

# Benefits Overview

**Proximity Malt, LLC**

**Dedicated Website**

**[proximitybenefits.com](http://proximitybenefits.com)**

**Dedicated Phone Number**

**855-255-7060**





# 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](mailto: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

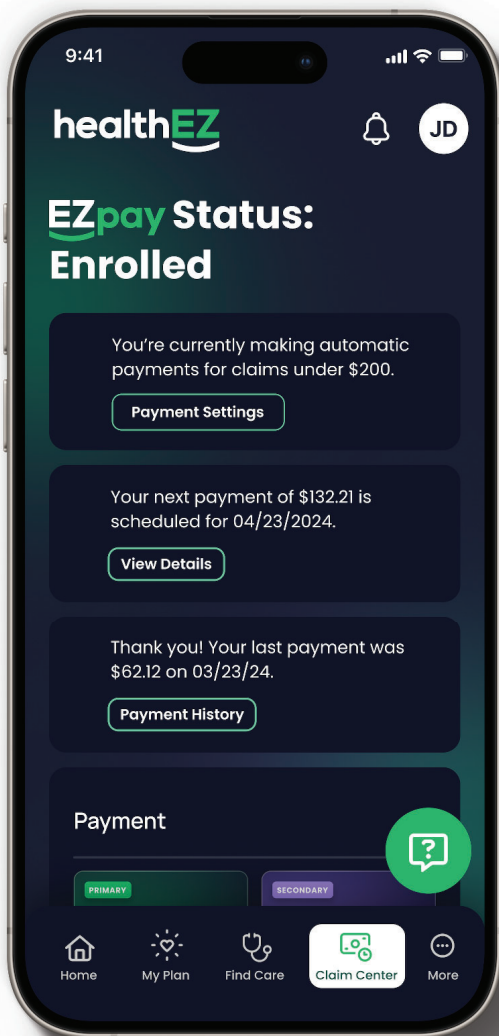
EZchoice makes provider choice easy and medical costs transparent so you can be confident that you are not overspending on your medical care.



## 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.





## 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.

**THIS IS NOT A BILL. DO NOT PAY.**

**Statement Summary**

Member ID: XXXXXXXX4567  
Statement Date: 02/21/11  
New Transactions This Period: \$201.84  
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

**HealthEZpay Account Summaries**

**Your Year-to-Date Summaries**

Account Type	Year-to-Date
Flexible Spending Account (FSA)	\$0.00
Health Savings Account (HSA)	\$0.00
Health Reimbursement Account (HRA)	\$0.00
Credit/Debit Card Accounts	\$0.00

**Transactions for the Current Period**

**MEDICAL**

Date	Patient	Provider	Billed Amount	Network Discount	Employer Payment	You Have Paid	You Owe Provider
01/15/2011	Jane	Care Clinic	\$248.00	\$0.00	\$0.00	\$248.00	\$0.00
01/15/2011	Alex	County Hospital	\$291.00	\$291.00	\$441.49	\$77.91	\$0.00

**DENTAL**

Date	Patient	Provider	Billed Amount	Network Discount	Employer Payment	You Have Paid	You Owe Provider
01/15/2011	Jane	Family DentalCare	\$117.30	\$0.00	\$117.30	\$0.00	\$0.00

**PHARMACY**

Date	Patient	Pharmacy	Billed Amount	Network Discount	Employer Payment	You Have Paid	You Owe Provider
01/15/2011	Jane	Drug Mart	\$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 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...





## 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 6

Calendar Year Accumulation Embedded Deductible Employee only Family	In-Network	Out-of-Network
	\$5,000 \$10,000	\$5,000 \$10,000
<b>Coinsurance</b>	0%	50%
<b>Embedded Out-of-Pocket Maximum</b> Employee only Family	\$7,000 \$14,000	\$15,000 \$30,000
<b>Recurio Telemedicine Services</b>	100% Covered	
<b>Preventive Care</b>	100% Covered	50% Coinsurance
<b>Office Visits</b> Primary Services Specialist Services Chiropractic Services	\$20 Copay \$50 Copay 20% Coinsurance after Deductible	50% Coinsurance after Deductible 50% Coinsurance after Deductible 50% Coinsurance after Deductible
<b>Urgent Care Services</b>	\$40 Copay	50% Coinsurance after Deductible
<b>Emergency Services</b> Emergency Room Emergency Medical Transportation	\$300 Copay after Deductible No Charge	\$300 Copay after Deductible 0% Coinsurance after Deductible
<b>Hospital Services</b> Inpatient Hospital Facility Outpatient Surgery	20% Coinsurance after Deductible 20% Coinsurance after Deductible	50% Coinsurance after Deductible 50% Coinsurance after Deductible
<b>Mental Health/Chemical Dependency</b> Inpatient Outpatient	20% Coinsurance after Deductible \$20 Copay	50% Coinsurance after Deductible 50% Coinsurance after Deductible

## Summary of Pharmacy Benefits

Prescription Drug Coverage Generic Preferred brand Non-preferred brand Specialty	Retail 30 Day Supply	Mail Order 90 Day Supply
	\$10 Copay \$25 Copay 50% Coinsurance \$200 Copay	\$20 Copay \$50 Copay 50% Coinsurance Not Available

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

An Embedded Deductible means that each individual will only have to meet the individual Deductible before the Plan begins paying benefits for such individual that are subject to a Deductible.

An Embedded Out-of-Pocket Maximum means that each individual will only have to meet the individual out-of-pocket maximum before the Plan begins paying in full for such individual.

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	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 50% Coinsurance	Not Available
Recurso Benefits		
General Consultations	100% Covered	

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

# Summary of Medical Benefits

## HDHP 3

Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
<b>Deductible</b>		
Individual Coverage	\$3,300	\$5,000
Family Coverage	\$6,600	\$10,000
<b>Out-of-Pocket Maximum</b>		
Individual Coverage	\$6,750	\$10,000
Family Coverage	\$13,500	\$20,000
Preventive Care Services	No Charge	50% Coinsurance
Primary Office Visit	Deductible, then 10% Coinsurance	Deductible, then 50% Coinsurance
Specialist Office Visit	Deductible, then 10% Coinsurance	Deductible, then 50% Coinsurance
Chiropractic Visit	Deductible, 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 \$300 Copay	Deductible, then 25% Coinsurance
Inpatient Hospital Care Facility Fee Physician Fee	Deductible, then 0% Coinsurance Deductible, then 0% Coinsurance	Deductible, then 25% Coinsurance Deductible, then 25% Coinsurance
Outpatient Procedures Facility Fee Physician Fee	Deductible, then 0% Coinsurance Deductible, then 0% Coinsurance	Deductible, then 25% Coinsurance Deductible, then 25% Coinsurance
Emergency Room Services	Deductible, then \$300 Copay	
Emergency Medical Transportation	Deductible, then 0% 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
<b>Summary of Pharmacy Benefits</b>		
<b>Prescription Drug Coverage</b>	<b>Retail 30 Day Supply</b>	<b>Mail Order 90 Day Supply</b>
Generic	Deductible, then \$10 Copay	Deductible, then \$20 Copay
Expanded Preventive Prescription - Generic	\$10 Copay	\$20 Copay
Preferred Brand	Deductible, then \$25 Copay	Deductible, then \$50 Copay
Expanded Preventive Prescription - Preferred Brand	\$25 Copay	\$50 Copay
Non-Preferred Brand	Deductible, then 50% Coinsurance	Deductible, then 50% Coinsurance
Specialty	Deductible, then \$150 Copay	Not Available
<b>Recurro Benefits</b>		
General Consultations	100% Covered	

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



