## Benefits Overview

**Enervise** 





# We're here to make your life easier.

HealthEZ is an independent third-party administrator (TPA), which means we manage your employer's health benefits and process your medical claims. We work with your employer to design a custom benefits plan for your organization and we're ready to help you access the services you need. We've been providing our knowledgeable and service-oriented approach for over 40 years.



## Crumdale Advocates



Are you looking for a cost-sensible, high value provider for a non-urgent procedure?

Need help understanding your medical benefits?

Are you looking for an in-network specialist?

Was your medical procedure billed correctly?

## Call your Care Advocacy Center!

Monday - Friday, 7:00 am - 6:00 pm CST

Call **855-255-7060** or email **advocates@crumdalepartners.com** 



#### **Medical ID cards**

If you are new to the HealthEZ plan, keep an eye out for your medical ID card. Once you recieve that, you can setup your myHealthEZ account.

If you need a replacement card, log into to your myHealthEZ account and request a new card be printed and mailed, or access a digital copy directly to your device!

Dependents over the age of 19 can create their own myHealthEZ account to manage their plan and request a replacement ID card or access their ID card directly to their own devices.



#### Your medical network is Aetna.



#### What is a medical network?

Your medical network is a group of healthcare providers. It includes doctors, hospitals, surgical centers and other facilities. These healthcare providers offer services at a lower rate than out-of-network providers, which you will see reflected on your statements as a discount.

#### What if I go outside of my medical network?

There may be times when you decide to visit a doctor or clinic that is out-of-network. The costs for these visits and services are often higher than seeing doctors that are in-network. You will be responsible for paying the difference between the provider's full charge and the amount your health plan pays. This is called balance billing.

#### How do I know if my provider is in-network?

Please visit your dedicated Benefits Website and click "Find Care."



#### Your Pharmacy Benefit Manager is Welldyne.



#### What is a Pharmacy Benefit Manager?

Pharmacy Benefit Managers (PBMs) reduce prescription drug costs and improve convenience and safety for consumers. Your PBM administers your prescription drug plan and offers a network of pharmacies that offer more affordable medications.

#### What is mail order?

If you take maintenance medications for long-term conditions like arthritis, asthma, diabetes, high blood pressure or high cholesterol you could save money with Welldyne's mail order service.

#### What are Generic drugs?

Generic drugs are copies of brand-name drugs and are the same as those brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. Although generic drugs are chemically identical to their branded counterparts, they are typically sold at substantial discounts from the branded price.

To find out if there is a generic equivalent for your brand-name drug, talk to your doctor or visit <u>Welldyne.com</u>.

## Virtual Urgent Care

Getting Started

#### INTRODUCTION

Access board-certified physicians 24/7, 365 days a year for urgent medical needs. Doctors will discuss your symptoms, confirm a diagnosis, and prescribe any needed medication. Video and telephone-based visits are available, with an average wait time of just ten minutes.

#### HOW TO ACCESS

Sign up with the Recuro Care app or visit the webpage below to access:
"member.recurohealth.com"

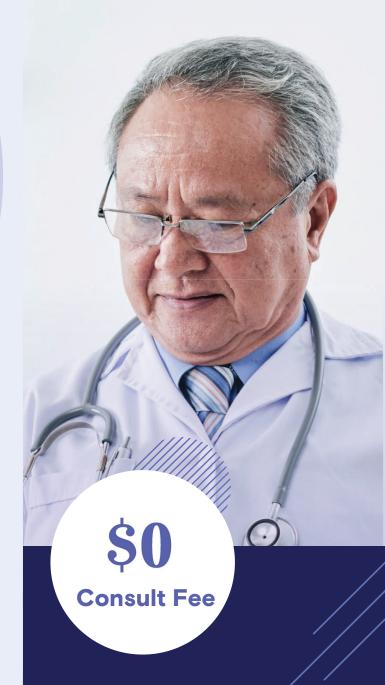
O2 Enter your employer member ID

O3 Create your username and password

O4 Complete your medical history

O5 Schedule your consult

\*Registering your account is not required to use the service, you can call 855.6RECURO anytime for 24/7 access to doctors.



### Example Conditions Treated

- Acne / Rash
- Allergies
- Cold / Flu
- Gl Issues
- Ear Problems
- Fever

- Insect Bites
- Nausea
- Pink Eye
- Respiratory
- UTI's
- And More...







## **Care Advocacy**

Helping you when you need it the most.

If you require services like a surgery, hospital stay or you are diagnosed with a complex medical condition, **you may receive a call, text or email from someone on the HealthEZ care management team.** 

#### The advocate is there to help you:

- Understand your treatment options
- Coordinate services among your doctors
- Make sure you have everything you need for a quick recovery with the right care

## **Boost Your Baby**

Promoting healthy pregnancies and happy moms.

