

Benefits Overview

BAWAC, Inc.



Welcome!

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





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 card—right from your phone.



Tap. Pay. Done.

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



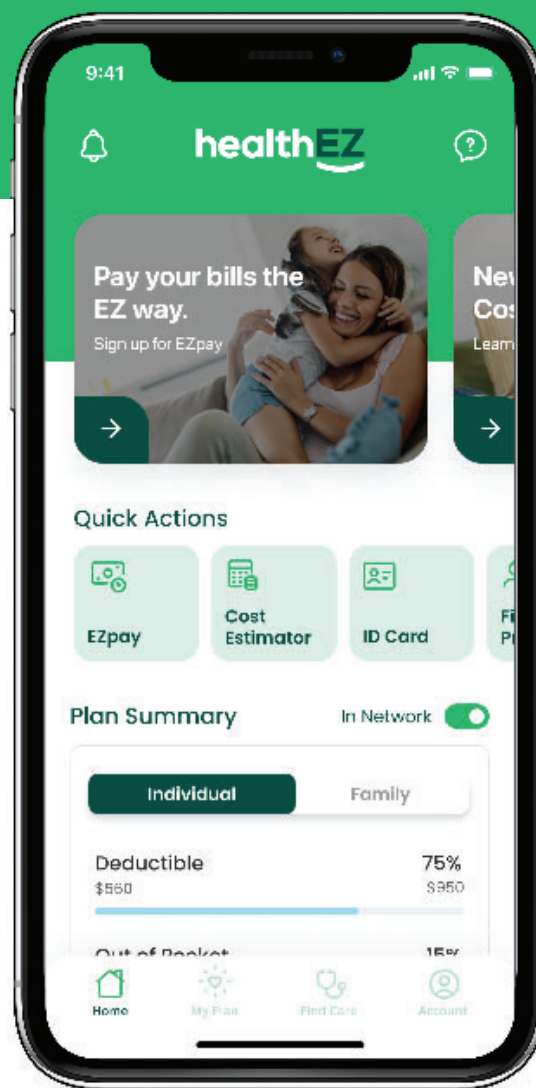
Find a provider

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



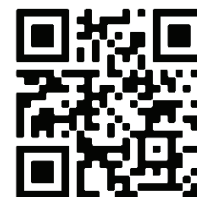
EZchoice

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

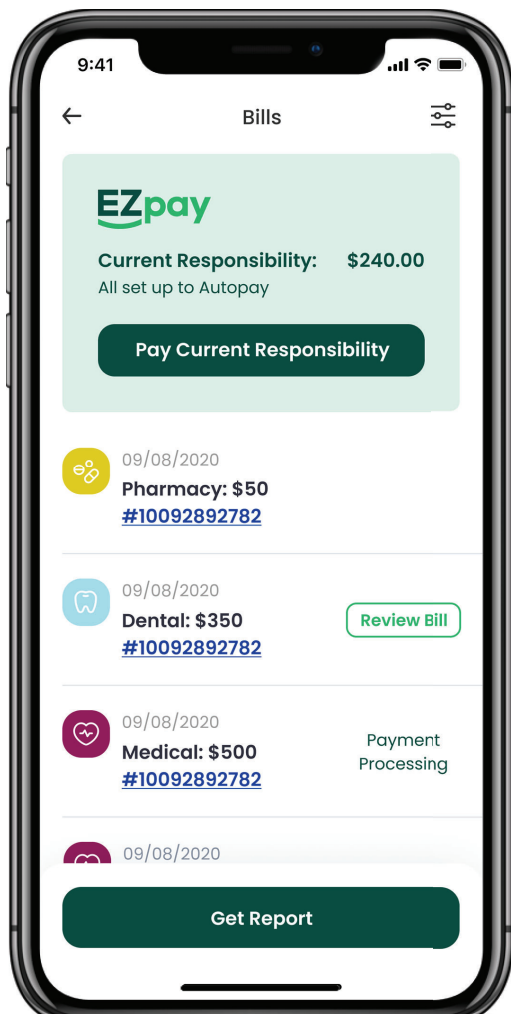
Scan the QR code with your device's camera to download the myHealthEZ app and put the power of hassle-free health benefits management at your fingertips.



Download on the
App Store



GET IT ON
Google Play



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.

healthEZ
7201 West 78th Street, Suite 100
Bloomington, MN 55429

THIS IS NOT A BILL. DO NOT PAY.

