**MEC Preventive Plan**

**GENERAL AMENDENT 2020**

# GROUP # \_\_\_\_\_\_\_\_

EFFECTIVE DATE OF CHANGE: 9/1/2020

# EMPLOYER ID#: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF PLAN: MEC Preventive Plan

All affected wording in the Plan is amended as follows:

*The Schedule of Benefits is hereby amended to include virtual services to the extent these services would otherwise be covered by the Plan if performed face-to-face.*

*The following exclusion is hereby deleted from the Plan:*

* *for charges incurred for consultations by telephone, internet or other electronic means;*

All other provisions of the plan remain unchanged.

**APPROVED AND ATTESTED:**

 DATE SIGNATURE TITLE