

A person with a backpack is seen from behind, standing in a field of tall, golden-brown grass. They are looking towards a bright sun in a forest, creating a lens flare effect. The scene is framed by a white border.

Benefit

Overview

HEALTHEZ



WELCOME!

HealthEZ is proud to serve as your benefits administrator. We help companies all over the US provide custom, personalized benefits to their employees. We're here to make your life easier! We are a family-owned business serving families like yours for over 35 years.

Your employer selected HealthEZ because we are truly a different kind of health care company. We understand health insurance can be very complicated, and it's our goal to help you navigate the health care maze.

We are here to serve you!

We start by having human beings answer our phones; no computers or phone trees. We are here to listen and help you if you're sick or just have a simple question about your benefits. You have one dedicated phone number to call-no matter what you need.

We provide you with a simple online statement once a month – making it easy for you to understand what your doctor billed, what your insurance paid, and what you owe. You can even pay your bill online!

HealthEZ doesn't serve clients; we serve people. We are here to take care of you.



Effective 7/1/2020 • AMTBenefits.com • 844-449-5545

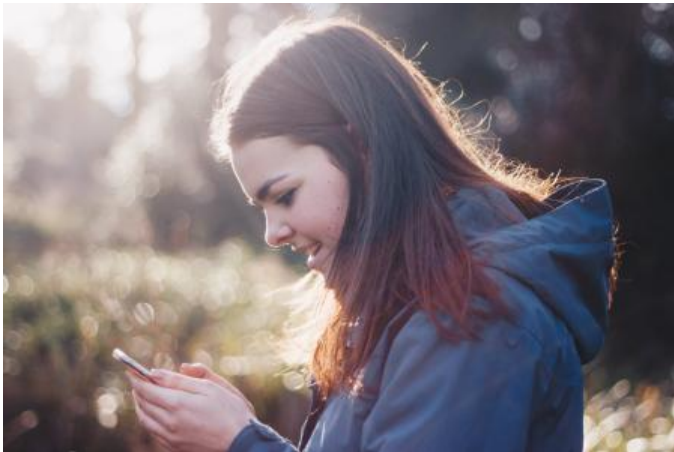


PERSONALIZED PHONE NUMBER

Advance Manufacturing Technology has a dedicated phone number at 844-449-5545 that is answered between the hours of 8 A.M. and 7 P.M. Central Time. No phone trees! After business hours, simply press "3" to reach our 24/7 help line.

24/7 HELP LINE

You have 24/7 access to HealthEZ's team of experienced nurses and doctors. Have a health-related question or need help finding the right doctor? Give us a call at 844-449-5545 We would love to help you!

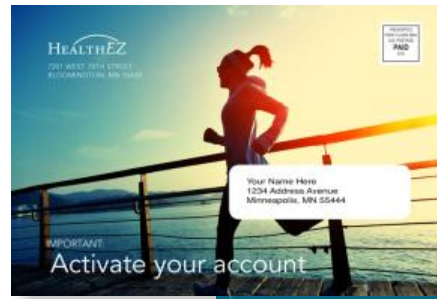


PERSONALIZED BENEFITS WEBSITE

Advance Manufacturing Technology has a dedicated benefits website at AMTBenefits.com where you will be able to view all information relating to your health plan. Everything you need, all in one place!

Before you setup your online account you will be able to view the benefits covered under your plan, pharmacy information, search for a doctor, view the Form Library, and much more!

Once you receive your ID card, you'll be able to set up your online account. After your account is active, you can view all your information about your benefits, including your statements, account balances, recently processed bills, and your EZpay accounts.



Keep an eye out for this HealthEZ mailer containing your ID card!



Effective 1/1/2020 • benefits.com • 844-449-5545





EZPay is a free medical payment service which allows you to pay your medical bills from your own credit card or debit card - simply, easily, and safely.

Sign up from your custom benefits site!

