

# ABA MEMBER PORTAL

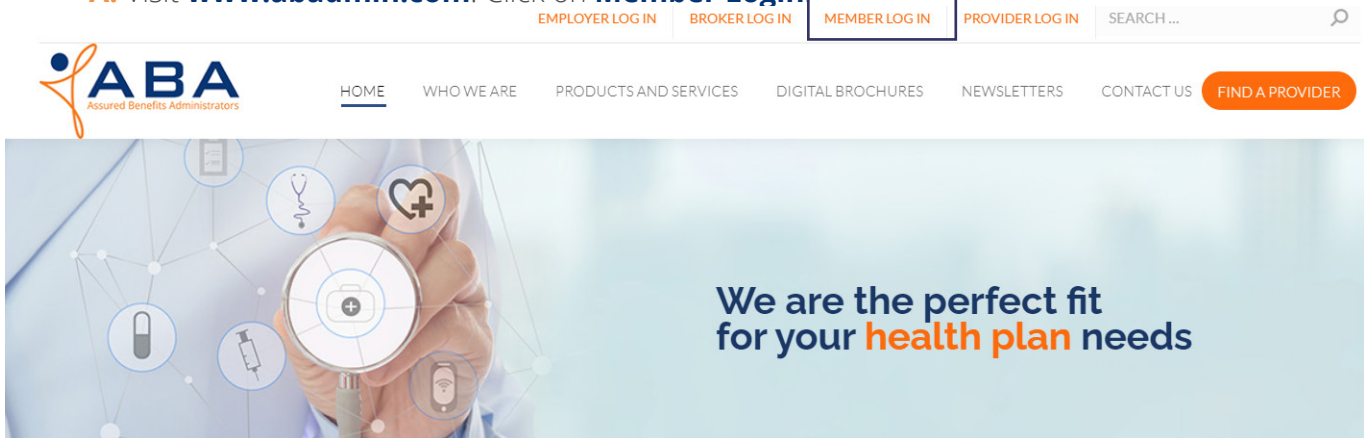
## ABA Member Portal

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:

A. Visit [www.abadmin.com](http://www.abadmin.com). Click on **Member Login**



B. Click on **Proceed to our sign up process.**

### Login

Username

Password

**SUBMIT**

[Forgot your username or password?](#)

**Need a username and password?**  
[Proceed to our sign up process.](#)



# ABA MEMBER PORTAL

C. Read the License Agreement and click **Agree**. Then, 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).

**Step 1 of 4**  
Please read the License Agreement. Click 'Agree' to continue or 'Disagree' to go back to the login page.

**License Agreement**

License Grant. This is a legal Agreement between you and the producers of this website. The terms of this Agreement govern your use of and access to this website. By using this website, you are agreeing to be bound by this Agreement. In consideration of your agreement to these terms and for other valuable consideration, you are granted a nonexclusive, non-transferable, limited, terminable license to access and use the website under the laws of the United States. The producer of this website, Healthx Inc., reserves all rights not expressly granted in this Agreement.

Restrictions. This website is protected by United States copyright law, international treaty provisions, and trade secret, trade dress and other intellectual property laws. Unauthorized copying of or access to this website is expressly forbidden. You may not copy, disclose, loan, rent, sell, lease, give away, give your password to or otherwise allow access to this website by any other person, except that you may allow your spouse or immediate family to use the website for the purpose of processing your own data. You agree to only use this website to process your own data. You agree not to misuse, abuse, or overuse beyond reasonable amounts, this website. You agree not to attempt to view, disclose, copy, reverse engineer, disassemble, decompile or otherwise examine the source program code behind this website. You may be held legally responsible for any copyright infringement or other unlawful act that is caused or incurred by your failure to abide by the terms of this Agreement.

Term and Termination. This license is effective until terminated by either you or the producers of this website. This license will automatically terminate without notice if you fail to comply with any provisions of this Agreement. The provisions of this Agreement which by their nature extend beyond the termination of this Agreement shall survive termination of this Agreement, including but not limited to the sections relating to Restrictions, Content of the Website, Links to Third Party Websites, Disclaimer of Warranties, Limitation of Liability, and Governing Law.

Content of the Website. The insurance products, data, and other information referenced in the website are provided by parties other than the producer of the website. We make no representations regarding the products, data, or any information about the products. We are not liable for errors in data or transmission or for lost data. Any questions, complaints, or claims regarding the products or data must be directed to the appropriate provider or vendor.

Links to Third Party Websites. The hypertext links in the website let you leave our website. The linked websites are not under our control, and therefore we are not responsible for the contents of any linked website. We are providing these links to you only as a convenience, and the inclusion of any link does not imply any endorsement by the producers of the site.

