

# Benefits Overview

**Schaefer Brush Manufacturing  
LLC**

**healthEZ**



# 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**  
—PARTNERS—

# 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.

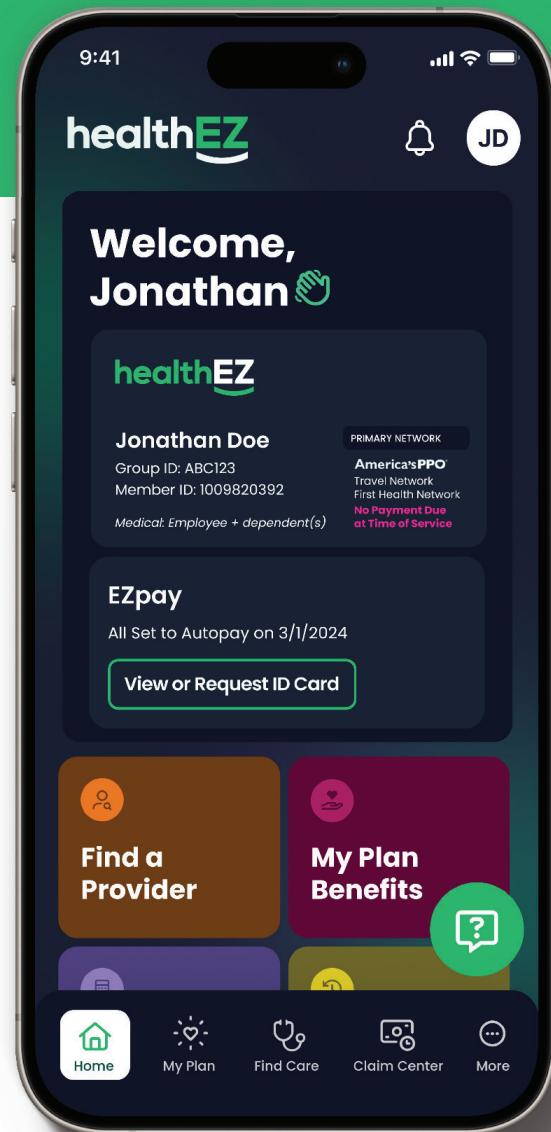


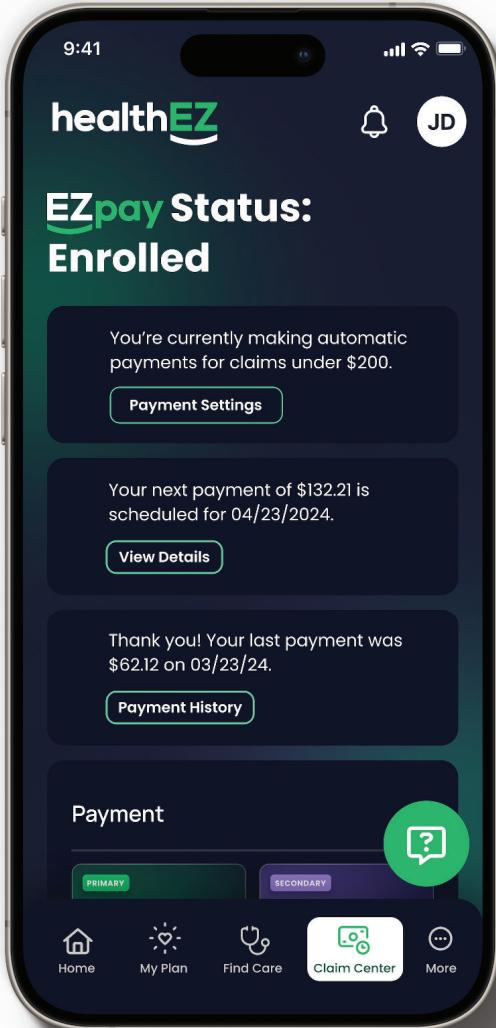
## EZchoice

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.