1. Login or create an account by clicking "Activate your account" on the login page.
2. Click on "EZpay Accounts" located in the menu.
3. Add your card of choice by filling in the information then click "Submit" to start enjoying the benefits of Auto-Pay with HealthEZ.

You will receive an email once a bill is processed, and will be asked to approve payment if you owe money.

EZPay will pay by default if you do not respond in:

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

EZPay will combine your payment with any medical plan payments so your provider is paid in full.

ONE SIMPLE STATEMENT

HealthEZ provides all of your expenses in one document. The consolidated monthly statement provides a level of straight forward convenience unique in the industry.

HEALTHEZ
7301 West 78th Street, Suite 100
Bloomington, MN 55439

ADVANCE
MANUFACTURING TECHNOLOGY

THIS IS NOT A BILL. DO NOT PAY.

Statement Summary

Member ID 30000004567
Statement Date 3/23/11

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 \$ 66.24

Information & Resources	HealthEZpay Account Summaries	Your Year-to-Date Summaries																								
Your Resources for Help Benefit Questions: • custom phone @- • custom@amtsite.com	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 \$276.07 Health Reimbursement Account (HRA) Claims Paid This Period NA Current Balance NA Credit/Debit Card Accounts Claims Paid This Period \$77.91	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 custom@amtsite.com .																								
EOBs Available Online The Explanation of Benefits that corresponds to this statement is available by logging in at custom@amtsite.com . If you have questions, call custom phone@amtsite.com .	Transactions for the Current Period																									
	MEDICAL																									
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For a copy of your detailed Explanation of Benefits (EOB), log in at [custom@amtsite.com](#) and click on "Statements" in the left sidebar.

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Your primary medical network is Wise.

Your medical network is a group of health care providers. It includes doctors, specialists, hospitals, surgical centers and other facilities. These health care providers provide services at a lower rate, which you will see reflected on your statements as a discount.

There may be times when you decide to visit a doctor who is out-of-network, and those costs are always higher. There are no discounts with these out-of-network services, and you will be responsible for paying the difference between the providers full charge and the amount your plan pays for. This is called balance billing.

To check that your provider is in-network, please visit AMTBenefits.com, and click "Find a Doctor."



Your pharmacy benefit manager is EHiM.

Pharmacy Benefit Managers (PBMs) reduce prescription drug costs and improve convenience and safety for consumers. EHiM administers your prescription drug plan, and offers home delivery of medications and a network of pharmacies offering more affordable medications.

Talk to your provider about lower cost alternatives! Generic drugs are important options and offer the same dosage form, safety, quality, and performance characteristics of brand-name drugs.

The same prescription rarely costs the same from store to store. Be a savvy consumer and price compare your prescriptions at different pharmacies to get the best price. Check out Wal-mart's "\$4 Prescriptions," and don't forget Sam's Club and Costco - you don't have to be a member to access their pharmacy!

Did you know there are coupon and price comparison sites for prescriptions? Check out these sites and see if you are paying too much:



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HEALTH SAVINGS ACCOUNT

A Health Savings Account (HSA) is a savings account that lets you set aside pre-tax money to pay for qualified medical expenses. You are eligible for a Health Savings Account if you are enrolled in the HDHP 1 or HDHP 2.

Your HSA account belongs to you, regardless of your medical coverage changes. Funds grow tax-free and roll-over from year to year.

Maximum Annual Contribution Amounts:

- Employee Only: \$3,550
- Family Coverage: \$7,100

*Individuals age 55 or older are eligible to contribute an additional \$1,000 per year.



Boost Your Baby offers a light and friendly approach to reach pregnant members. It is a non-clinical support system for future moms.

Moms-to-be are identified, assisted, and followed by a Mommy Mentor to support a healthy pregnancy.

Visit www.boostyourbaby.com, or call 800-808-4848 to learn more.



CARE MANAGEMENT

If you require medical services like a surgery, hospital stay or are diagnosed with a complex medical condition, you may receive a call from one of the HealthEZ nurses.

