

# Benefits Overview

Lake Area Discovery Center

# 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 40 years.

### Direct access to member support

#### Dedicated phone number

Lake Area Discovery Center has a dedicated phone number at 855-255-7060 that is answered by a real person between 8 a.m. and 5 p.m. CST.

#### Dedicated benefits website

You can use Lake Area Discovery Center's dedicated benefits website at [LADCBenefits.com](https://LADCBenefits.com) to learn about and manage your health plan. View your benefits, review pharmacy information, search to find a doctor and more.

You can set up a myHealthEZ account to access monthly statements, account balances, recently processed bills and HealthEZ's online payment system, EZpay.



**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, 8:00 am – 5:00 pm CST

Call **855-255-7060** or email  
**AskMe@CareAdvocacyCenter.com**





## 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 are a current HealthEZ member, please note that you will be receiving a new medical ID card after open enrollment has closed.

If you need a replacement card, log into to your myHealthEZ account and request a new card be printed and mailed, or download 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 download their ID card directly to their own devices.

## Your medical network is America's PPO.



### What is a medical network?

Your medical network is a group of healthcare providers. It includes doctors, specialists, 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 will always be 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 insurance plan pays. This is called balance billing.

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

Please visit [LADCBenefits.com](https://LADCBenefits.com), and click "Find a Doctor."





## 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. Visit [LADCBenefits.com](https://LADCBenefits.com) for more information on how to get started and to download the mail order forms.

### 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://WellDyne.com).



## Maternity support

Our Boost Your Baby program matches moms-to-be with a Mommy Mentor to support a healthy pregnancy. It's a non-clinical support system for future moms to use throughout their pregnancy. We promise to: provide good and honest information, be supportive when you need us, make life easy and simple (at least the parts we can), and respect mom & dad's wishes.

Benefits of program include monthly support from a mommy mentor, free breast pump and gifts.

Visit [boostyourbaby.com](https://boostyourbaby.com), or call 855-255-7060 to learn more.

## Care management

If you need a medical service like a surgery or hospital stay or your doctor diagnoses you with a complex medical condition, a HealthEZ nurse may contact you. The nurse will help you understand your treatment options, coordinate services among your doctors and ensure you have everything you need for a quick recovery and are receiving the right care in the right setting.

We provide tips to members living with chronic health conditions, like diabetes, hypertension and high cholesterol. We can also provide these members with referrals to healthcare providers. Our team of doctors and nurses believe that the key to lasting change is partnering with you to offer realistic advice and support.



## Preventive services

Your health plan covers preventive services at no charge to you. These include routine healthcare screenings and check-ups. Some examples are listed, but please see the link below for a full list of preventive services:

[www.healthcare.gov/preventive-care-benefits](http://www.healthcare.gov/preventive-care-benefits)

### Preventive services for adults

- Screenings for blood pressure, cholesterol, depression, diabetes, Hepatitis B and C, Lung cancer
- Counseling for alcohol misuse, STD prevention, tobacco cessation
- Immunizations for Hepatitis A and B, Herpes Zoster, HPV, Influenza, Measles, Meningococcal, Mumps

### Preventive services for women

- Screenings for anemia, breast cancer, cervical cancer, chlamydia, gestational diabetes, Osteoporosis
- Folic acid supplements for women who may become pregnant
- Contraception and sterilization procedures

### Preventive services for children

- Screenings for blood pressure, depression, hearing, Hepatitis B, HIV, obesity, vision
- Immunizations for Hepatitis A and B, Human Papillomavirus, Influenza, Measles, Rotovirus, Tetanus
- Assessments for alcohol and drug use, behavior, height, weight, body mass and oral health

# Manage your health benefits without all the headaches.

Download the free myHealthEZ app to view your benefits, manage and pay bills, get 24/7 support, locate care providers near you, and access your digital insurance card—right from your phone.