## 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

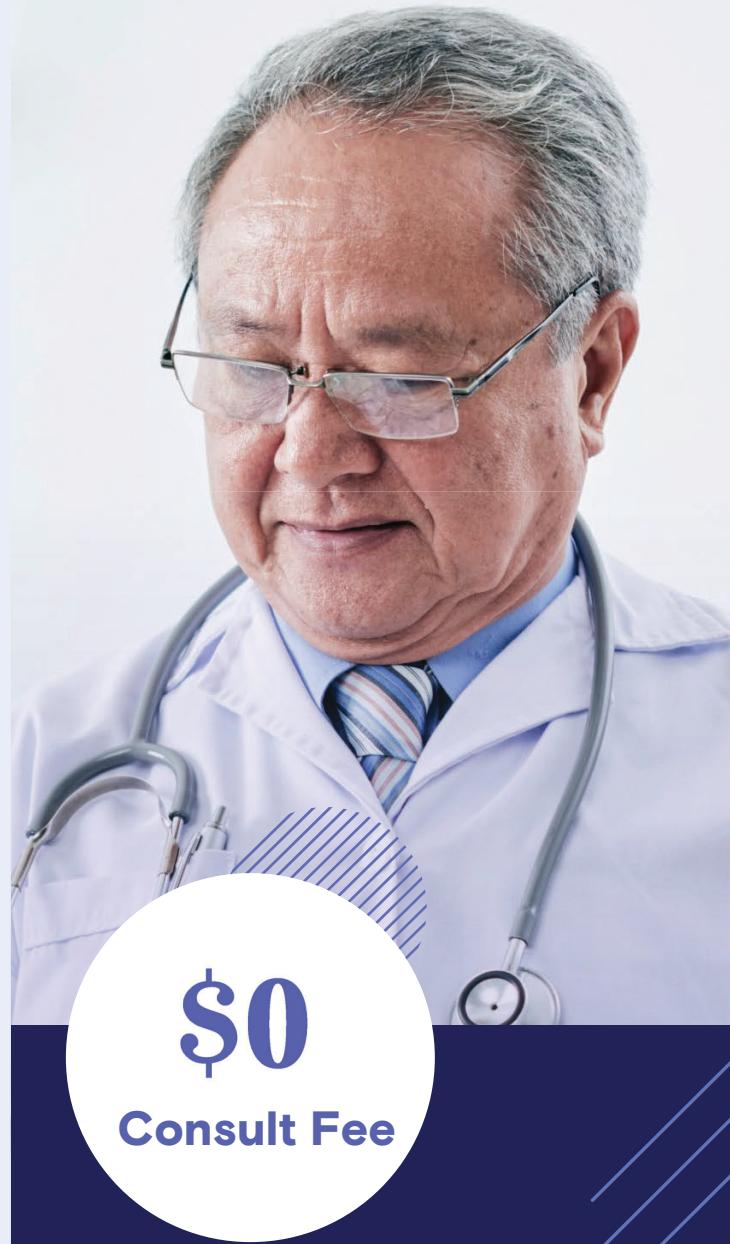
### INTRODUCTION

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](http://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.



### Example Conditions Treated

- Acne / Rash
- Insect Bites
- Allergies
- Nausea
- Cold / Flu
- Pink Eye
- GI Issues
- Respiratory
- Ear Problems
- UTI's
- Fever
- 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](http://Welldyne.com).