The nurse is there to help you understand your treatment options, coordination of services among your doctors, and to make sure you have everything you need for a quick recovery with the right care in the right setting.

CHRONIC CARE MANAGEMENT

We help members manage chronic conditions like diabetes, hypertension, and high cholesterol. We provide education, diet and exercise tips. We can even provide referrals to providers, make appointments when necessary, and order your medical supplies for you!

HealthEZ's team of health care professionals believe that partnership and realistic support are the keys to lasting change.

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All members have access to doctor consultations with a licensed physician through HealthiestYou telemedicine services. This benefit can save you a trip to the clinic; no need for waiting rooms, travel or time off!

There are 3 services provided by HealthiestYou:

- General consultations
- Mental health
- Dermatology

You can speak to a licensed physician at any time or access via video chat or email no matter where you are. Visit [HealthiestYou.com](https://www.healthiestyou.com) or call 866-703-1259.



General consultations are unlimited, and doctors are available 24/7/365! They can consult, diagnose, and prescribe for things like:

- Allergies
- Upper respiratory infections
- Earaches
- Pink eye
- Urinary tract infections
- And more!

With HealthiestYou's mental health services, a calm mind is just a tap away! Choose your therapist, pick a time that is convenient for you, and then talk to the therapist from the privacy of home or anywhere you feel comfortable.

HealthiestYou therapists can treat:

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



If you're having problems with your skin, HealthiestYou Dermatology can help! Instead of waiting weeks to get an appointment, you can get a diagnosis and treatment plan in just two business days.

HealthiestYou's board-certified dermatologists treat a wide variety of skin conditions, including:

- Psoriasis
- Acne
- Moles
- Rosacea
- And more!

Consult with a Doctor Today!

Visit [HealthiestYou.com](https://www.healthiestyou.com) or call 866-703-1259.

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PREVENTIVE SERVICES

Your health plan covers preventive services and routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems. These are meant to prevent health problems and do not include tests or treatments.

A list of Preventive and Wellness Services can be found at:

www.healthcare.gov/preventive-care-benefits.

These are considered preventive and are covered by the Plan when services are rendered at an in-network provider.

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



PREVENTIVE CARE FOR ADULTS

Aspirin use to prevent cardiovascular disease.

Screenings:

- Abdominal aortic aneurysm screening.
- Alcohol misuse screening.
- Blood pressure screening.
- Cholesterol screening for adults at high risk.
- Colorectal cancer for adults over 50.
- Depression screening.
- Diabetes (Type 2) for adults at high risk.
- Hepatitis B for adults at high risk.
- Hepatitis C for adults at high risk.
- HIV screening for adults at high risk.
- Lung cancer for adults 55 - 80 at high risk.
- Obesity screening.
- Syphilis screening for adults at high risk.
- Tobacco Use screening.



Counseling:

- Alcohol misuse counseling.
- Diet counseling for adults at high risk.
- Obesity counseling.
- Sexually transmitted infection (STI) prevention.
- Tobacco Use cessation interventions.

Immunizations:

- Diphtheria
- Hepatitis A & B
- Herpes Zoster
- Human Papillomavirus (HPV)
- Influenza (flu shot)
- Measles, Meningococcal & Mumps
- Pertussis, Pneumococcal & Rubella
- Tetanus & Varicella (Chickenpox)

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PREVENTIVE CARE FOR WOMEN

Well-woman visits to get recommended services for women under 65.

Screenings:

- Anemia screening on a routine basis.
- Breast cancer mammography screenings.
- Cervical cancer screenings.
- Chlamydia infection screening.
- Domestic and interpersonal violence screening.
- Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk.
- Gonorrhea screenings.
- Hepatitis B screening for pregnant women.
- HIV screening for sexually active women.
- Human Papillomavirus (HPV) DNA test.
- Osteoporosis screening over age 60.
- Rh Incompatibility screening for all pregnant and high risk women.
- Syphilis for pregnant and high risk women.
- Tobacco use screening and interventions.
- Urinary tract or other infection screening.