Security. You are responsible for changing your password upon entering the system for the first time. You are also responsible for safeguarding and maintaining the secrecy of your password at all times. We believe that we have taken all reasonable security steps to encrypt your personal information so

Accept

**Step 2 of 4**  
Please complete the following steps on this screen. Enter your **Member ID or SSN, Name, Date of Birth, and Zip Code**.  
If you are dependent, select the **Are you a dependent?** check box. Enter in your **First Name and Date of Birth**.  
Click 'Next' at the bottom of the page when complete.

Are you a dependent?

Member ID:

Please enter the Member ID or SSN.

Date of Birth:

Format mm/dd/yyyy

First Name:

Last Name:

Zip



# ABA MEMBER PORTAL

### Step 3 of 4

- Username must be at least 3 in length, beginning with a letter. Characters accepted are: alpha-numeric, . (dot), - (dash) and @
- Enter a valid e-mail address
- Password must be at least 8 characters in length; and can use alpha numeric and the following special characters: -\_!#\$%&\*@~^?/
- Select 3 security questions (for password reset or forgot password service)
- Click on "Next" at the bottom of the page

Username

Email Address

Confirm Email Address

Password

must be at least 8 characters and contain at least 1 letter, 1 number, and 1 special character

Confirm Password

must be at least 8 characters and contain at least 1 letter, 1 number, and 1 special character

Security Question 1

Security Question 2

Security Question 3

### Don't have an email account:

This site requires a valid email address, you may have an account with one of these providers:

- [Gmail](#)
- [Yahoo!](#)
- [Hotmail](#)

## STEP 4 OF 4: THIS WILL COMPLETE YOUR REGISTRATION!

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 AN IMS PPO PROVIDER

Complete the following steps to find an IMS PPO provider near you:

- 1 Visit [www.imsppo.com](http://www.imsppo.com). Click on **Provider Search**, then select **Search Doctors** or **Search Facilities**.
- 2 Under "Network," select **IMS Statewide**.
- 3 Make sure to enter your zip code and a mile radius, then click on **Submit**.

## ABA CUSTOMER SERVICE OR ELIGIBILITY | 855-253-7283 OR 405-290-5602

ABA is available Monday through Friday from 8 a.m. to 5 p.m. Central Time.





# COVERAGE & BENEFITS

This tab on the menu bar provides access to eligibility and accumulator information.

To view the information for dependents, click on "View Eligibility" next to the dependent's name under the **Coverage Summary** section on the home page.

Home Coverage & Benefits Claims Access Authorization Resources Contact Us

### Eligibility

[VIEW TEMPORARY ID CARD](#) [I HAVE A QUESTION ABOUT MY COVERAGE](#) [PRINT](#)

|            |             |                 |              |
|------------|-------------|-----------------|--------------|
| Member:    | JOHN DOE    | Group Name:     | COMPANY NAME |
| Member ID: | 00000000000 | Group Number:   | 761          |
| Status:    | Active      | Effective Date: | 1/1/2015     |

### Accumulators

| DEPENDENT ID | Plan Limit Description    | Amount Met | Maximum Amount | Percent Met                      |
|--------------|---------------------------|------------|----------------|----------------------------------|
| EMPLOYEE     | In-Network Deductible     | \$274.64   | \$6,000.00     | <div style="width: 4.6%;"></div> |
| EMPLOYEE     | Out-of-Network Deductible | \$0.00     | \$12,000.00    | <div style="width: 0%;"></div>   |
| FAMILY       | In-Network Deductible     | \$198.78   | \$12,000.00    | <div style="width: 1.6%;"></div> |
| FAMILY       | Out-of-Network Deductible | \$0.00     | \$24,000.00    | <div style="width: 0%;"></div>   |
| EMPLOYEE     | In-Network Coinsurance    | \$150.00   | \$6,000.00     | <div style="width: 2.5%;"></div> |

Click on "View Temporary ID Card" to go to the **MEMBER ID CARD** page, where you can view your card online or download a printable PDF version.

Member ID Card

[Download ID Card PDF](#)

[Print ID Card](#)

[PPO Network](#)

[Ask a Question](#)

[Frequently Asked Questions](#)

**Assured Benefits Administrators**

**Member**  
Group:  
Member:  
ID Number:  
Cigna Policy #:

**Pharmacy Plan**  
Rx Bin:  
Processor: Netcard  
Rx Group:  
  
Rx Help Desk: 888-866-5822  
Rx Member Services: 888-479-2000  
TTY: 800-900-6570  
www.welldynex.com

**PPO Network**  
To find a Cigna provider please visit [www.cigna.com](http://www.cigna.com)

**Copays**  
**Medical Coinsurance:**  
In-Network: \$6,000 deductible, then 100%  
OON: \$12,000 deductible, then 70%

**Rx Copay Retail:**  
Ded/100%  
**Rx Copay Mail Order:**  
Ded/100%

20151218802 Sh: 0 Bin 2  
J721 Env [246] BkPck 4 CSets 1 of 1



# COVERAGE & BENEFITS *(Continued)*

Click on "I Have A Question About My Coverage" to submit a question to ABA electronically.

