Benefits Overview

REO Plastics Inc.

healthEZ

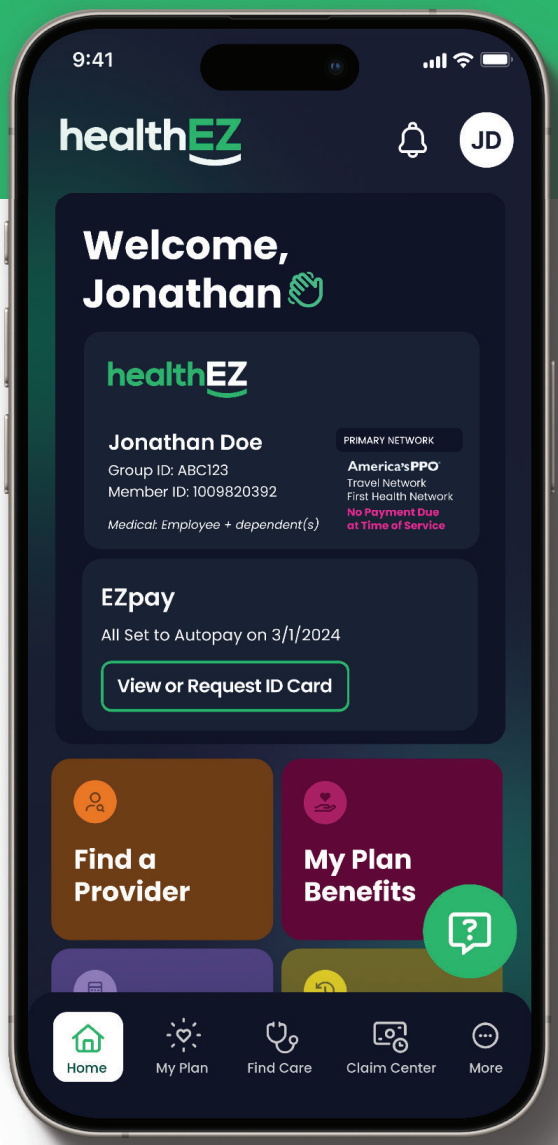
Welcome!

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.

healthEZ

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

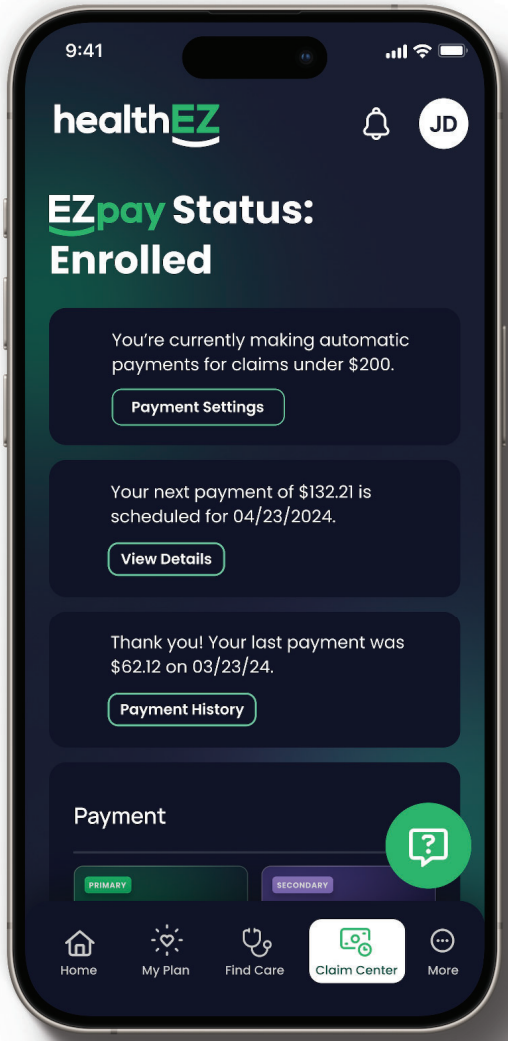
EZchoice makes provider choice easy and medical costs transparent so you can be confident that you are not overspending on your medical care.

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



EZpay

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.

