

Benefits Overview

Atlantic Coast Enterprises,
LLC.

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

Atlantic Coast Enterprises, LLC 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 Atlanta Coast Enterprises, LLC's dedicated benefits website at [ACEMedicalBenefits.com](https://www.ACEMedicalBenefits.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 Cigna.



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 [ACEMedicalBenefits.com](https://www.ACEMedicalBenefits.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 [ACEMedicalBenefits.com](https://www.ACEMedicalBenefits.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://www.WellDyne.com).

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"

02

Enter your employer member ID

03

Create your username and password

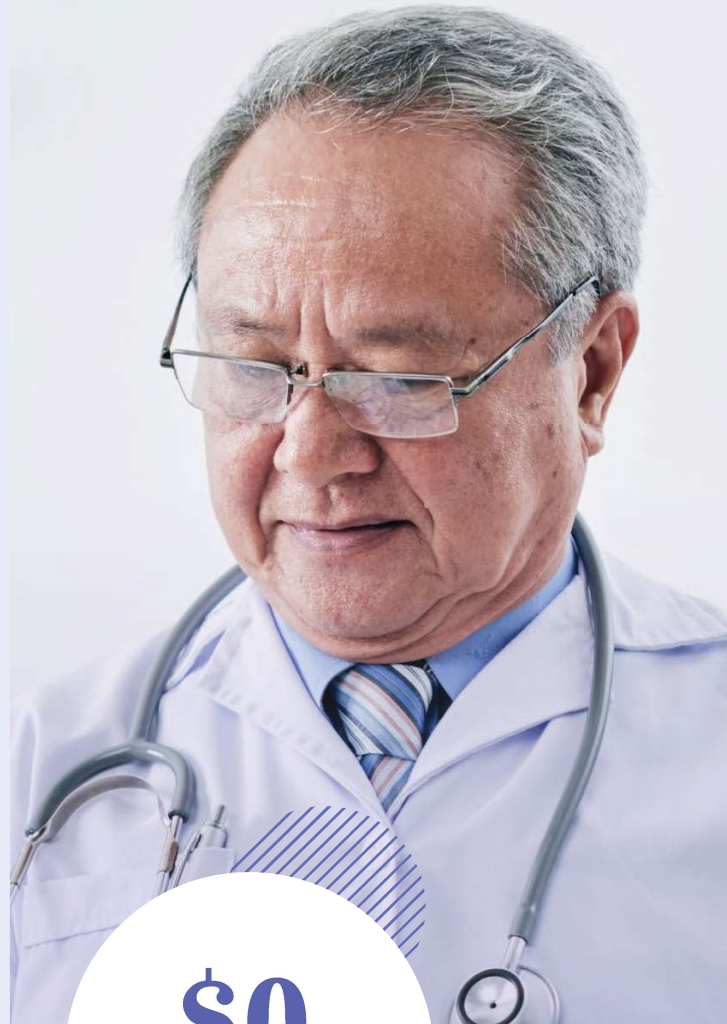
04

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 your family members with coverage through the Atlantic Coast Enterprises, LLC health plan.

Register at be.livongo.com/HEALTHEZ/register

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.



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, 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

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.