[Home](#) [Coverage & Benefits](#) [Claims](#) [Access Authorization](#) [Resources](#) [Contact Us](#)

### General Coverage Question

Please submit your general coverage related question here.

First Name:


Last Name:

Member ID:

\*What is your question?:

**\*\* Please Note \*\* If you are unable to submit your transaction, please be sure all required fields are completed.**

Responses will appear in the message portal, accessible via a link under your name on the top right corner of every page.

 You are logged in as: JOHN DOE [Messages \(0\)](#) [Profile](#) [Logout](#)

[Home](#) [Coverage & Benefits](#) [Claims](#) [Access Authorization](#) [Resources](#) [Contact Us](#)

[Open\(0\)](#) | [Saved\(0\)](#) | [Pending\(2\)](#) | [Search History](#)

| Action                                   | Tracking ID | Process                          | Date Sent             |
|--|-------------|----------------------------------|-----------------------|
| <input type="button" value="Go to ..."/> | 4475504     | Member General Coverage Question | 4/14/2016 11:11:37 AM |
| <input type="button" value="Go to ..."/> | 4471737     | Member General Question          | 4/13/2016 10:49:33 AM |

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[Home](#) [Privacy Notice](#) [FAQ](#) [Contact Us](#)



# CLAIMS

This tab on the menu bar provides access to claim information. You can view the details of a claim by selecting the claim number.

The screenshot shows the 'Claims Search' page with a navigation bar at the top containing 'Home', 'Coverage & Benefits', 'Claims', 'Access Authorization', 'Resources', and 'Contact Us'. Below the navigation bar, the page title is 'Claims Search' with a 'Filter Claims Results' button. It indicates 'Showing 24 Claims for All Users' and has an 'Export Results' link. A table displays the following data:

| Claim Number                        | Member    | Date of Service | Provider                          | Total Charge | My Responsibility | Claim Status |
|-------------------------------------|-----------|-----------------|-----------------------------------|--------------|-------------------|--------------|
| <a href="#">0000-000000000-0000</a> | DOE, JOHN | 3/25/2016       | COOK CHILDREN'S PHYSICIAN NETWORK | \$856.00     | \$0.00            | Paid         |
| <a href="#">0000-000000000-0000</a> | DOE, JOHN | 3/18/2016       | COOK CHILDREN'S PHYSICIAN NETWORK | \$217.00     | \$0.00            | Paid         |

Claims can be filtered by date and member, or by claim number.

The screenshot shows the 'Claims Search' page with filter options. It includes a 'Filter Claims Results' button at the top right. The filter section has two columns: 'By Date:' and 'By Claim Number:'. Under 'By Date:', there is a 'Select Member' dropdown menu set to 'All', and input fields for 'Begin Date' and 'End Date'. Under 'By Claim Number:', there is a 'Claim Numbers' input field with the instruction 'One claim number per line' and a 'Search' button. A 'Search' button is also present at the bottom left of the filter section. At the bottom right, there is a 'Reset Filters / View All' button. Below the filter section, the page title is 'Claims Search' and it indicates 'Showing 24 Claims for All Users' with an 'Export Results' link. A table displays the following data:

| Claim Number                        | Member    | Date of Service | Provider                          | Total Charge | My Responsibility | Claim Status |
|-------------------------------------|-----------|-----------------|-----------------------------------|--------------|-------------------|--------------|
| <a href="#">0000-000000000-0000</a> | DOE, JOHN | 3/25/2016       | COOK CHILDREN'S PHYSICIAN NETWORK | \$856.00     | \$0.00            | Paid         |

Claim information can also be exported to an Excel spreadsheet.