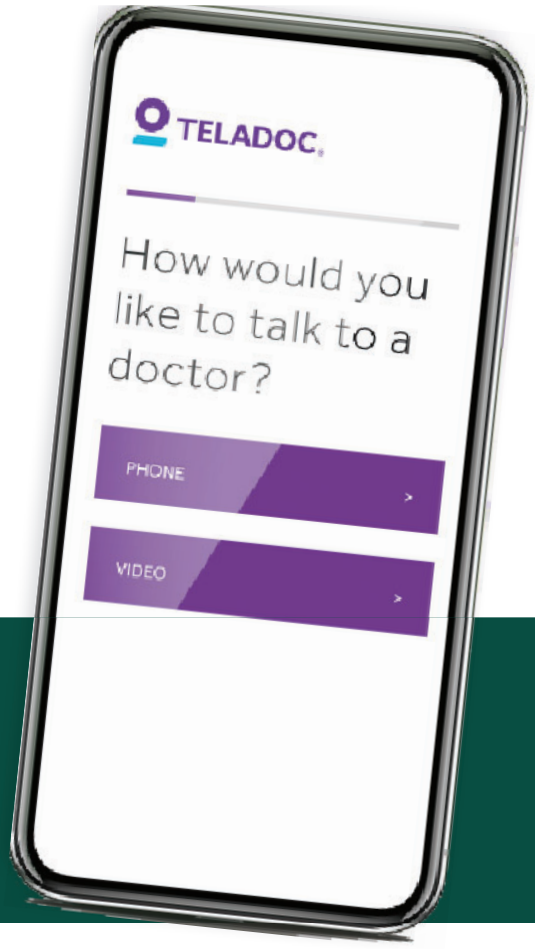
HealthEZ offers maternity support by providing education and resources to promote a healthy pregnancy through postpartum.

- 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

TELADOC™

You've got Teladoc virtual health!

All members have access to virtual health appointments with a licensed physician through Teladoc telemedicine services. This benefit can save you a trip to the clinic. There's no need for waiting rooms or travel or taking time off from work. Simply use your computer or smartphone to connect with your doctor.



Visit Teladoc.com or call 1-800-Teladoc to contact a doctor.

Talk to a doctor anytime, anywhere.

General consultations

General consultations are unlimited, and doctors are available every day and at all times (24/7/365). Doctors can consult, diagnose and prescribe medications for things like:

- Allergies
- Upper respiratory infections
- Earaches
- Pink eye
- Urinary tract infections

Mental health services

With Teladoc's mental health services, you can talk to a therapist or psychiatrist from the privacy of your home or anywhere you feel comfortable. Simply pick a provider to speak to and choose a time that is convenient for you.

Teladoc therapists can treat:

- Anxiety
- Depression
- Stress/PTSD
- Panic disorder
- Family & marriage issues

Dermatology care

If you're having problems with your skin, Teladoc Dermatology can help. Instead of waiting weeks to get an appointment at a dermatology clinic, you can get a diagnosis and treatment plan in as quick as two business days.

Teladoc's dermatologists treat a wide variety of skin conditions, including:

- Psoriasis
- Acne
- Moles
- Rosacea

Teladoc HEALTH | Livongo®

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.

healthEZ

Medical ID cards

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

If you select an Elite plan, your medical network is America's PPO Elite Network.

If you select another plan, Your medical network is America's PPO or PHCS.

America's PPO Elite Network

America's PPO

PHCS

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 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 insurance 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 Prime Therapeutics.

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 Prime Therapeutics Home, Prime Therapeutics' mail service pharmacy. Visit your dedicated Benefits website for more information on how to get started and to download the Prime Therapeutics Home mail service forms.

What is Step Therapy and Prior Authorization?

Step Therapy is a program that requires members to initially try preferred, medically proven and less expensive prescription drugs before "stepping up" to more expensive drugs.

Prior Authorizations promotes the use of safe, effective and reasonably-priced drug therapy. Your healthcare provider is required to provide medical information to determine coverage.

For questions on Step Therapy or your Prior Authorization, contact Prime Therapeutics at 800-424-5828.

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 PrimeTherapeutics.com.

Prime Therapeutics Member Portal

Access your prescription history, schedule a refill and more! Visit PrimeTherapeutics.com and select Member Portal. If it's your first time on the site, you will need to complete the one-time registration process.

To register, fill out the registration form. Click on confirmation link sent to the email you registered with within 24 hours (*if you don't click on the link within 24 hours you will need to re-register*). The link will take you to the member login page and will complete your registration.

Summary of Medical Benefits

America's PPO Copay Plan (Copay)

Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
Deductible		
Individual Coverage	$2,500	$5,000
Individual under Family Coverage	$2,500	$5,000
Family Coverage	$7,500	$15,000
Out-of-Pocket Maximum		
Individual Coverage	$5,000	$15,000
Individual under Family Coverage	$5,000	$15,000
Family Coverage	$10,000	$30,000
Preventive Care Services	No Charge	50%*
Primary Office Visit	$25 Copay	50%*
Specialist Office Visit	$25 Copay	50%*
Chiropractic Visit	$25 Copay	50%*
Urgent Care Services	$25 Copay	$25 Copay
Complex Imaging: MRI/CT/PET Scans	25%*	50%*
Inpatient Hospital Care Facility Fee Physician Fee	 25%* 25%*	 50%* 50%*
Outpatient Procedures Facility Fee Physician Fee	 25%* 25%*	 50%* 50%*
Emergency Room Services	25%*	
Emergency Medical Transportation	25%*	
Mental Health/Chemical Dependency - Inpatient	25%*	50%*
Mental Health/Chemical Dependency - Office Visit	$25 Copay	50%*