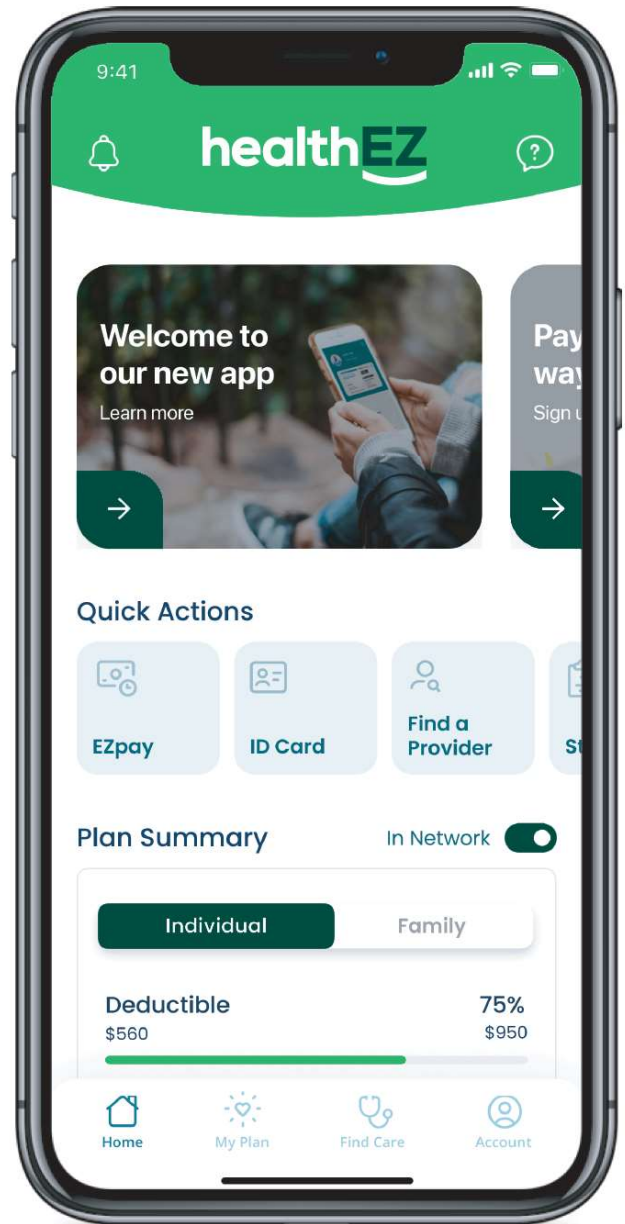
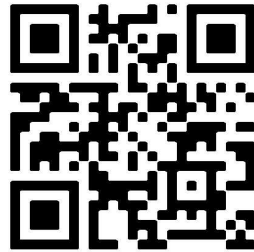
Tap. Pay. Done.

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.

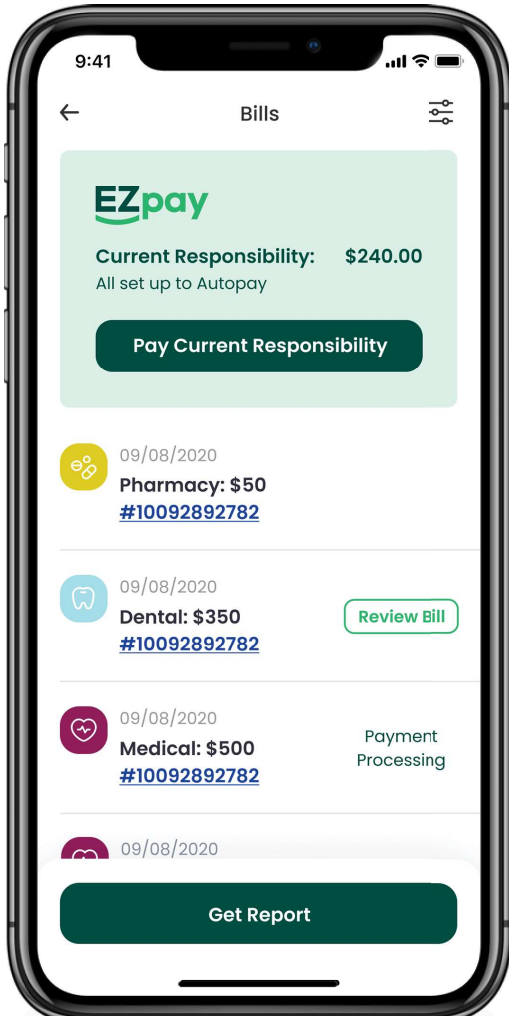


myHealthEZ Account

With or without the myHealthEZ app, you can manage your HealthEZ benefits on your preferred web browser as well. Visit myHealthEZ.com or ACEMedicalBenefits.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.