The screenshot shows the 'Claims Search' page with the 'Export Results' link highlighted in an orange box. It indicates 'Showing 24 Claims for All Users'. A table displays the following data:

| Claim Number                        | Member    | Date of Service | Provider                           | Total Charge | My Responsibility | Claim Status |
|-------------------------------------|-----------|-----------------|------------------------------------|--------------|-------------------|--------------|
| <a href="#">0000-000000000-0000</a> | DOE, JOHN | 3/25/2016       | COOK CHILDREN'S PHYSICIAN NETWORK  | \$856.00     | \$0.00            | Paid         |
| <a href="#">0000-000000000-0000</a> | DOE, JOHN | 3/18/2016       | COOK CHILDREN'S PHYSICIAN NETWORK  | \$217.00     | \$0.00            | Paid         |
| <a href="#">0000-000000000-0000</a> | DOE, JOHN | 3/18/2016       | COOK CHILDREN'S PHYSICIAN NETWORK  | \$198.00     | \$0.00            | Paid         |
| <a href="#">0000-000000000-0000</a> | DOE, JOHN | 3/18/2016       | QUEST DIAGNOSTIC ATLANTA           | \$234.70     | \$48.78           | Complete     |
| <a href="#">0000-000000000-0000</a> | DOE, JOHN | 2/24/2016       | CARENOW CORPORATE                  | \$280.00     | \$150.00          | Complete     |
| <a href="#">0000-000000000-0000</a> | DOE, JOHN | 11/13/2015      | CLINICAL PATHOLOGY LABORATORIES    | \$140.25     | \$11.58           | Complete     |
| <a href="#">0000-000000000-0000</a> | DOE, JOHN | 11/13/2015      | NE TARRANT INTERNAL MEDICINE ASSOC | \$115.00     | \$91.38           | Complete     |



# ACCESS AUTHORIZATION

This page allows you to grant access to your dependents to view your eligibility, claim, and accumulator information within their portal. It also provides a way to request access to view dependent information as long as they meet HIPAA criteria.

**Grant or Deny Access to Your Account**

Due to **HIPAA** privacy rules, you are not allowed to view online eligibility and claims information for your family members without their consent.

**Grant/Deny Access**

If you would like to give your family members access to your online claims information, click on the **Grant** button below next to their name. You can also **Deny** access to your online claims information.

**Note:** You can only grant or deny access to family members who have an account.

**JOHN DOE II (No Account)**  
 Grant Access  Deny Access

**JANE DOE (No Account)**  
 Grant Access  Deny Access

**JIMMY DOE (No Account)**  
 Grant Access  Deny Access

**JAMES DOE (No Account)**  
 Grant Access  Deny Access

**Request Access**

**Request Access**

If you would like to request access to the eligibility and claims information of one of your family members, click on **Request Access** next to their name below, and send an email to your family member to request authorization. They must have an account to grant access to their information.

**JOHN DOE II**  
[Request Access](#)



# RESOURCES

This tab on the menu bar provides access to **Forms and Documents**. These include your Summary of Benefits, your Plan Document, the ABA Claim Form and more.

You can also access a list of **Frequently Asked Questions** from this section.

Home Coverage & Benefits Claims Access Authorization Resources Contact Us

Forms and Documents  
 Frequently Asked Questions  
 Quick Links

**Documents**

[View Your Summary of Benefits and Coverage \(SBC\)](#)

[View Your Plan Document](#)

**Forms**

To submit claims, complete the [ABA Claim Form](#).

To report an accident, complete the [Accident Form](#).

To receive reimbursement for claims, complete the [Claim Reimbursement Form](#).

Print ID Card >>  
 PPO Network >>  
 Ask a Question >>  
 Frequently Asked Questions >>





## CONTACT US

This tab gives you information on how to contact customer service for claims, enrollment and benefits information, and it also lists ABA's mailing address.

The screenshot shows a website navigation menu with links for Home, Coverage & Benefits, Claims, Access Authorization, Resources, and Contact Us. The 'Contact Us' page content includes:

- Contact Us**  
Our customer service representatives are available Monday to Friday from 8 a.m. to 6 p.m. Central Time.
- For claim inquiries, enrollment information, and benefits:**  
Phone: 915-532-2100  
Toll-Free: 800-247-7114  
Fax: 915-532-1772
- Corporate Office Address:**  
Assured Benefits Administrators  
8150 N. Central Expressway  
Suite 1700  
Dallas, Texas 75206
- Regional Office Address:**  
Assured Benefits Administrators  
4855 N. Mesa  
Suite 130  
El Paso, Texas 79912

On the right side, there is a 'Quick Links' section with four buttons: Print ID Card, PPO Network, Ask a Question, and Frequently Asked Questions, each with a right-pointing arrow.

At the bottom of the page, there is a footer with links for Home, Privacy Notice, FAQ, and Contact Us.



## QUICK LINKS

### Print ID Card

View or download a PDF version of your member ID card.

### PPO Network

Access the Cigna Health Care Provider Directory to find an in-network provider in your area.

### Ask a Question

Ask ABA a general question electronically, with the ability to include attachments.

### Frequently Asked Questions

Review a list of frequently asked questions regarding healthcare coverage.



Assured Benefits Administrators (ABA) is a full-service third party administrator (TPA) headquartered in Dallas, Texas.

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