Statement Summary
Member ID: XXXXXXXX4567
Statement Date: 2/21/11
New Transactions This Period: 2/21/11
Paid by your health plan: \$441.49
Paid by your HealthEZpay accounts: \$301.84
You owe providers: \$0.00
Paid by Your Employer YTD: \$0.00
Medical: \$441.49
Dental: \$117.30
Pharmacy: \$0.00

Information & Resources
Your Resources for Help
Benefit Questions: <custom phone> or <custom site>
EOBs Available Online
The Explanation of Benefits that corresponds to this statement is available by logging in at <custom website.com>. If you have questions, call <custom phone>.

HealthEZpay Account Summaries
Flexible Spending Account (FSA)
Claims Paid Year-to-Date: \$0.00
Available Amount: \$500.00
Health Savings Account (HSA)
Claims Paid This Period: \$223.93
Current Balance: \$276.07
Health Reimbursement Account (HRA)
Claims Paid This Period: NA
Current Balance: NA
Credit/Debit Card Accounts
Claims Paid This Period: \$77.91

Your Year-to-Date Summaries
Medical In-Network Deductible
Met Year-to-Date: \$301.84
Medical In-Network Out-of-Pocket
Met Year-to-Date: \$301.84
Dental Benefits
Used Year-to-Date: \$117.30
Information current as of statement date. For detailed and up-to-date information, go to <custom website.com>.

Transactions for the Current Period

Service Date	Patient	Provider	Billed Amount	Network Discount	Employer Payment	You Have Paid	You Owe Provider
01/15/2011	Jane	Care Clinic	\$248.00	\$24.07	\$0.00	\$223.93	\$0.00
01/15/2011	Alex	County Hospital	\$291.00	\$291.00	\$441.49	\$77.91	\$0.00
01/13/2011	Jane	Family DentalCare	\$138.00	\$20.70	\$117.30	\$0.00	\$0.00
01/15/2011	Jane	Pharmacy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00



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

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

01

Sign up with the Recuro Care app or visit the webpage below to access:
["member.recurohealth.com"](https://member.recurohealth.com)

02

Enter your employer member ID

03

Create your username and password

04

Complete your medical history

05

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.



\$0

Consult Fee

Example Conditions Treated

- Acne / Rash
- Allergies
- Cold / Flu
- GI Issues
- Ear Problems
- Fever
- Insect Bites
- Nausea
- Pink Eye
- Respiratory
- UTI's
- And More...





Chronic Conditions Management

Our Livongo programs offer a whole-person approach to chronic condition management. Livongo's digital health platform provides actionable, personalized and timely support that make it easier to stay healthy, including:

- Lifestyle behavior change tools
- Medication optimization
- Expert health coaching
- Provider coordination
- Cellular-connected devices
- Personalized plans for reaching health goals

The program is offered at no cost to you and all family members with coverage through your health plan.

Register at be.livongo.com/HEALTHEZ/register or call **(800) 945-4355** with code: **HEALTHEZ**

LIVONGO FOR DIABETES



Connected blood glucose meter, unlimited testing strips, personalized insights, 24/7 expert support and custom alerts.

LIVONGO FOR HYPERTENSION



Connected blood pressure monitor, personalized insights, shareable reports and access to expert health coaches.

LIVONGO FOR WEIGHT MANAGEMENT AND DIABETES PREVENTION



Connected smart scale, automatic weight and steps tracking, food logging, CDC-approved lessons and access to expert health coaches.



Medical ID cards

If you are new to the HealthEZ plan, keep an eye out for your medical ID card. Once you receive 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 Cigna.



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 [Welldyne.com](https://www.welldyne.com).

Summary of Medical Benefits		
PPO 4		
Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
Deductible		
Individual Coverage	\$2,000	\$4,000
Family Coverage	\$4,000	\$8,000
Out-of-Pocket Maximum		
Individual Coverage	\$6,000	\$12,000
Family Coverage	\$12,000	\$24,000
Preventive Care Services	No Charge	50% Coinsurance
Primary Office Visit	\$20 Copay	50% Coinsurance*
Specialist Office Visit	\$75 Copay	50% Coinsurance*
Chiropractic Visit	25% Coinsurance*	50% Coinsurance*
Urgent Care Services	\$50 Copay	50% Coinsurance*
Complex Imaging: MRI/CT/PET Scans	\$300 Copay*	50% Coinsurance*
Inpatient Hospital Care Facility Fee Physician Fee	0% Coinsurance* 0% Coinsurance*	50% Coinsurance* 50% Coinsurance*
Outpatient Procedures Facility Fee Physician Fee	\$750 Copay* 0% Coinsurance*	50% Coinsurance* 50% Coinsurance*
Emergency Room Services**	\$300 Copay*	
Emergency Medical Transportation**	0% Coinsurance*	
Mental Health/Chemical Dependency - Inpatient	0% Coinsurance*	50% Coinsurance*
Mental Health/Chemical Dependency - Office Visit	\$20 Copay	50% Coinsurance*
Summary of Pharmacy Benefits		
Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	\$10 Copay	\$20 Copay
Preferred Brand	\$25 Copay	\$50 Copay
Non-Preferred Brand	50% Coinsurance	50% Coinsurance
Specialty	\$200 Copay	Not Available
Recuro Benefits		
General Consultations	No Charge	