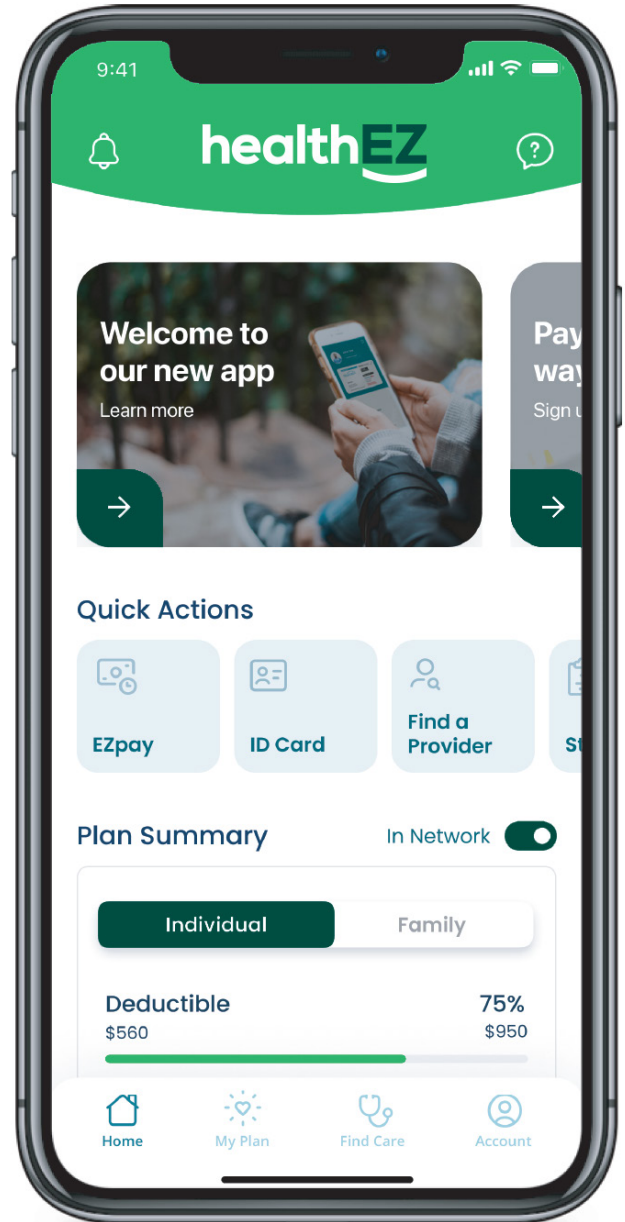
## Tap. Pay. Done.

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



## 24/7 help and support

Find answers faster with access to support materials, or by connecting with a member support representative.



## myHealthEZ Account

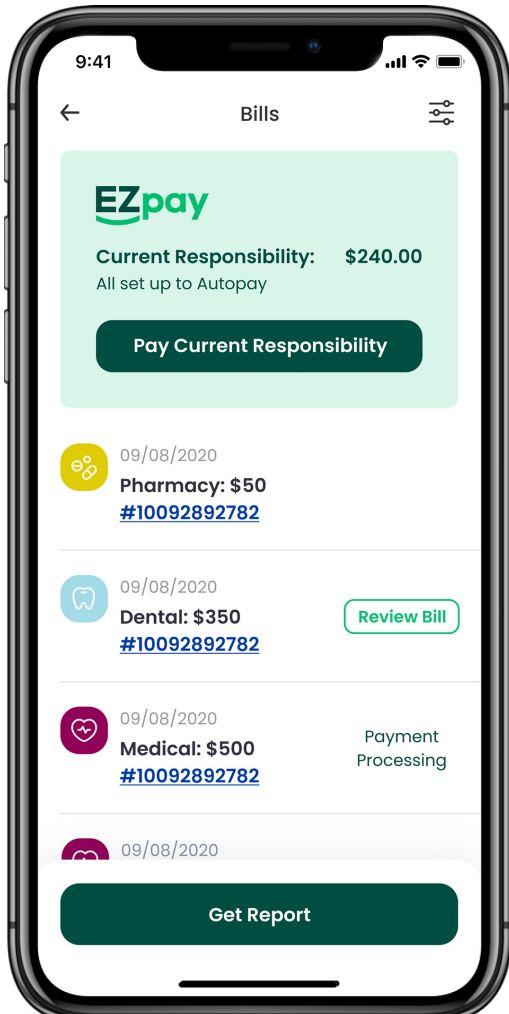
With or without the myHealthEZ app, you can manage your HealthEZ benefits on your preferred web browser as well. Visit [myHealthEZ.com](https://myHealthEZ.com) or [LADCBenefits.com](https://LADCBenefits.com) and click "Login."