# Summary of Medical Benefits

## PPO 10

| Embedded Deductible<br>Embedded Out-of-Pocket Maximum  | In-Network           | Out of Network           |                            |                      |                          |         |            |            |                 |            |            |                     |                 |                 |           |             |               |
|--|----------------------|--------------------------|----------------------------|----------------------|--------------------------|---------|------------|------------|-----------------|------------|------------|---------------------|-----------------|-----------------|-----------|-------------|---------------|
| <b>Deductible</b>  |                      |                          |                            |                      |                          |         |            |            |                 |            |            |                     |                 |                 |           |             |               |
| Individual Coverage  | \$4,000              | \$5,000                  |                            |                      |                          |         |            |            |                 |            |            |                     |                 |                 |           |             |               |
| Family Coverage  | \$8,000              | \$10,000                 |                            |                      |                          |         |            |            |                 |            |            |                     |                 |                 |           |             |               |
| <b>Out-of-Pocket Maximum</b>   |                      |                          |                            |                      |                          |         |            |            |                 |            |            |                     |                 |                 |           |             |               |
| Individual Coverage  | \$7,000              | \$15,000                 |                            |                      |                          |         |            |            |                 |            |            |                     |                 |                 |           |             |               |
| Family Coverage  | \$14,000             | \$30,000                 |                            |                      |                          |         |            |            |                 |            |            |                     |                 |                 |           |             |               |
|  |                      |                          |                            |                      |                          |         |            |            |                 |            |            |                     |                 |                 |           |             |               |
| Preventive Care Services   | No Charge            | 50% Coinsurance          |                            |                      |                          |         |            |            |                 |            |            |                     |                 |                 |           |             |               |
| Primary Office Visit   | \$20 Copay           | 50%*                     |                            |                      |                          |         |            |            |                 |            |            |                     |                 |                 |           |             |               |
| Specialist Office Visit  | \$50 Copay           | 50%*                     |                            |                      |                          |         |            |            |                 |            |            |                     |                 |                 |           |             |               |
| Chiropractic Visit   | 30%*                 | 50%*                     |                            |                      |                          |         |            |            |                 |            |            |                     |                 |                 |           |             |               |
| Urgent Care Services   | \$40 Copay           | 50%*                     |                            |                      |                          |         |            |            |                 |            |            |                     |                 |                 |           |             |               |
|  |                      |                          |                            |                      |                          |         |            |            |                 |            |            |                     |                 |                 |           |             |               |
| Complex Imaging: MRI/CT/PET Scans  | 30%*                 | 50%*                     |                            |                      |                          |         |            |            |                 |            |            |                     |                 |                 |           |             |               |
|  |                      |                          |                            |                      |                          |         |            |            |                 |            |            |                     |                 |                 |           |             |               |
| Inpatient Hospital Care  |                      |                          |                            |                      |                          |         |            |            |                 |            |            |                     |                 |                 |           |             |               |
| Facility Fee   | 30%*                 | 50%*                     |                            |                      |                          |         |            |            |                 |            |            |                     |                 |                 |           |             |               |
| Physician Fee  | 30%*                 | 50%*                     |                            |                      |                          |         |            |            |                 |            |            |                     |                 |                 |           |             |               |
| Outpatient Procedures  |                      |                          |                            |                      |                          |         |            |            |                 |            |            |                     |                 |                 |           |             |               |
| Facility Fee   | 30%*                 | 50%*                     |                            |                      |                          |         |            |            |                 |            |            |                     |                 |                 |           |             |               |
| Physician Fee  | 30%*                 | 50%*                     |                            |                      |                          |         |            |            |                 |            |            |                     |                 |                 |           |             |               |
|  |                      |                          |                            |                      |                          |         |            |            |                 |            |            |                     |                 |                 |           |             |               |
| Emergency Room Services  |                      | 30%*                     |                            |                      |                          |         |            |            |                 |            |            |                     |                 |                 |           |             |               |
| Emergency Medical Transportation**   | No Charge            | 0%*                      |                            |                      |                          |         |            |            |                 |            |            |                     |                 |                 |           |             |               |
|  |                      |                          |                            |                      |                          |         |            |            |                 |            |            |                     |                 |                 |           |             |               |
| Mental Health/Chemical Dependency - Inpatient  | 30%*                 | 50%*                     |                            |                      |                          |         |            |            |                 |            |            |                     |                 |                 |           |             |               |
| Mental Health/Chemical Dependency - Office Visit   | \$20 Copay           | 50%*                     |                            |                      |                          |         |            |            |                 |            |            |                     |                 |                 |           |             |               |
| <b>Summary of Pharmacy Benefits</b>  |                      |                          |                            |                      |                          |         |            |            |                 |            |            |                     |                 |                 |           |             |               |
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| 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            |                            |                      |                          |         |            |            |                 |            |            |                     |                 |                 |           |             |               |
| <b>Recuro Benefits</b>   |                      |                          |                            |                      |                          |         |            |            |                 |            |            |                     |                 |                 |           |             |               |
| 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 5

