Benefits Overview

Accend Services, Inc.

Dedicated Website

AccendServicesBenefits.com

Dedicated Phone Number

844-449-5546

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.

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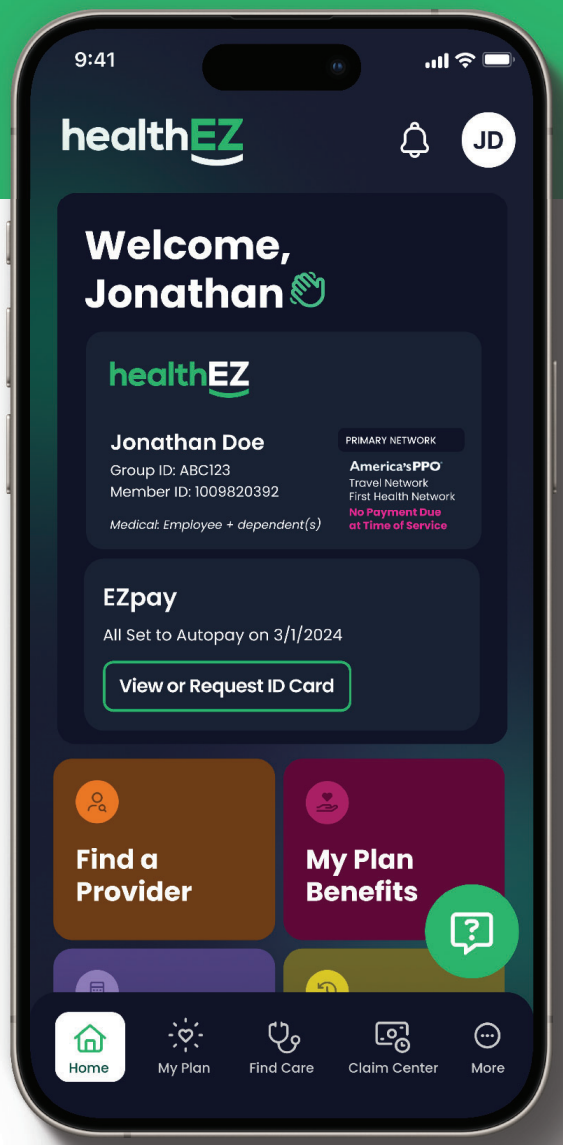
Manage your health benefits without all the headaches



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

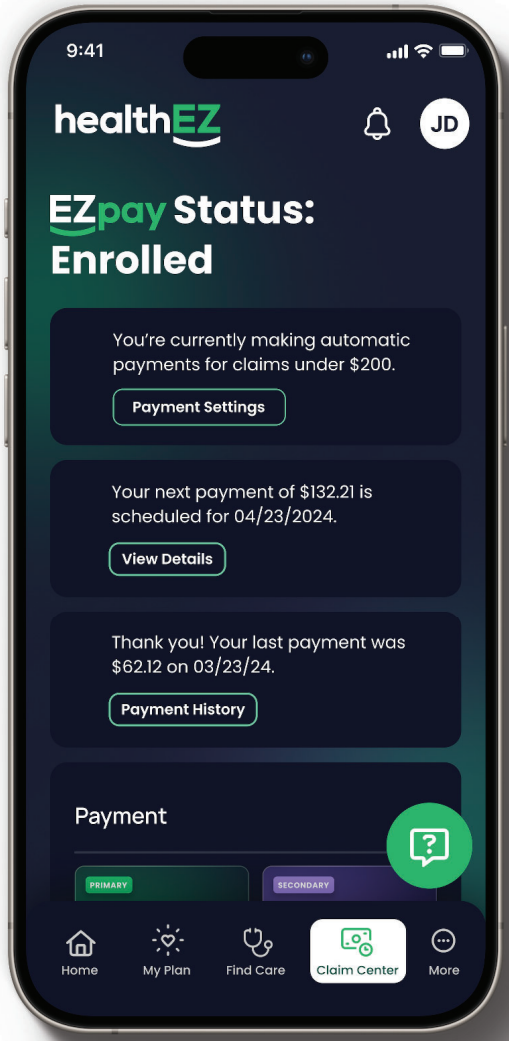
EZchoice makes provider choice easy and medical costs transparent so you can be confident that you are not overspending on your medical care.

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.

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7201 West 78th Street, Suite 100
Bloomington, MN 55439

THIS IS NOT A BILL. DO NOT PAY.

