

# Benefits Overview

Controlled Air



# 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.



# 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.





## 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.

**THIS IS NOT A BILL. DO NOT PAY.**

**Statement Summary**

Member ID: XXXXXXXX4567  
 Statement Date: 02/21/11  
 New Transactions This Period: 2/21/11  
 Paid by your health plan: \$441.49  
 Paid by your HealthEZpay accounts: \$301.84  
 You owe providers: \$0.00  
 Paid by Your Employer YTD: \$0.00  
 Medical: \$441.49  
 Dental: \$117.30  
 Pharmacy: \$0.00

**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: \$276.07  
 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 Benefits  
 Used Year-to-Date: \$117.30

**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 | \$291.00      | \$291.00         | \$441.49         | \$77.91       | \$0.00           |

**DENTAL**

| Service Date | Patient | Provider          | Billed Amount | Network Discount | Employer Payment | You Have Paid | You Owe Provider |
|--------------|---------|-------------------|---------------|------------------|------------------|---------------|------------------|
| 01/13/2011   | Jane    | Family DentalCare | \$118.00      | \$20.70          | \$117.30         | \$0.00        | \$0.00           |

**PHARMACY**

| Service Date | Patient | Pharmacy | Drug Name | Billed Amount | Network Discount | Employer Payment | You Have Paid | You Owe Provider |
|--------------|---------|----------|-----------|---------------|------------------|------------------|---------------|------------------|
| 01/15/2011   | 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

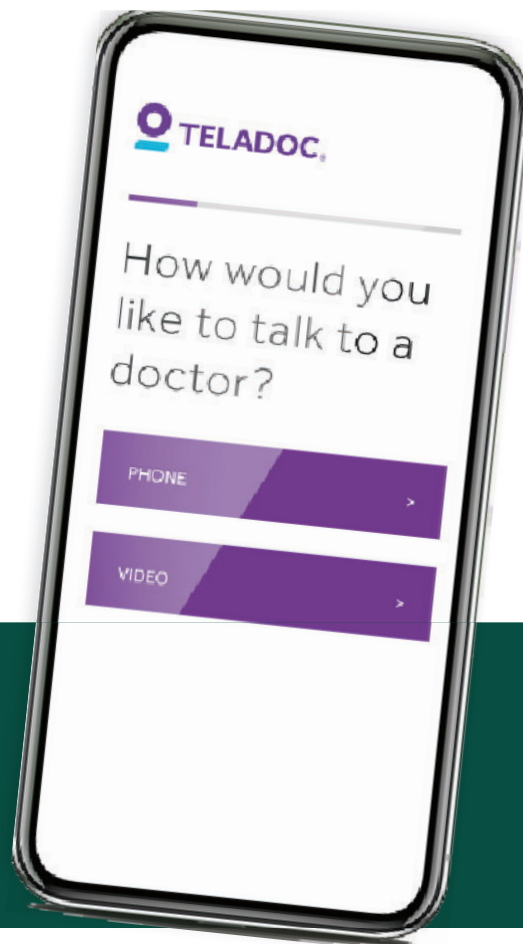


## You've got Teladoc virtual health!

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](https://www.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



## 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](https://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.



## 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 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 Aetna.



### 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.

### What is Mail Order?

If you take maintenance medications for long-term conditions you could save money with Prime Therapeutics' mail service pharmacy. Visit your dedicated Benefits website to get started.

### What are Generic drugs?

Generics are the same in dosage, safety, strength, quality and intended use as brand-name drugs, and although they are chemically identical to their branded counterparts, they are sold at substantial discounts. Talk to your doctor to find out if there is a generic equivalent for your brand-name drug.

### Prime Therapeutics Member Portal

Access your prescription history, schedule a refill and more! Visit [PrimeTherapeutics.com](https://www.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.

## Your Specialty Medications are administered through Payer Matrix.



Your Prescription Plan has been enhanced to reduce your cost paid for specialty drugs through a program called the Specialty Cost Containment Solution. All plan participants using specialty drugs are required to meet prior authorization criteria and administrative review under the Payer Matrix program. You must enroll in the Payer Matrix program or you will be responsible for 100% co-insurance or the full cost of your medication

If you are currently taking a specialty medication, please contact a Payer Matrix Care Coordinator at (877) 305-6202 or email [customerservice@payermatrix.com](mailto:customerservice@payermatrix.com).