HealthEZ offers maternity support by providing education and resources to promote a healthy pregnancy through postpartum.

- Expectant mothers and fathers will have a dedicated one point of a contact throughout their pregnancy journey.
- Providing tips on how to stay happy and healthy during and post pregnancy
- Maternity support offered through pregnancy until 6 months postpartum



Manage your health benefits without all the headaches

Download the free myHealthEZ app to view your benefits, manage and pay bills, locate care providers near you, and access your digital insurance cardright from your phone.



#### Tap. Pay. Done.

Pay bills, schedule automated payments, and view past statements in one simple, secure location.



#### $\mathbf{\nabla}_{\mathbf{0}}$ Find a provider

Search local healthcare professionals and filter results by location and specialty to find the right care provider for you and your family.



#### **EZchoice**

EZchoice makes provider choice easy and medical costs transparent so you can be confident that you are not overspending on your medical care.



#### Tap into your health benefits

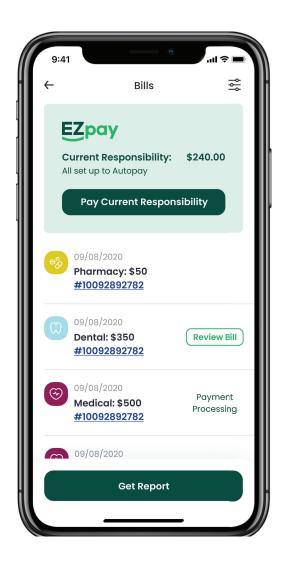
Scan the QR code with your device's camera to download the myHealthEZ app and put the power of hassle-free health benefits management at your fingertips.











## **EZ**pay

#### Seamless online payments

EZpay is HealthEZ's online payment system that allows you to easily and quickly pay your portion of medical bills with your payment of choice, including credit and debit cards, and HSA accounts.

After you set up EZpay, we will notify you via email each time we process a bill of yours. Your options are:

- · Approve Payment
- Decline Payment
- Do not respond

If you do not respond and have a card on file, EZpay will pay your portion automatically. The automatic payment is processed:

- Two days for bills under \$250
- Five days for bills over \$250

#### One simple statement

We consolidate all of your monthly healthcare expenses into one simple statement. This statement eliminates confusion and provides information about year-to-date deductible and out-of-pocket maximums, and itemized transactions during the current billing period.