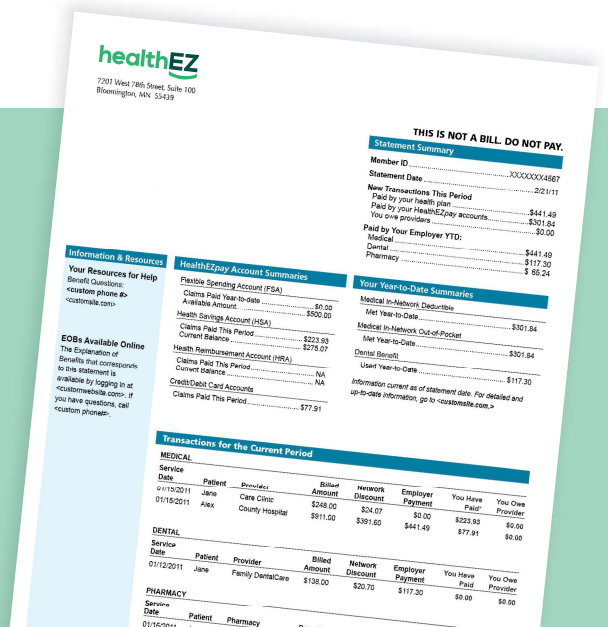
EZpay will pay the bill by default if you do not respond to the email in:

- 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 (Bronze)

	In-Network	Out-of-Network
Calendar Year Accumulation Embedded Deductible		
Individual only	\$5,000	\$10,000
Individual under Family	\$5,000	\$10,000
Family	\$10,000	\$20,000
Coinsurance	10%	20%
Embedded Out-of-Pocket Maximum		
Individual only	\$6,550	\$10,000
Individual under Family	\$6,550	\$10,000
Family	\$13,100	\$20,000
Recurio Telemedicine Services	No Charge	
Preventive Care	No Charge	20% Coinsurance after Deductible
Office Visits		
Primary Services	\$25 Copay	20% Coinsurance after Deductible
Specialist Services	\$35 Copay	20% Coinsurance after Deductible
Chiropractic Services	\$25 Copay	20% Coinsurance after Deductible
Urgent Care Services	\$50 Copay	20% Coinsurance after Deductible
Emergency Services		
Emergency Room	10% Coinsurance After Deductible	20% Coinsurance after Deductible
Emergency Medical Transportation	10% Coinsurance After Deductible	20% Coinsurance after Deductible
Hospital Services		
Inpatient Hospital Facility	10% Coinsurance After Deductible	20% Coinsurance after Deductible
Outpatient Surgery	\$800 Copay	20% Coinsurance after Deductible
Mental Health/Chemical Dependency		
Inpatient	10% Coinsurance after Deductible	20% Coinsurance after Deductible
Outpatient	\$25 Copay	20% Coinsurance after Deductible

Summary of Pharmacy Benefits

	Retail 30 Day Supply	Mail Order 90 Day Supply
Prescription Drug Coverage		
Generic	\$10 Copay	\$25 Copay
Preferred brand	\$30 Copay	\$75 Copay
Non-preferred brand	\$75 Copay	\$187.50 Copay
Specialty	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 (Platinum)

Calendar Year Accumulation	In-Network	Out-of-Network
Embedded Deductible		
Individual only	\$0	\$500
Individual under Family	\$0	\$1,500
Family	\$0	\$1,500
Coinsurance	0%	40%
Embedded Out-of-Pocket Maximum		
Individual only	\$1,500	\$3,000
Individual under Family	\$1,500	\$3,000
Family	\$3,000	\$6,000
Reuro Telemedicine Services	No Charge	
Preventive Care	No Charge	40% Coinsurance after Deductible
Office Visits		
Primary Services	No Charge	40% Coinsurance after Deductible
Specialist Services	\$10 Copay	40% Coinsurance after Deductible
Chiropractic Services	\$10 Copay	40% Coinsurance after Deductible
Urgent Care Services	\$20 Copay	40% Coinsurance after Deductible
Emergency Services		
Emergency Room	\$500 Copay	40% Coinsurance after Deductible
Emergency Medical Transportation	No Charge	40% Coinsurance after Deductible
Hospital Services		
Inpatient Hospital Facility	\$750 Copay	40% Coinsurance after Deductible
Outpatient Surgery	\$150 Copay	40% Coinsurance after Deductible
Mental Health/Chemical Dependency		
Inpatient	No Charge	40% Coinsurance after Deductible
Outpatient	\$10 Copay	40% Coinsurance after Deductible