# Summary of Medical Benefits

## Base Medical Plan

| Embedded Deductible<br>Embedded Out-of-Pocket Maximum    | In-Network | Out of Network |
|----------------------------------------------------------|------------|----------------|
| <b>Deductible</b>                                        |            |                |
| Individual Coverage                                      | \$6,000    | \$10,000       |
| Individual under Family Coverage                         | \$6,000    | \$10,000       |
| Family Coverage                                          | \$12,000   | \$20,000       |
| <b>Out-of-Pocket Maximum</b>                             |            |                |
| Individual Coverage                                      | \$6,450    | \$20,000       |
| Individual under Family Coverage                         | \$6,450    | \$20,000       |
| Family Coverage                                          | \$12,900   | \$40,000       |
| Preventive Care Services                                 | No Charge  | 30%*           |
| Primary Office Visit                                     | 0%*        | 30%*           |
| Specialist Office Visit                                  | 0%*        | 30%*           |
| Chiropractic Visit                                       | 0%*        | 30%*           |
| Urgent Care Services                                     | 0%*        | 30%*           |
| Complex Imaging: MRI/CT/PET Scans                        | 0%*        | 30%*           |
| Inpatient Hospital Care<br>Facility Fee<br>Physician Fee | 0%*<br>0%* | 30%*<br>30%*   |
| Outpatient Procedures<br>Facility Fee<br>Physician Fee   | 0%*<br>0%* | 30%*<br>30%*   |
| Emergency Room Services**                                | 0%*        | 30%*           |
| Emergency Medical Transportation**                       | 0%*        | 30%*           |
| Mental Health/Chemical Dependency - Inpatient            | 0%*        | 30%*           |
| Mental Health/Chemical Dependency - Office Visit         | 0%*        | 30%*           |

## Summary of Pharmacy Benefits

| Prescription Drug Coverage | Retail 30 Day Supply        | Mail Order 90 Day Supply    |
|----------------------------|-----------------------------|-----------------------------|
| Generic                    | \$5 Copay After Deductible  | \$10 Copay After Deductible |
| Preferred Brand            | \$25 Copay After Deductible | \$50 Copay After Deductible |
| Non-Preferred Brand        | \$40 Copay After Deductible | \$80 Copay After Deductible |
| Specialty                  | 10%*                        | Not Available               |

## Teladoc Benefits

|                                                  |            |
|--------------------------------------------------|------------|
| General Consultations                            | \$37 Copay |
| Dermatology                                      | \$79 Copay |
| Mental Health - Therapist                        | \$37 Copay |
| Mental Health - Psychiatrist, Initial Evaluation | \$37 Copay |
| Mental Health - Psychiatrist, Ongoing Session    | \$37 Copay |

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

# Summary of Medical Benefits

## Buy-Up medical Plan #1

| Non-Embedded Deductible<br>Non-Embedded Out-of-Pocket Maximum | In-Network                  | Out of Network                  |
|---------------------------------------------------------------|-----------------------------|---------------------------------|
| <b>Deductible</b>                                             |                             |                                 |
| Individual Coverage                                           | \$2,850                     | \$2,850                         |
| Individual under Family Coverage                              | \$5,700                     | \$5,700                         |
| Family Coverage                                               | \$5,700                     | \$5,700                         |
| <b>Out-of-Pocket Maximum</b>                                  |                             |                                 |
| Individual Coverage                                           | \$4,000                     | \$5,850                         |
| Individual under Family Coverage                              | \$8,000                     | \$11,700                        |
| Family Coverage                                               | \$8,000                     | \$11,700                        |
| Preventive Care Services                                      | No Charge                   | 30%*                            |
| Primary Office Visit                                          | 0%*                         | 30%*                            |
| Specialist Office Visit                                       | 0%*                         | 30%*                            |
| Chiropractic Visit                                            | 10%*                        | 30%*                            |
| Urgent Care Services                                          | 10%*                        | 30%*                            |
| Complex Imaging: MRI/CT/PET Scans                             | 10%*                        | 30%*                            |
| Inpatient Hospital Care<br>Facility Fee<br>Physician Fee      | 10%*<br>10%*                | 30%*<br>30%*                    |
| Outpatient Procedures<br>Facility Fee<br>Physician Fee        | 10%*<br>10%*                | 30%*<br>30%*                    |
| Emergency Room Services**                                     | 10%*                        | 30%*                            |
| Emergency Medical Transportation**                            | 10%*                        | 30%*                            |
| Mental Health/Chemical Dependency - Inpatient                 | 10%*                        | 30%*                            |
| Mental Health/Chemical Dependency - Office Visit              | 0%*                         | 30%*                            |
| <b>Summary of Pharmacy Benefits</b>                           |                             |                                 |
| <b>Prescription Drug Coverage</b>                             | <b>Retail 30 Day Supply</b> | <b>Mail Order 90 Day Supply</b> |
| Generic                                                       | \$5 Copay After Deductible  | \$10 Copay After Deductible     |
| Preferred Brand                                               | \$25 Copay After Deductible | \$50 Copay After Deductible     |
| Non-Preferred Brand                                           | \$40 Copay After Deductible | \$80 Copay After Deductible     |
| Specialty                                                     | 0%*                         | Not Available                   |
| <b>Teladoc Benefits</b>                                       |                             |                                 |
| General Consultations                                         | \$37 Copay                  |                                 |
| Dermatology                                                   | \$79 Copay                  |                                 |
| Mental Health - Therapist                                     | \$37 Copay                  |                                 |
| Mental Health - Psychiatrist, Initial Evaluation              | \$37 Copay                  |                                 |
| Mental Health - Psychiatrist, Ongoing Session                 | \$37 Copay                  |                                 |