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

* After deductible

** Covered as in-network in true-emergency

Summary of Medical Benefits		
HDHP 3		
Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
Deductible		
Individual Coverage	\$3,200	\$5,000
Family Coverage	\$6,000	\$10,000
Out-of-Pocket Maximum		
Individual Coverage	\$6,750	\$10,000
Family Coverage	\$13,500	\$20,000
Preventive Care Services	No Charge	50% Coinsurance
Primary Office Visit	10% Coinsurance*	50% Coinsurance*
Specialist Office Visit	10% Coinsurance*	50% Coinsurance*
Chiropractic Visit	10% Coinsurance*	50% Coinsurance*
Urgent Care Services	10% Coinsurance*	50% Coinsurance*
Complex Imaging: MRI/CT/PET Scans	10% Coinsurance*	50% Coinsurance*
Inpatient Hospital Care Facility Fee Physician Fee	10% Coinsurance* 10% Coinsurance*	50% Coinsurance* 50% Coinsurance*
Outpatient Procedures Facility Fee Physician Fee	10% Coinsurance* 10% Coinsurance*	50% Coinsurance* 50% Coinsurance*
Emergency Room Services	10% Coinsurance*	
Emergency Medical Transportation	10% Coinsurance*	
Mental Health/Chemical Dependency - Inpatient	10% Coinsurance*	50% Coinsurance*
Mental Health/Chemical Dependency - Office Visit	10% Coinsurance*	50% Coinsurance*
Summary of Pharmacy Benefits		
Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Expanded Preventive Generic	\$10 Copay	\$20 Copay
Expanded Preventive Preferred Brand	\$25 Copay	\$50 Copay
Generic	\$10 Copay*	\$20 Copay*
Preferred Brand	\$25 Copay*	\$50 Copay*
Non-Preferred Brand	50% Coinsurance*	50% Coinsurance*
Specialty	\$200 Copay*	Not Available
Recuro Benefits		
General Consultations	No Charge	

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

* After deductible

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

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

* After deductible

Summary of Medical Benefits		
HSA 1		
Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
Deductible		
Individual Coverage	\$4,000	\$8,000
Family Coverage	\$8,000	\$16,000
Out-of-Pocket Maximum		
Individual Coverage	\$6,000	\$12,000
Family Coverage	\$12,000	\$24,000
Preventive Care Services	No Charge	50% Coinsurance
Primary Office Visit	0% Coinsurance*	50% Coinsurance*
Specialist Office Visit	0% Coinsurance*	50% Coinsurance*
Chiropractic Visit	0% Coinsurance*	50% Coinsurance*
Urgent Care Services	0% Coinsurance*	50% Coinsurance*
Complex Imaging: MRI/CT/PET Scans	0% Coinsurance*	50% Coinsurance*
Inpatient Hospital Care Facility Fee Physician Fee	0% Coinsurance* 0% Coinsurance*	50% Coinsurance* 50% Coinsurance*
Outpatient Procedures Facility Fee Physician Fee	0% Coinsurance* 0% Coinsurance*	50% Coinsurance* 50% Coinsurance*
Emergency Room Services	0% Coinsurance*	
Emergency Medical Transportation	0% Coinsurance*	
Mental Health/Chemical Dependency - Inpatient	0% Coinsurance*	50% Coinsurance*
Mental Health/Chemical Dependency - Office Visit	0% Coinsurance*	50% Coinsurance*
Summary of Pharmacy Benefits		
Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Expanded Preventive Generic	30% Coinsurance*	30% Coinsurance*
Expanded Preventive Preferred Brand	30% Coinsurance*	30% Coinsurance*
Generic	30% Coinsurance*	30% Coinsurance*
Preferred Brand	30% Coinsurance*	30% Coinsurance*
Non-Preferred Brand	30% Coinsurance*	30% Coinsurance*
Specialty	30% Coinsurance*	Not Available
Recuro Benefits		
General Consultations	No Charge	

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

* After deductible