Folic acid supplements for women who may become pregnant. Prenatal services and ultrasounds.

Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers."

Counseling:

- Breast cancer genetic test counseling (BRCA) for women at high risk.
- Breast cancer chemoprevention counseling for women at high risk.
- Breastfeeding support and counseling, and access to breastfeeding supplies for pregnant and nursing women.
- Domestic and interpersonal violence counseling for all women.
- HIV counseling for sexually active women.
- Sexually transmitted infections counseling.

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PREVENTIVE CARE FOR CHILDREN

Assessments:

- Alcohol and drug use assessments.
- Behavioral assessments for ages 0 to 17.
- Height, weight and body mass index (BMI) measurements for ages 0 to 17.
- Oral health risk assessment for ages 0 to 10.



Screenings:

- Autism screening for ages 18 & 24 months.
- Blood pressure screening for ages 0 to 17.
- Cervical dysplasia screening.
- Depression screening.
- Developmental screening under age 3.
- Dyslipidemia screening for children at higher risk of lipid disorders ages 1 to 17.
- Hearing screening for all newborns.
- Hematocrit or hemoglobin screening.
- Hemoglobinopathies or sickle cell screening.
- Hepatitis B screening for adolescents at high risk ages 11 – 17.
- HIV screening for adolescents at high risk.
- Hypothyroidism screening for newborns.
- Lead screening for children at high risk.
- Obesity screening and counseling.
- Phenylketonuria (PKU) screening for newborns.
- Sexually transmitted infection (STI) prevention counseling and screening for adolescents at high risk.
- Tuberculin testing for children at high risk ages 0 to 17.
- Vision screening for all children.

Immunizations:

- Diphtheria
- Haemophilus influenza type b
- Hepatitis A & B
- Human Papillomavirus (PVU)
- Inactivated Poliovirus
- Influenza (flu shot)
- Measles
- Meningococcal
- Pertussis
- Pneumococcal
- Rotavirus
- Tetanus
- Varicella (Chickenpox)

Supplements:

- Fluoride chemoprevention supplements for children without fluoride in their water.
- Gonorrhea preventive medication for newborns.
- Iron supplements for children ages 6 to 12 months at risk for anemia.





Your dental network is Dentemax. DenteMax credentials all network dentists regularly, reviewing practices to ensure they meet their high-quality standards. All family members on your plan can choose his or her own dentist, even if they are at different office locations.

To find a DenteMax provider, visit DenteMax.com or call customer service at 800-752-1547.

Summary of Dental Benefits		
Dental Plan		
	In-Network	Out-of-Network
Calendar Year Deductible		
Employee only		\$50
Family		\$150
Annual Maximum	\$1,500 per member	
Orthodontic Lifetime Maximum	\$2,000	
Preventive Care Flouride Treatment Oral Exams Palliative Emergency Treatment Prophlaxis Sealants Space Maintainers X-Rays - Bitewings, Periapicals, Full Mouth & Panoramic	100% Covered	20%*
Basic Services Anesthesia or Sedation Endodontics Fillings - Composite or Amalgam Nitrous Oxide or other Analgesia Inhalant Occlusal Adjustment Oral Exam/Consultation (Problem focused) Oral Surgery including Extractions Periodontics, Perio Maintenance, Scaling and Planing Root Canal Therapy Tissue Conditioning X-Rays - Diagnostic	50%*	50%*
Major Services Crowns, Inlays and Onlays Dentures - Removable or Replacement, Complete and Partials Fixed Bridges Implants Mouth Guards Recementing of Crowns, Inlays, Onlays and Bridges Relining or Rebasings of Partials or Dentures Repair to Existing Dentures, Crowns or Bridges Veneers	50%*	50%*
Orthodontic Services Full - Banding Treatment Habit Breaking Appliances Minor Tooth Guidance Appliances Monthly, Active Treatment Visits	0%*	0%*

NOTES: This serves as a summary of your benefit plan only. Please refer to your Summary Plan Description for actual coverage, limitation, and exclusion provisions.