Summary of Pharmacy Benefits

Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	\$10 Copay	\$25 Copay
Preferred brand	\$30 Copay	\$75 Copay
Non-preferred brand	\$75 Copay	\$187.50 Copay
Specialty	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 3 (Gold)

	In-Network	Out-of-Network
Calendar Year Accumulation Embedded Deductible		
Individual only	\$1,000	\$3,000
Individual under Family	\$1,000	\$3,000
Family	\$3,000	\$6,000
Coinsurance	20%	50%
Embedded Out-of-Pocket Maximum		
Individual only	\$3,500	\$7,000
Individual under Family	\$3,500	\$7,000
Family	\$7,000	\$14,000
Reuro Telemedicine Services	No Charge	
Preventive Care	No Charge	50% Coinsurance after Deductible
Office Visits		
Primary Services	\$10 Copay	50% Coinsurance after Deductible
Specialist Services	\$25 Copay	50% Coinsurance after Deductible
Chiropractic Services	\$25 Copay	50% Coinsurance after Deductible
Urgent Care Services	\$20 Copay	50% Coinsurance after Deductible
Emergency Services		
Emergency Room	\$500 Copay	50% Coinsurance after Deductible
Emergency Medical Transportation	20% Coinsurance After Deductible	50% Coinsurance after Deductible
Hospital Services		
Inpatient Hospital Facility	20% Coinsurance After Deductible	50% Coinsurance after Deductible
Outpatient Surgery	\$150 Copay	50% Coinsurance after Deductible
Mental Health/Chemical Dependency		
Inpatient	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient	\$25 Copay	50% Coinsurance after Deductible

Summary of Pharmacy Benefits

	Retail 30 Day Supply	Mail Order 90 Day Supply
Prescription Drug Coverage		
Generic	\$10 Copay	\$25 Copay
Preferred brand	\$30 Copay	\$75 Copay
Non-preferred brand	\$75 Copay	\$187.50 Copay
Specialty	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 4 (Silver)

Calendar Year Accumulation	In-Network	Out-of-Network
Embedded Deductible		
Individual only	\$3,000	\$6,000
Individual under Family	\$3,000	\$6,000
Family	\$9,000	\$18,000
Coinsurance	20%	50%
Embedded Out-of-Pocket Maximum		
Individual only	\$6,350	\$15,000
Individual under Family	\$6,350	\$15,000
Family	\$12,700	\$30,000
Recurro Telemedicine Services	No Charge	
Preventive Care	No Charge	50% Coinsurance after Deductible
Office Visits		
Primary Services	\$10 Copay	50% Coinsurance after Deductible
Specialist Services	\$25 Copay	50% Coinsurance after Deductible
Chiropractic Services	\$10 Copay	50% Coinsurance after Deductible
Urgent Care Services	\$50 Copay	50% Coinsurance after Deductible
Emergency Services		
Emergency Room	\$500 Copay	50% Coinsurance after Deductible
Emergency Medical Transportation	20% Coinsurance After Deductible	50% Coinsurance after Deductible
Hospital Services		
Inpatient Hospital Facility	20% Coinsurance After Deductible	50% Coinsurance after Deductible
Outpatient Surgery	\$300 Copay	50% Coinsurance after Deductible
Mental Health/Chemical Dependency		
Inpatient	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient	\$10 Copay	50% Coinsurance after Deductible

Summary of Pharmacy Benefits

Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	\$10 Copay	\$25 Copay
Preferred brand	\$30 Copay	\$75 Copay
Non-preferred brand	\$75 Copay	\$187.50 Copay
Specialty	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.

Connect with us



AskMe@CareAdvocacyCenter.com
ACEMedicalBenefits.com



855-255-7060