If you have not registered an account with HealthEZ yet, enter in your credentials, choose a password, and click "Activate Your Account".

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







## 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, every time we process a bill of yours, we will send you an email asking you to approve the payment for the amount due.

EZpay will pay the bill by default if you do not respond to the email in:

- 2 business days for bills under \$250
- 5 business days for bills over \$250

EZpay will combine your payment with payment from your health insurance so that we pay your healthcare provider in full.

## 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.



## Summary of Medical Benefits

### Copay Plan 1 (\$500 Deductible Plan)

Calendar Year Accumulation	In-Network	Out-of-Network
<b>Embedded Deductible</b>		
Employee only	\$500	\$3,000
Family	\$1,500	\$9,000
<b>Coinsurance</b>	25%	50%
<b>Embedded Out-of-Pocket Maximum</b>		
Employee only	\$3,000	\$9,000
Family	\$6,000	\$18,000
<b>Recurio Telemedicine Services</b>	100% Covered	
<b>Preventive Care</b>	100% Covered	Not Covered
<b>Office Visits</b>		
Primary Services	\$25 Copay	Deductible, then 50% Coinsurance
Specialist Services	\$25 Copay	Deductible, then 50% Coinsurance
Walk In Clinics	\$25 Copay	Deductible, then 50% Coinsurance
Chiropractic Services	\$25 Copay	Deductible, then 50% Coinsurance
<b>Urgent Care Services</b>	\$25 Copay	Deductible, then 50% Coinsurance
<b>Emergency Services</b>		
Emergency Room	Deductible, then 25% Coinsurance	
Emergency Medical Transportation	Deductible, then 25% Coinsurance	
<b>Hospital Services</b>		
Inpatient Hospital Facility	Deductible, then 25% Coinsurance	Deductible, then 50% Coinsurance
Outpatient Surgery	Deductible, then 25% Coinsurance	Deductible, then 50% Coinsurance
<b>Diagnostic Testing &amp; Imaging</b>		
Labs	\$25 Copay	Deductible, then 50% Coinsurance
X-rays	\$25 Copay	Deductible, then 50% Coinsurance
CT/PET/MRI	Deductible, then 25% Coinsurance	Deductible, then 50% Coinsurance
<b>Mental Health/Chemical Dependency</b>		
Inpatient	Deductible, then 25% Coinsurance	Deductible, then 50% Coinsurance
Outpatient	\$25 Copay	Deductible, then 50% Coinsurance

## Summary of Pharmacy Benefits

Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	\$15 Copay	\$35 Copay
Preferred brand	\$50 Copay	\$125 Copay
Non-preferred brand	Deductible, then 50% Coinsurance	Deductible, then 50% Coinsurance
Generic and Preferred Specialty	Deductible, then 25% Coinsurance	Not Available
Non-Preferred Speciality	Deductible, then 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