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Summary of Medical Benefits

HDHP Plan 1

	In-Network	Out-of-Network
Calendar Year Deductible		
Employee only	\$2,600	\$5,200
Family	\$5,200	\$10,400
Coinsurance	0%	0%
Out-of-Pocket Maximum		
Employee only	\$2,600	\$5,200
Family	\$5,200	\$10,400
Preventive Care		
Wellness Care	100% Covered	0%*
Colonoscopy	100% Covered	0%*
HealthiestYou Services	100% Covered	
General Consultations	\$75 fee applies until deductible is met, then 100% Covered	
Dermatology	\$85 fee applies until deductible is met, then 100% Covered	
Mental Health - Therapist	\$200 fee applies until deductible is met, then 100% Covered	
Mental Health - Psychiatrist, initial evaluation	\$95 fee applies until deductible is met, then 100% Covered	
Mental Health - Psychiatrist, ongoing session	\$95 fee applies until deductible is met, then 100% Covered	
Office Visits		
Primary Services	0%*	0%*
Specialist Services	0%*	0%*
Chiropractic Services	0%*	No Coverage
Hospital Services	0%*	0%*
Emergency Services		
Emergency Room	0%*	0%*
Emergency Medical Transportation	0%*	0%*
Urgent Care Services	0%*	0%*
Vision Services [^]	100% Covered	
Exam	100% covered up to \$150 (per pair)	
Contact Lenses	100% covered up to \$150	
Frames (Single, Bifocal, Trifocal, Polycarbonate, Prescription sunglasses)	100% covered up to \$150	
Lasik Surgery	Not Covered	
Mental Health/Chemical Dependency		
Inpatient	0%*	0%*
Outpatient	0%*	0%*
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	0%*	Not Available

NOTES: This serves as a summary of your benefit plan only. Please refer to your Summary Plan Description for actual coverage, limitation, and exclusion provisions.

[^] Vision benefit per plan year includes \$150 for lens and an additional \$150 for contacts if you need both services.