Summary of Pharmacy Benefits

Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	$12 Copay	$24 Copay
Preferred Brand	$50 Copay	$100 Copay
Non-Preferred Brand	$90 Copay	$180 Copay
Specialty	Not covered	Not covered

Teladoc Benefits

General Consultations	$10 Copay
Dermatology	$10 Copay
Mental Health - Therapist	$10 Copay
Mental Health - Psychiatrist, Initial Evaluation	$10 Copay
Mental Health - Psychiatrist, Ongoing Session	$10 Copay

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

* Coinsurance after deductible

Summary of Medical Benefits

America's PPO 0% Coinsurance Plan (HSA1)

Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
Deductible		
Individual Coverage	$3,500	$7,000
Individual under Family Coverage	$3,500	$7,000
Family Coverage	$7,000	$14,000
Out-of-Pocket Maximum		
Individual Coverage	$3,500	$10,500
Individual under Family Coverage	$3,500	$10,500
Family Coverage	$7,000	$21,000
Preventive Care Services	No Charge	50%*
Primary Office Visit	0%*	50%*
Specialist Office Visit	0%*	50%*
Chiropractic Visit	0%*	50%*
Urgent Care Services	0%*	50%*
Complex Imaging: MRI/CT/PET Scans	0%*	50%*
Inpatient Hospital Care Facility Fee Physician Fee	 0%* 0%*	 50%* 50%*
Outpatient Procedures Facility Fee Physician Fee	 0%* 0%*	 50%* 50%*
Emergency Room Services	0%*	
Emergency Medical Transportation	0%*	
Mental Health/Chemical Dependency - Inpatient	0%*	50%*
Mental Health/Chemical Dependency - Office Visit	0%*	50%*

Summary of Pharmacy Benefits

Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	0%*	0%*
Preferred Brand	0%*	0%*
Non-Preferred Brand	0%*	0%*
Specialty	Not Covered	Not Covered

Teladoc Benefits

General Consultations	$10 Copay
Dermatology	$10 Copay
Mental Health - Therapist	$10 Copay
Mental Health - Psychiatrist, Initial Evaluation	$10 Copay
Mental Health - Psychiatrist, Ongoing Session	$10 Copay

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

* Coinsurance after deductible

Summary of Medical Benefits

America's PPO 25% Coinsurance Plan (HSA2)

Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
Deductible		
Individual Coverage	$3,500	$7,000
Individual under Family Coverage	$3,500	$7,000
Family Coverage	$7,000	$14,000
Out-of-Pocket Maximum		
Individual Coverage	$6,500	$19,500
Individual under Family Coverage	$6,500	$19,500
Family Coverage	$13,000	$39,000
Preventive Care Services	No Charge	50%*
Primary Office Visit	25%*	50%*
Specialist Office Visit	25%*	50%*
Chiropractic Visit	25%*	50%*
Urgent Care Services	25%*	50%*
Complex Imaging: MRI/CT/PET Scans	25%*	50%*
Inpatient Hospital Care Facility Fee Physician Fee	 25%* 25%*	 50%* 50%*
Outpatient Procedures Facility Fee Physician Fee	 25%* 25%*	 50%* 50%*
Emergency Room Services	25%*	
Emergency Medical Transportation	25%*	
Mental Health/Chemical Dependency - Inpatient	25%*	50%*
Mental Health/Chemical Dependency - Office Visit	25%*	50%*

Summary of Pharmacy Benefits

Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	25%*	25%*
Preferred Brand	25%*	25%*
Non-Preferred Brand	45%*	45%*
Specialty	Not Covered	Not Covered

Teladoc Benefits

General Consultations	$10 Copay
Dermatology	$10 Copay
Mental Health - Therapist	$10 Copay
Mental Health - Psychiatrist, Initial Evaluation	$10 Copay
Mental Health - Psychiatrist, Ongoing Session	$10 Copay

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

* Coinsurance after deductible

Summary of Medical Benefits

America's PPO Elite Copay Plan (ELITE COPAY)

Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
Deductible		
Individual Coverage	$2,500	$5,000
Individual under Family Coverage	$2,500	$5,000
Family Coverage	$7,500	$15,000
Out-of-Pocket Maximum		
Individual Coverage	$5,000	$15,000
Individual under Family Coverage	$5,000	$15,000
Family Coverage	$10,000	$30,000
Preventive Care Services	No Charge	50%*
Primary Office Visit	$25 Copay	50%*
Specialist Office Visit	$25 Copay	50%*
Chiropractic Visit	$25 Copay	50%*
Urgent Care Services	$25 Copay	50%*
Complex Imaging: MRI/CT/PET Scans	25%*	50%*
Inpatient Hospital Care Facility Fee Physician Fee	 25%* 25%*	 50%* 50%*
Outpatient Procedures Facility Fee Physician Fee	 25%* 25%*	 50%* 50%*
Emergency Room Services	25%*	
Emergency Medical Transportation	25%*	
Mental Health/Chemical Dependency - Inpatient	25%*	50%*
Mental Health/Chemical Dependency - Office Visit	$25 Copay	50%*

Summary of Pharmacy Benefits

Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	$12 Copay	$24 Copay
Preferred Brand	$50 Copay	$100 Copay
Non-Preferred Brand	$90 Copay	$180 Copay
Specialty	Not Covered	Not Covered

Teladoc Benefits

General Consultations	$10 Copay
Dermatology	$10 Copay
Mental Health - Therapist	$10 Copay
Mental Health - Psychiatrist, Initial Evaluation	$10 Copay
Mental Health - Psychiatrist, Ongoing Session	$10 Copay

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

* Coinsurance after deductible

Summary of Medical Benefits

America's PPO Elite 0% Coinsurance Plan (ELITE HSA1)

Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
Deductible		
Individual Coverage	$3,500	$7,000
Individual under Family Coverage	$3,500	$7,000
Family Coverage	$7,000	$14,000
Out-of-Pocket Maximum		
Individual Coverage	$3,500	$10,500
Individual under Family Coverage	$3,500	$10,500
Family Coverage	$7,000	$21,000
Preventive Care Services	No Charge	50%*
Primary Office Visit	0%*	50%*
Specialist Office Visit	0%*	50%*
Chiropractic Visit	0%*	50%*
Urgent Care Services	0%*	50%*
Complex Imaging: MRI/CT/PET Scans	0%*	50%*
Inpatient Hospital Care Facility Fee Physician Fee	 0%* 0%*	 50%* 50%*
Outpatient Procedures Facility Fee Physician Fee	 0%* 0%*	 50%* 50%*
Emergency Room Services	0%*	
Emergency Medical Transportation	0%*	
Mental Health/Chemical Dependency - Inpatient	0%*	50%*
Mental Health/Chemical Dependency - Office Visit	0%*	50%*

Summary of Pharmacy Benefits

Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	0%*	0%*
Preferred Brand	0%*	0%*
Non-Preferred Brand	0%*	0%*
Specialty	Not Covered	Not Covered

Teladoc Benefits

General Consultations	$10 Copay
Dermatology	$10 Copay
Mental Health - Therapist	$10 Copay
Mental Health - Psychiatrist, Initial Evaluation	$10 Copay
Mental Health - Psychiatrist, Ongoing Session	$10 Copay

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

* Coinsurance after deductible

Summary of Medical Benefits

America's PPO Elite 25% Coinsurance Plan (ELITE HSA2)

Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
Deductible		
Individual Coverage	$3,500	$7,000
Individual under Family Coverage	$3,500	$7,000
Family Coverage	$7,000	$14,000
Out-of-Pocket Maximum		
Individual Coverage	$6,500	$19,500
Individual under Family Coverage	$6,500	$19,500
Family Coverage	$13,000	$39,000
Preventive Care Services	No Charge	50%*
Primary Office Visit	25%*	50%*
Specialist Office Visit	25%*	50%*
Chiropractic Visit	25%*	50%*
Urgent Care Services	25%*	50%*
Complex Imaging: MRI/CT/PET Scans	25%*	50%*
Inpatient Hospital Care Facility Fee Physician Fee	 25%* 25%*	 50%* 50%*
Outpatient Procedures Facility Fee Physician Fee	 25%* 25%*	 50%* 50%*
Emergency Room Services	25%*	
Emergency Medical Transportation	25%*	
Mental Health/Chemical Dependency - Inpatient	25%*	50%*
Mental Health/Chemical Dependency - Office Visit	25%*	50%*

Summary of Pharmacy Benefits

Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	25%*	25%*
Preferred Brand	25%*	25%*
Non-Preferred Brand	45%*	45%*
Specialty	Not Covered	Not Covered

Teladoc Benefits

General Consultations	$10 Copay
Dermatology	$10 Copay
Mental Health - Therapist	$10 Copay
Mental Health - Psychiatrist, Initial Evaluation	$10 Copay
Mental Health - Psychiatrist, Ongoing Session	$10 Copay

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

* Coinsurance after deductible

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