### Copay Plan 2 (\$1,000 Deductible Plan)

	In-Network	Out-of-Network
<b>Calendar Year Accumulation Embedded Deductible</b>		
Employee only	\$1,000	\$3,000
Family	\$3,000	\$9,000
<b>Coinsurance</b>	25%	50%
<b>Embedded Out-of-Pocket Maximum</b>		
Employee only	\$3,500	\$9,000
Family	\$7,000	\$18,000
<b>Recurio Telemedicine Services</b>	100% Covered	
<b>Preventive Care</b>	100% Covered	Not Covered
<b>Office Visits</b>		
Primary Services	\$25 Copay	Deductible, then 50% Coinsurance
Specialist Services	\$25 Copay	Deductible, then 50% Coinsurance
Walk In Clinics	\$25 Copay	Deductible, then 50% Coinsurance
Chiropractic Services	\$25 Copay	Deductible, then 50% Coinsurance
<b>Urgent Care Services</b>	\$25 Copay	Deductible, then 50% Coinsurance
<b>Emergency Services</b>		
Emergency Room	Deductible, then 25% Coinsurance	
Emergency Medical Transportation	Deductible, then 25% Coinsurance	
<b>Hospital Services</b>		
Inpatient Hospital Facility	Deductible, then 25% Coinsurance	Deductible, then 50% Coinsurance
Outpatient Surgery	Deductible, then 25% Coinsurance	Deductible, then 50% Coinsurance
<b>Diagnostic Testing &amp; Imaging</b>		
Labs	\$25 Copay	Deductible, then 50% Coinsurance
X-rays	\$25 Copay	Deductible, then 50% Coinsurance
CT/PET/MRI	Deductible, then 25% Coinsurance	Deductible, then 50% Coinsurance
<b>Mental Health/Chemical Dependency</b>		
Inpatient	Deductible, then 25% Coinsurance	Deductible, then 50% Coinsurance
Outpatient	\$25 Copay	Deductible, then 50% Coinsurance

## Summary of Pharmacy Benefits

	Retail 30 Day Supply	Mail Order 90 Day Supply
<b>Prescription Drug Coverage</b>		
Generic	\$15 Copay	\$35 Copay
Preferred brand	\$50 Copay	\$125 Copay
Non-preferred brand	Deductible, then 50% Coinsurance	Deductible, then 50% Coinsurance
Generic and Preferred Specialty	Deductible, then 25% Coinsurance	Not Available
Non-Preferred Speciality	Deductible, then 50% Coinsurance	Not Available

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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

### Copay Plan 3 (\$3,000 Deductible Plan)

	In-Network	Out-of-Network
<b>Calendar Year Accumulation Embedded Deductible</b>		
Employee only	\$3,000	\$6,000
Family	\$3,500	\$18,000
<b>Coinsurance</b>	25%	50%
<b>Embedded Out-of-Pocket Maximum</b>		
Employee only	\$6,000	\$12,000
Family	\$12,000	\$24,000
<b>Recurio Telemedicine Services</b>	100% Covered	
<b>Preventive Care</b>	100% Covered	Not Covered
<b>Office Visits</b>		
Primary Services	\$45 Copay	Deductible, then 50% Coinsurance
Specialist Services	\$45 Copay	Deductible, then 50% Coinsurance
Walk In Clinics	\$45 Copay	Deductible, then 50% Coinsurance
Chiropractic Services	\$45 Copay	Deductible, then 50% Coinsurance
<b>Urgent Care Services</b>	\$45 Copay	Deductible, then 50% Coinsurance
<b>Emergency Services</b>		
Emergency Room	Deductible, then 25% Coinsurance	
Emergency Medical Transportation	Deductible, then 25% Coinsurance	
<b>Hospital Services</b>		
Inpatient Hospital Facility	Deductible, then 25% Coinsurance	Deductible, then 50% Coinsurance
Outpatient Surgery	Deductible, then 25% Coinsurance	Deductible, then 50% Coinsurance
<b>Diagnostic Testing &amp; Imaging</b>		
Labs	\$45 Copay	Deductible, then 50% Coinsurance
X-rays	\$45 Copay	Deductible, then 50% Coinsurance
CT/PET/MRI	Deductible, then 25% Coinsurance	Deductible, then 50% Coinsurance
<b>Mental Health/Chemical Dependency</b>		
Inpatient	Deductible, then 25% Coinsurance	Deductible, then 50% Coinsurance
Outpatient	\$45 Copay	Deductible, then 50% Coinsurance

## Summary of Pharmacy Benefits

	Retail 30 Day Supply	Mail Order 90 Day Supply
<b>Prescription Drug Coverage</b>		
Generic	\$15 Copay	\$35 Copay
Preferred brand	\$50 Copay	\$125 Copay
Non-preferred brand	Deductible, then 50% Coinsurance	Deductible, then 50% Coinsurance
Generic and Preferred Specialty	Deductible, then 25% Coinsurance	Not Available
Non-Preferred Speciality	Deductible, then 50% Coinsurance	Not Available

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

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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.



# Connect with us



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[LADCBenefits.com](http://LADCBenefits.com)



855-255-7060