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

# Summary of Medical Benefits

## Buy-Up medical Plan #2

| Embedded Deductible<br>Embedded Out-of-Pocket Maximum    | In-Network                             | Out of Network                  |
|----------------------------------------------------------|----------------------------------------|---------------------------------|
| <b>Deductible</b>                                        |                                        |                                 |
| Individual Coverage                                      | \$1,500                                | \$3,000                         |
| Individual under Family Coverage                         | \$1,500                                | \$3,000                         |
| Family Coverage                                          | \$3,000                                | \$6,000                         |
| <b>Out-of-Pocket Maximum</b>                             |                                        |                                 |
| Individual Coverage                                      | \$3,000                                | \$6,000                         |
| Individual under Family Coverage                         | \$3,000                                | \$6,000                         |
| Family Coverage                                          | \$6,000                                | \$12,000                        |
| Preventive Care Services                                 | No Charge                              | 30%*                            |
| Primary Office Visit                                     | \$30 Copay                             | 30%*                            |
| Specialist Office Visit                                  | \$45 Copay                             | 30%*                            |
| Chiropractic Visit                                       | 10%*                                   | 30%*                            |
| Urgent Care Services                                     | \$45 Copay                             | 30%*                            |
| Complex Imaging: MRI/CT/PET Scans                        | 10%*                                   | 30%*                            |
| Inpatient Hospital Care<br>Facility Fee<br>Physician Fee | 10%*<br>10%*                           | 30%*<br>30%*                    |
| Outpatient Procedures<br>Facility Fee<br>Physician Fee   | 10%*<br>10%*                           | 30%*<br>30%*                    |
| Emergency Room Services**                                | \$150 Copay (copay waived if admitted) |                                 |
| Emergency Medical Transportation**                       | 10%*                                   |                                 |
| Mental Health/Chemical Dependency - Inpatient            | 10%*                                   | 30%*                            |
| Mental Health/Chemical Dependency - Office Visit         | \$45 Copay                             | 30%*                            |
| <b>Summary of Pharmacy Benefits</b>                      |                                        |                                 |
| <b>Prescription Drug Coverage</b>                        | <b>Retail 30 Day Supply</b>            | <b>Mail Order 90 Day Supply</b> |
| Generic                                                  | \$5 Copay                              | \$10 Copay                      |
| Preferred Brand                                          | \$30 Copay                             | \$60 Copay                      |
| Non-Preferred Brand                                      | \$60 Copay                             | \$120 Copay                     |
| Specialty                                                | 10% Coinsurance                        | Not Available                   |
| <b>Teladoc Benefits</b>                                  |                                        |                                 |
| General Consultations                                    | \$37 Copay                             |                                 |
| Dermatology                                              | \$79 Copay                             |                                 |
| Mental Health - Therapist                                | \$37 Copay                             |                                 |
| Mental Health - Psychiatrist, Initial Evaluation         | \$37 Copay                             |                                 |
| Mental Health - Psychiatrist, Ongoing Session            | \$37 Copay                             |                                 |

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