Statement Summary

Member ID XXXXXXX4567
Statement Date 3/21/11

New Transactions This Period
Paid by your health plan $441.49
Paid by your HealthEZpay accounts $301.84
You owe providers $0.00

Paid by Your Employer YTD:
Medical $441.49
Dental $117.30
Pharmacy ..... $ 65.24

Information & Resources

Your Resources for Help
Benefit Questions:
<custom phone #>
<customsite.com>

EOBs Available Online
The Explanation of Benefits that corresponds to this statement is available by logging in at <customwebsite.com>. If you have questions, call <custom phone#>.

HealthEZpay Account Summaries

Flexible Spending Account (FSA)
Claims Paid Year-to-date $0.00
Available Amount $500.00

Health Savings Account (HSA)
Claims Paid This Period $223.93
Current Balance $279.07

Health Reimbursement Account (HRA)
Claims Paid This Period ..... NA
Current Balance ..... NA

Credit/Debit Card Accounts
Claims Paid This Period $77.91

Your Year-to-Date Summaries

Medical In-Network Deductible
Met Year-to-Date $301.84

Medical In-Network Out-of-Pocket
Met Year-to-Date $301.84

Dental Benefit
Used Year-to-Date $117.30

Information current as of statement date. For detailed and up-to-date information, go to <customsite.com.>

Transactions for the Current Period

MEDICAL

Service Date	Patient	Provider	Billed Amount	Network Discount	Employer Payment	You Have Paid*	You Owe Provider
01/15/2011	Jane	Care Clinic	$248.00	$24.07	$0.00	$223.93	$0.00
01/15/2011	Alex	County Hospital	$911.00	$391.60	$441.49	$77.91	$0.00

DENTAL

Service Date	Patient	Provider	Billed Amount	Network Discount	Employer Payment	You Have Paid	You Owe Provider
01/12/2011	Jane	Family DentalCare	$138.00	$20.70	$117.30	$0.00	$0.00

PHARMACY

Service Date	Patient	Pharmacy	Drug Name
01/16/2011	Jane		

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

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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 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 America's PPO.

Your medical travel network is PHCS.

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 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

Three for Free Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
Deductible		
Individual Coverage	$1,500	$4,500
Family Coverage	$4,500	$13,500
Out-of-Pocket Maximum		
Individual Coverage	$4,500	$27,000
Family Coverage	$9,000	$54,000
Preventive Care Services	No Charge	50%*
Primary Office Visit	First 3 visits: No Charge Additional Visits: 25%*	50%*
Specialist Office Visit	First 3 visits: No Charge Additional Visits: 25%*	50%*
Chiropractic Visit	25%*	50%*
Urgent Care Services	First 3 visits: No Charge Additional Visits: 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%*	50%*
Emergency Medical Transportation**	25%*	50%*
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
Expanded Preventative	No Charge	Not Available
Generic	$15 Copay	$30 Copay
Preferred Brand	$50 Copay	$100 Copay
Non-Preferred Brand	$100 Copay	$200 Copay
Specialty	25% up to $500 per Prescription	Not Available

Note: Three for Free Services are combined, and per family member
Note: Please refer to your Summary Plan Description for actual coverage, limitation, and exclusion provisions.
* Coinsurance after deductible ** Covered as in-network in true-emergency *** Initial Outpatient Mental Health /Chemical Dependency Visit is covered at 100%, and does not count towards the Three for Free visits.

Summary of Medical Benefits

HSA 1 Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
Deductible		
Individual Coverage	$3,400	$9,000
Family Coverage	$6,000	$18,000
Out-of-Pocket Maximum		
Individual Coverage	$3,400	$27,000
Family Coverage	$6,000	$54,000
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%*	50%*
Emergency Medical Transportation**	0%*	50%*
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
Expanded Preventative	No Charge	Not Available
Generic	0%*	0%*
Preferred Brand	0%*	0%*
Non-Preferred Brand	0%*	0%*
Specialty	0%*	Not Available

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

* Coinsurance after deductible
** Covered as in-network in true-emergency
*** Initial Outpatient Mental Health /Chemical Dependency Visit is covered at 100%

Summary of Medical Benefits

HSA 2 Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
Deductible		
Individual Coverage	$6,350	$19,500
Family Coverage	$12,700	$38,100
Out-of-Pocket Maximum		
Individual Coverage	$6,350	$38,100
Family Coverage	$12,700	$76,200
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%*	50%*
Emergency Medical Transportation**	0%*	50%*
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
Expanded Preventative	No Charge	Not Available
Generic	0%*	0%*
Preferred Brand	0%*	0%*
Non-Preferred Brand	0%*	0%*
Specialty	0%*	Not Available

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

* Coinsurance after deductible
** Covered as in-network in true-emergency
*** Initial Outpatient Mental Health /Chemical Dependency Visit is covered at 100%

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