing for women at higher risk
9. Syphilis screening
10. Expanded tobacco intervention and counseling for pregnant tobacco users
11. Urinary tract or other infection screening

Other covered preventive services for women

1. Bone density screening for all women over age 65 or women age 64 and younger that have gone through menopause
2. Breast cancer genetic test counseling (BRCA) for women at higher risk
3. Breast cancer mammography screenings
 - Every 2 years for women 50 and over
 - As recommended by a provider for women 40 to 49 or women at higher risk for breast cancer
4. Breast cancer chemoprevention counseling for women at higher risk
5. Cervical cancer screening
 - Pap test (also called a Pap smear) for women age 21 to 65
6. Chlamydia infection screening for younger women and other women at higher risk
7. Domestic and interpersonal violence screening and counseling for all women
8. Gonorrhea screening for all women at higher risk
9. Urinary incontinence screening for women yearly
10. Well-woman visits to get recommended services for all women

Covered preventive services for children

1. Alcohol, tobacco, and drug use assessments for adolescents
2. Autism screening for children at 18 and 24 months
3. Behavioral assessments for children: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
4. Bilirubin concentration screening
5. Blood pressure screening for children
6. Blood screening for newborns
7. Depression screening for adolescents beginning routinely at age 12
8. Developmental screening for children under age 3
9. Dyslipidemia screening for all children once between 9 and 11 years and once between 17 and 21 years, and for children at higher risk of lipid disorders
10. Fluoride supplements for children without fluoride in their water source
11. Fluoride varnish for all infants and children as soon as teeth are present
12. Gonorrhea preventive medication for the eyes of all newborns
13. Hearing screening for all newborns; and regular screenings for children and adolescents as recommended by their provider
14. Height, weight and body mass index (BMI) measurements taken regularly for all children
15. Hematocrit or hemoglobin screening for all children
16. Hemoglobinopathies or sickle cell screening for newborns
17. Hepatitis B screening for adolescents at higher risk
18. Hypothyroidism screening for newborns
19. PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adolescents at high risk for getting HIV through sex or injection drug use
20. Immunizations for children from birth to age 18 — doses, recommended ages, and recommended populations vary: Chickenpox (Varicella), Diphtheria, tetanus, and pertussis (DTaP), Haemophilus influenza type b, Hepatitis A, Hepatitis B, Human Papillomavirus (HPV), Inactivated Poliovirus, Influenza (flu shot), Measles, Meningococcal, Mumps, Pneumococcal, Rubella, Rotavirus
21. Lead screening for children at risk of exposure
22. Obesity screening and counseling
23. Oral health risk assessment for young children from 6 months to 6 years
24. Phenylketonuria (PKU) screening for newborns
25. Sexually transmitted infection (STI) prevention counseling and screening for adolescents at higher risk
26. Tuberculin testing for children at higher risk of tuberculosis: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
27. Vision screening for all children
28. Well-baby and well-child visits

Q&A: HDHP/Basic MEC

Is this an insurance plan?	No, the High Deductible Health Plan (HDHP) is not an insurance product, but a self-funded plan sponsored by MPB Health in which its members are eligible to participate.
What is the member services phone number?	For member services and questions on benefits, claims, ID cards etc. call: 800-392-1770
Does the plan include an HSA account?	<p>No, with enrollment in the HDHP/Basic MEC with ARM Ltd you are eligible to open an HSA Account at a financial institution of your choice.</p> <p>The maximum contributions are as follows: 2024: Individual \$4,150 / Family \$8,300 For those age 55 and over, an additional \$1,000 can be contributed.</p>
Does the plan cover Preventive Care Services?	Yes, the plan provides 100% benefits, no copays, no deductibles for the Affordable Care Act Compliant Preventive Care services when in the PHCS network.
Is there a network of doctors or physicians?	Yes, the plan accesses the PHCS network which is one of the largest physician networks in the country with over 900,000 physicians nationwide.
What if I need catastrophic coverage?	The HDHP/Basic MEC plan can be paired with a Medical Cost Sharing plan that MPB Health provides for a complete, comprehensive, and affordable healthcare solution for you and your family. By pairing the HDHP/Basic MEC plan with Medical Cost Sharing, members may save up to 50% compared to a Marketplace plan.