| Embedded Deductible<br>Embedded Out-of-Pocket Maximum  | In-Network           | Out of Network           |                            |                      |                          |                             |                 |                 |                                     |                 |                 |         |      |      |                 |      |     |                     |      |      |           |      |               |
|--|----------------------|--------------------------|----------------------------|----------------------|--------------------------|-----------------------------|-----------------|-----------------|-------------------------------------|-----------------|-----------------|---------|------|------|-----------------|------|-----|---------------------|------|------|-----------|------|---------------|
| <b>Deductible</b>  |                      |                          |                            |                      |                          |                             |                 |                 |                                     |                 |                 |         |      |      |                 |      |     |                     |      |      |           |      |               |
| Individual Coverage  | \$6,900              | \$10,000                 |                            |                      |                          |                             |                 |                 |                                     |                 |                 |         |      |      |                 |      |     |                     |      |      |           |      |               |
| Family Coverage  | \$13,800             | \$20,000                 |                            |                      |                          |                             |                 |                 |                                     |                 |                 |         |      |      |                 |      |     |                     |      |      |           |      |               |
| <b>Out-of-Pocket Maximum</b>   |                      |                          |                            |                      |                          |                             |                 |                 |                                     |                 |                 |         |      |      |                 |      |     |                     |      |      |           |      |               |
| Individual Coverage  | \$7,000              | \$15,000                 |                            |                      |                          |                             |                 |                 |                                     |                 |                 |         |      |      |                 |      |     |                     |      |      |           |      |               |
| Family Coverage  | \$14,000             | \$30,000                 |                            |                      |                          |                             |                 |                 |                                     |                 |                 |         |      |      |                 |      |     |                     |      |      |           |      |               |
|  |                      |                          |                            |                      |                          |                             |                 |                 |                                     |                 |                 |         |      |      |                 |      |     |                     |      |      |           |      |               |
| Preventive Care Services   | No Charge            | 50% Coinsurance          |                            |                      |                          |                             |                 |                 |                                     |                 |                 |         |      |      |                 |      |     |                     |      |      |           |      |               |
| Primary Office Visit   | 20%*                 | 50%*                     |                            |                      |                          |                             |                 |                 |                                     |                 |                 |         |      |      |                 |      |     |                     |      |      |           |      |               |
| Specialist Office Visit  | 20%*                 | 50%*                     |                            |                      |                          |                             |                 |                 |                                     |                 |                 |         |      |      |                 |      |     |                     |      |      |           |      |               |
| Chiropractic Visit   | 20%*                 | 50%*                     |                            |                      |                          |                             |                 |                 |                                     |                 |                 |         |      |      |                 |      |     |                     |      |      |           |      |               |
| Urgent Care Services   | 20%*                 | 50%*                     |                            |                      |                          |                             |                 |                 |                                     |                 |                 |         |      |      |                 |      |     |                     |      |      |           |      |               |
|  |                      |                          |                            |                      |                          |                             |                 |                 |                                     |                 |                 |         |      |      |                 |      |     |                     |      |      |           |      |               |
| Complex Imaging: MRI/CT/PET Scans  | 20%*                 | 50%*                     |                            |                      |                          |                             |                 |                 |                                     |                 |                 |         |      |      |                 |      |     |                     |      |      |           |      |               |
|  |                      |                          |                            |                      |                          |                             |                 |                 |                                     |                 |                 |         |      |      |                 |      |     |                     |      |      |           |      |               |
| Inpatient Hospital Care<br>Facility Fee<br>Physician Fee   | 20%*<br>20%*         | 50%*<br>50%*             |                            |                      |                          |                             |                 |                 |                                     |                 |                 |         |      |      |                 |      |     |                     |      |      |           |      |               |
| Outpatient Procedures<br>Facility Fee<br>Physician Fee   | 20%*<br>20%*         | 50%*<br>50%*             |                            |                      |                          |                             |                 |                 |                                     |                 |                 |         |      |      |                 |      |     |                     |      |      |           |      |               |
|  |                      |                          |                            |                      |                          |                             |                 |                 |                                     |                 |                 |         |      |      |                 |      |     |                     |      |      |           |      |               |
| Emergency Room Services  | 20%*                 |                          |                            |                      |                          |                             |                 |                 |                                     |                 |                 |         |      |      |                 |      |     |                     |      |      |           |      |               |
| Emergency Medical Transportation   |                      | 20%*                     |                            |                      |                          |                             |                 |                 |                                     |                 |                 |         |      |      |                 |      |     |                     |      |      |           |      |               |
|  |                      |                          |                            |                      |                          |                             |                 |                 |                                     |                 |                 |         |      |      |                 |      |     |                     |      |      |           |      |               |
| Mental Health/Chemical Dependency - Inpatient  | 20%*                 | 50%*                     |                            |                      |                          |                             |                 |                 |                                     |                 |                 |         |      |      |                 |      |     |                     |      |      |           |      |               |
| Mental Health/Chemical Dependency - Office Visit   | 20%*                 | 50%*                     |                            |                      |                          |                             |                 |                 |                                     |                 |                 |         |      |      |                 |      |     |                     |      |      |           |      |               |
| <b>Summary of Pharmacy Benefits</b>  |                      |                          |                            |                      |                          |                             |                 |                 |                                     |                 |                 |         |      |      |                 |      |     |                     |      |      |           |      |               |
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| 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%*                 | 20%*                     |                            |                      |                          |                             |                 |                 |                                     |                 |                 |         |      |      |                 |      |     |                     |      |      |           |      |               |
| Preferred Brand  | 20%*                 | 20%                      |                            |                      |                          |                             |                 |                 |                                     |                 |                 |         |      |      |                 |      |     |                     |      |      |           |      |               |
| Non-Preferred Brand  | 50%*                 | 50%*                     |                            |                      |                          |                             |                 |                 |                                     |                 |                 |         |      |      |                 |      |     |                     |      |      |           |      |               |
| Specialty  | 20%*                 | Not Available            |                            |                      |                          |                             |                 |                 |                                     |                 |                 |         |      |      |                 |      |     |                     |      |      |           |      |               |
| <b>Recuro Benefits</b>   |                      |                          |                            |                      |                          |                             |                 |                 |                                     |                 |                 |         |      |      |                 |      |     |                     |      |      |           |      |               |
| General Consultations  | No Charge            |                          |                            |                      |                          |                             |                 |                 |                                     |                 |                 |         |      |      |                 |      |     |                     |      |      |           |      |               |

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

\* After deductible

healthEZ