* After deductible



Summary of Medical Benefits

HDHP Plan 2

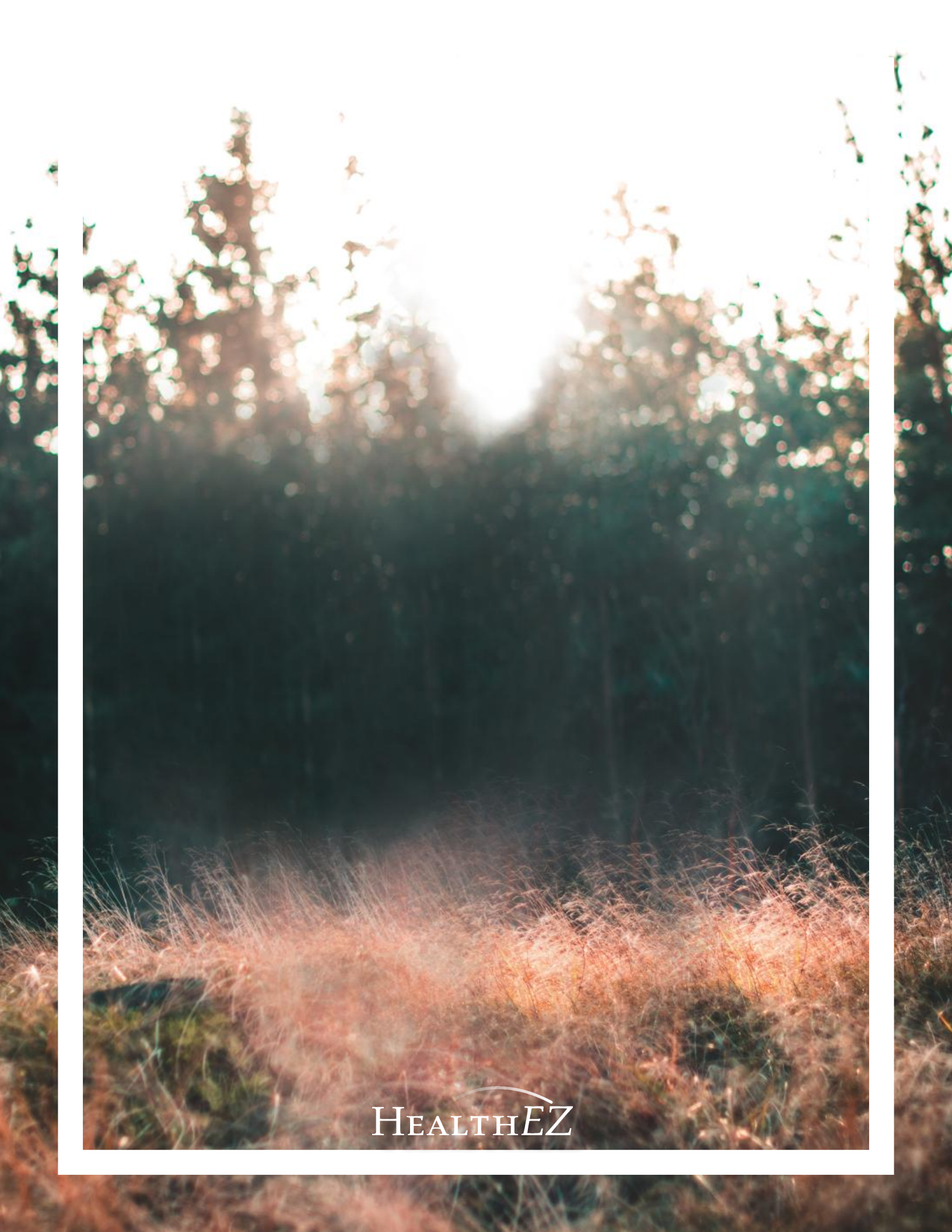
	In-Network	Out-of-Network
Calendar Year Deductible		
Employee only	\$1,500	\$5,200
Family	\$3,000	\$10,400
Coinsurance	0%	0%
Out-of-Pocket Maximum		
Employee only	\$1,500	\$5,200
Family	\$3,000	\$10,400
Preventive Care		
Wellness Care	100% Covered	0%*
Colonoscopy	100% Covered	0%*
HealthiestYou Services	100% Covered	
General Consultations	\$75 fee applies until deductible is met, then 100% Covered	
Dermatology	\$85 fee applies until deductible is met, then 100% Covered	
Mental Health - Therapist	\$200 fee applies until deductible is met, then 100% Covered	
Mental Health - Psychiatrist, initial evaluation	\$95 fee applies until deductible is met, then 100% Covered	
Mental Health - Psychiatrist, ongoing session	\$95 fee applies until deductible is met, then 100% Covered	
Office Visits		
Primary Services	0%*	0%*
Specialist Services	0%*	0%*
Chiropractic Services	0%*	No Coverage
Hospital Services	0%*	0%*
Emergency Services		
Emergency Room	0%*	0%*
Emergency Medical Transportation	0%*	0%*
Urgent Care Services	0%*	0%*
Vision Services [^]	100% Covered	
Exam	100% covered up to \$150 (per pair)	
Contact Lenses	100% covered up to \$150	
Frames (Single, Bifocal, Trifocal, Polycarbonate, Prescription sunglasses)	Not Covered	
Lasik Surgery	Not Covered	
Mental Health/Chemical Dependency		
Inpatient	0%*	0%*
Outpatient	0%*	0%*
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	0%*	Not Available

NOTES: This serves as a summary of your benefit plan only. Please refer to your Summary Plan Description for actual coverage, limitation, and exclusion provisions.

[^] Vision benefit per plan year includes \$150 for lens and an additional \$150 for contacts if you need both services.

* After deductible





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