Embedded Deductible Embedded Out-of-Pocket Maximum  Deductible Individual Coverage \$3,200 \$5,000  Family Coverage \$6,400 \$10,000  Out-of-Pocket Maximum  Out-of-Pocket Maximum  Individual Coverage \$6,750 \$10,000  Out-of-Pocket Maximum  Individual Coverage \$6,750 \$10,000  Preventive Care Services No Charge Deductible, then 50% Coinsurance Primary Office Visit Deductible, then 10% Coinsurance Deductible, then 50% Coinsurance Ded	Summary of Medical Benefits			
Deductible	HDHP 3			
Individual Coverage \$3,200 \$5,000  Family Coverage \$6,400 \$10,000  Out-of-Pocket Maximum  Individual Coverage \$6,750 \$10,000  Family Coverage \$13,500 \$20,000  Preventive Care Services No Charge Deductible, then 50% Coinsurance Primary Office Visit Deductible, then 10% Coinsurance Deductible, then 50% Coinsurance Deductible, then	-Network	Out of Network		
Section   Sect	Deductible			
Out-of-Pocket Maximum     Individual Coverage	\$3,200	\$5,000		
Individual Coverage \$10,000  Family Coverage \$13,500 \$20,000  Preventive Care Services No Charge Deductible, then 50% Coinsurance Primary Office Visit Deductible, then 10% Coinsurance Deductible, then 50% Coinsurance Objective Visit Deductible, then 10% Coinsurance Deductible, then 50% Coinsurance Objective Visit Deductible, then 10% Coinsurance Deductible, then 50% Coinsurance Objective Visit Deductible, then 10% Coinsurance Deductible, then 50% Coinsurance Objective Visit Deductible, then 10% Coinsurance Deductible, then 50% Coinsurance Objective Visit Deductible, then 10% Coinsurance Deductible, then 50% Coinsurance Objective Visit Deductible, then 10% Coinsurance Deductible, then 50% Coinsurance Objective Visit Deductible, then 10% Coinsurance Deductible, then 50% Coinsurance Objective Visit Deductible, then 10% Coinsurance Deductible, then 50% Coinsurance Objective Visit Deductible, then 10% Coinsurance Deductible, then 50% Coinsurance Objective Visit Deductible, then 10% Coinsurance Deductible, then 50% Coinsurance Objectible, then 50	\$6,400	\$10,000		
Preventive Care Services  No Charge  Deductible, then 50% Coinsurance Primary Office Visit  Deductible, then 10% Coinsurance Peductible, then 50% Coinsurance Specialist Office Visit  Deductible, then 10% Coinsurance Deductible, then 50% Coinsurance	Out-of-Pocket Maximum			
Preventive Care Services  No Charge  Deductible, then 50% Coinsurance  Primary Office Visit  Deductible, then 10% Coinsurance  Deductible, then 50% Coinsurance  Deductible, then 10% Coinsurance  Deductible, then 50% Coinsurance  Deductible, then 50% Coinsurance  Deductible, then 10% Coinsurance  Deductible, then 50% Coinsurance  Deductible, then 50% Coinsurance  Deductible, then 10% Coinsurance  Deductible, then 50% Coinsurance  Deductible, then 50% Coinsurance  Deductible, then 50% Coinsurance  Deductible, then 10% Coinsurance  Deductible, then 50% Coinsurance  Deductible, then 10% Coinsurance  Deductible, then 50% Coinsurance  Deductible, then 10% Coinsurance  Deductible, then 50% Coinsurance  Deductible, then 10% Coinsurance  Deductible, then 50% Coinsurance	\$6,750	\$10,000		
Primary Office Visit  Deductible, then 10% Coinsurance  Deductible, then 50% Coinsurance  Deductible, then 50% Coinsurance  Deductible, then 10% Coinsurance  Deductible, then 50% Coinsurance	\$13,500	\$20,000		
Deductible, then 10% Coinsurance   Deductible, then 50% Coinsurance	No Charge	Deductible, then 50% Coinsurance		
Chiropractic Visit  Deductible, then 10% Coinsurance  Deductible, then 50% Coinsurance  Deductible, then 10% Coinsurance  Deductible, then 50% Coinsurance  Deductible, then 10% Coinsurance  Deductible, then 50% Coinsurance  Deductible, then 10% Coinsurance  Deductible, then 50% Coinsurance	then 10% Coinsurance	Deductible, then 50% Coinsurance		
Urgent Care Services         Deductible, then 10% Coinsurance         Deductible, then 50% Coinsurance           Complex Imaging: MRI/CT/PET Scans         Deductible, then 10% Coinsurance         Deductible, then 50% Coinsurance           Inpatient Hospital Care Facility Fee Physician Fee         Deductible, then 10% Coinsurance Deductible, then 10% Coinsurance         Deductible, then 50% Coinsurance           Outpatient Procedures Facility Fee Physician Fee         Deductible, then 10% Coinsurance         Deductible, then 50% Coinsurance           Emergency Room Services         Deductible, then 10% Coinsurance         Deductible, then 10% Coinsurance           Emergency Medical Transportation         Deductible, then 10% Coinsurance         Deductible, then 10% Coinsurance           Mental Health/Chemical Dependency - Inpatient         Deductible, then 10% Coinsurance         Deductible, then 50% Coinsurance           Mental Health/Chemical Dependency - Office Visit         Deductible, then 10% Coinsurance         Deductible, then 50% Coinsurance           Summary of Pharmacy Benefits	then 10% Coinsurance	Deductible, then 50% Coinsurance		
Complex Imaging: MRI/CT/PET Scans  Deductible, then 10% Coinsurance  Inpatient Hospital Care Facility Fee Physician Fee  Deductible, then 10% Coinsurance Deductible, then 50% Coinsurance Deductible, then 10% Coinsurance Deductible, then 50% Coinsurance	then 10% Coinsurance	Deductible, then 50% Coinsurance		
Inpatient Hospital Care Facility Fee Physician Fee  Deductible, then 10% Coinsurance Deductible, then 50% Coinsurance Deductible, then 10% Coinsurance Deductible, then 50% Coinsurance Deductible, then 10% Coinsurance Deductible, then 50% Coinsurance	then 10% Coinsurance	Deductible, then 50% Coinsurance		
Pacility Fee Physician Fee  Deductible, then 10% Coinsurance Deductible, then 50% Coinsurance  Emergency Room Services  Emergency Medical Transportation  Deductible, then 10% Coinsurance  Deductible, then 10% Coinsurance  Deductible, then 50% Coinsurance	then 10% Coinsurance	Deductible, then 50% Coinsurance		
Facility Fee Physician Fee  Deductible, then 10% Coinsurance Deductible, then 50% Coinsurance Deductible, then 50% Coinsurance Deductible, then 10% Coinsurance Deductible, then 50% Coinsurance Deductible, then 50% Coinsurance  Emergency Room Services  Deductible, then 10% Coinsurance  Deductible, then 10% Coinsurance  Mental Health/Chemical Dependency - Inpatient  Deductible, then 10% Coinsurance  Deductible, then 50% Coinsurance		· ·		
Emergency Medical Transportation  Deductible, then 10% Coinsurance  Mental Health/Chemical Dependency - Inpatient  Deductible, then 10% Coinsurance  Deductible, then 50% Coinsurance  Deductible, then 10% Coinsurance  Deductible, then 50% Coinsurance  Deductible, then 50% Coinsurance  Deductible, then 50% Coinsurance  Summary of Pharmacy Benefits		· ·		
Mental Health/Chemical Dependency - Inpatient  Deductible, then 10% Coinsurance  Deductible, then 50% Coinsurance  Deductible, then 10% Coinsurance  Deductible, then 50% Coinsurance  Deductible, then 50% Coinsurance  Summary of Pharmacy Benefits	Deductible, ther	n 10% Coinsurance		
Mental Health/Chemical Dependency - Office Visit  Deductible, then 10% Coinsurance  Deductible, then 50% Coinsurance  Summary of Pharmacy Benefits	Deductible, ther	10% Coinsurance		
Summary of Pharmacy Benefits	then 10% Coinsurance	Deductible, then 50% Coinsurance		
	then 10% Coinsurance	Deductible, then 50% Coinsurance		
Prescription Drug Coverage Retail 30 Day Supply Mail Order 90 Day Supply	y Benefits			
	30 Day Supply	Mail Order 90 Day Supply		
Generic Deductible, then \$10 Copay Deductible, then \$20 Copay	ole, then \$10 Copay	Deductible, then \$20 Copay		
Preferred Brand         Deductible, then \$25 Copay         Deductible, then \$50 Copay	le, then \$25 Copay	Deductible, then \$50 Copay		
Non-Preferred Brand Deductible, then 50% Coinsurance Deductible, then 50% Coinsurance	then 50% Coinsurance	Deductible, then 50% Coinsurance		
Specialty   Deductible, then \$200 Copay   Not Available	e, then \$200 Copay	Not Available		
Recuro Benefits				
	100% Covered			
Recuro Benefit	t			

