

HEALTHEZ

EZ  
SPD



## INTRODUCTION

HealthEZ welcomes you to the Cappadonna Medical Plan. This is your EZ-SPD®. It summarizes your health benefits in EZ to understand language. For your complete SPD, go to [www.CECbenefits.com](http://www.CECbenefits.com).

The next few pages explain how your health plan works. Please call **844-204-3759** if you have questions.



The purpose of your plan is to take care of you and your family and help reduce the costs of an injury or sickness to you. Please don't hesitate to call us if you have any questions!

## HOW TO USE YOUR PLAN

Your Summary of Benefits and Coverage ([www.CECbenefits.com/formlibrary/](http://www.CECbenefits.com/formlibrary/)), lays out what services are covered in your **Form Library** and how much you will pay for each. Before scheduling an appointment, call **844-204-3759** check your benefits for exclusions or service limitations in your **Form Library**.

We highly recommend using only **In-Network Providers**. View them herein your **Form Library**. In-Network Providers are doctors and hospitals that have special contracts with us. They have agreed to charge reduced fees to our members, which means less money out of your pocket at the end of the day.

Depending on your plan, you may be able to use a Health Savings Account (**HSA**) for medical expenses. An HSA empowers you to pay for your medical care with pre-tax dollars; a big savings to you. View HSA info on your **Form Library**.



## CARE MANAGEMENT

This program helps you and your family receive the optimal health care. Remember, in the long run, high-quality care is cheaper than low quality care. Please let us help you. Call us at least 48 hours before these services:

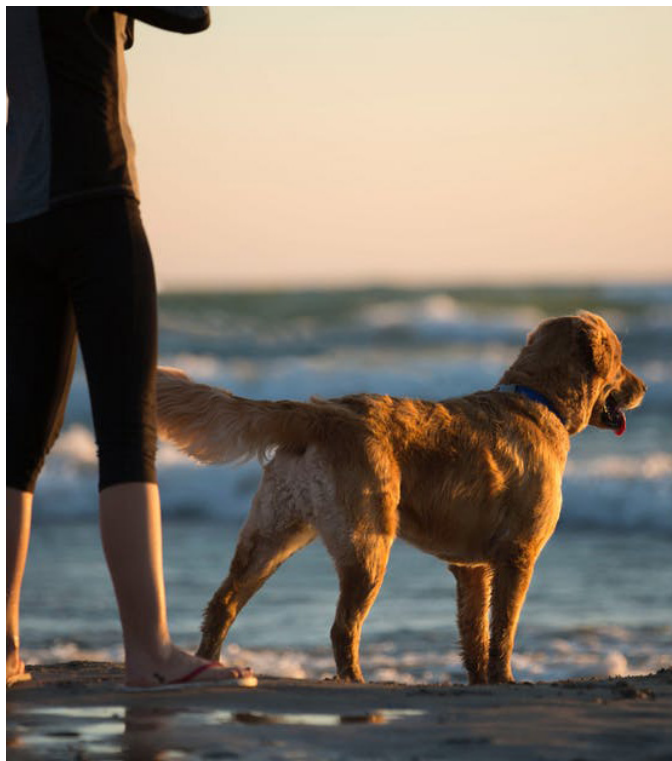
- Hospital visits
- Outpatient visits
- Skilled Nursing
- High cost drugs
- Durable medical equipment (DME)
- High tech radiology scans

We understand that sometimes there are emergencies. If you or a family member need to use an ambulance or emergency hospital services, get safe first, and then call us as soon as possible.

### Second and/or Third Opinion

Any surgery may get a second opinion. We especially recommend you get a second opinion before electing any of these:

- Lumbar Surgery
- Neurosurgery
- Surgery to your knee, shoulder, or elbow



## BOOST YOUR BABY

Are you expecting? Call us! We are very proud of our [Boost Your Baby](#) program. A Mommy Mentor will contact the expectant mother to identify any special concerns. They will call or email monthly to answer questions and provide support. This is an exciting time, but comes with a lot of questions! We want to be there for you with learning materials and a listening ear. Your mommy mentor will keep in touch with you up to six months after the birth of your child to help you adapt to and care for your growing family.



## ELIGIBILITY, EFFECTIVE DATE AND TERMINATION

If you are a full-time Employee, you can join this plan on the first day of the month following 60 days of employment.

If you are not a full-time employee, but averaged 30 Hours of work per week or 130 Hours per month, you can join this plan upon completion of a Measurement Period. You must complete an enrollment application in order to join.



**The following family members can receive coverage as dependents under your plan: Spouse, children, and common law spouse**

In addition to the Annual Open Enrollment, an event such as birth, marriage, or adoption, may allow you to **enroll in coverage**. Your request must be made within 31 days of the qualifying event.

A **newborn** child must be enrolled in your Plan within 31 days of birth. This is very important to make sure that costs associated with the birth are covered. A new baby is an exciting addition to your family. Don't let insurance issues dampen your joy!



If you leave your job or have your hours reduced or are unable to work because of disability, leave of absence or layoff, you can decide to remain on this plan for up to 18 months under **COBRA**. Even though you have 60 days after you lose regular coverage to elect in writing that you want **COBRA** coverage, please complete the election form as soon as possible.

## TYPE OF ADMINISTRATION

Your Plan is a self-funded group health plan. HealthEZ provides the plan with administrative services. HealthEZ has sole, full, and final decision-making authority over all benefits of your plan.

## OUR RESPONSIBILITIES

**HealthEZ** is your plan administrator. We will decide any disputes related to plan interpretation and coverage rights. We also process all of your claims and keep your plan documents up to date. You can view your own information at [www.myhealthez.com](http://www.myhealthez.com).

This plan is subject to the Employee Retirement Income Security Act (ERISA). Under ERISA, you have the right to review your **full plan document**. View it here: [www.CECbenefits.com/formlibrary/](http://www.CECbenefits.com/formlibrary/). If we decide to deny a claim, you have the right to appeal it within 180 days and to view any documents that helped us make our decision.

If plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may go to the U.S. Department of Labor, or file suit in a federal court.

## CONCLUSION

**We are here to serve you. Please call us if we can help with any questions!**





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