Note: Please refer to your Summary Plan Description for actual coverage, limitation, and exclusion provisions.

Summary of Medical Benefits			
HDHP 4			
Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network	
Deductible			
Individual Coverage	\$5,000	\$10,000	
Family Coverage	\$10,000	\$20,000	
Out-of-P	ocket Maximum		
Individual Coverage	\$6,750	\$15,000	
Family Coverage	\$13,500	\$30,000	
Preventive Care Services	No Charge	Deductible, then 50% Coinsurance	
Primary Office Visit	Deductible, then 20% Coinsurance	Deductible, then 50% Coinsurance	
Specialist Office Visit	Deductible, then 20% Coinsurance	Deductible, then 50% Coinsurance	
Chiropractic Visit	Deductible, then 20% Coinsurance	Deductible, then 50% Coinsurance	
Urgent Care Services	Deductible, then 20% Coinsurance	Deductible, then 50% Coinsurance	
Complex Imaging: MRI/CT/PET Scans	Deductible, then 20% Coinsurance	Deductible, then 50% Coinsurance	
Inpatient Hospital Care Facility Fee Physician Fee	Deductible, then 20% Coinsurance Deductible, then 20% Coinsurance	Deductible, then 50% Coinsurance Deductible, then 50% Coinsurance	
Outpatient Procedures Facility Fee Physician Fee	Deductible, then 20% Coinsurance Deductible, then 20% Coinsurance	Deductible, then 50% Coinsurance Deductible, then 50% Coinsurance	
Emergency Room Services	Deductible, then	20% Coinsurance	
Emergency Medical Transportation	Deductible, then	20% Coinsurance	
Mental Health/Chemical Dependency - Inpatient	Deductible, then 20% Coinsurance	Deductible, then 50% Coinsurance	
Mental Health/Chemical Dependency - Office Visit	Deductible, then 20% Coinsurance	Deductible, then 50% Coinsurance	
Summary of	Pharmacy Benefits		
Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply	
Generic	Deductible, then 20% Coinsurance	Deductible, then 20% Coinsurance	
Preferred Brand	Deductible, then 20% Coinsurance	Deductible, then 20% Coinsurance	
Non-Preferred Brand	Deductible, then 50% Coinsurance	Deductible, then 50% Coinsurance	
Specialty	Deductible, then 20% Coinsurance	Not Available	
Recuro Benefits			
General Consultations	100% Covered		

Note: Please refer to your Summary Plan Description for actual coverage, limitation, and exclusion provisions.

