

Benefits Overview

RACCAR

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.



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.

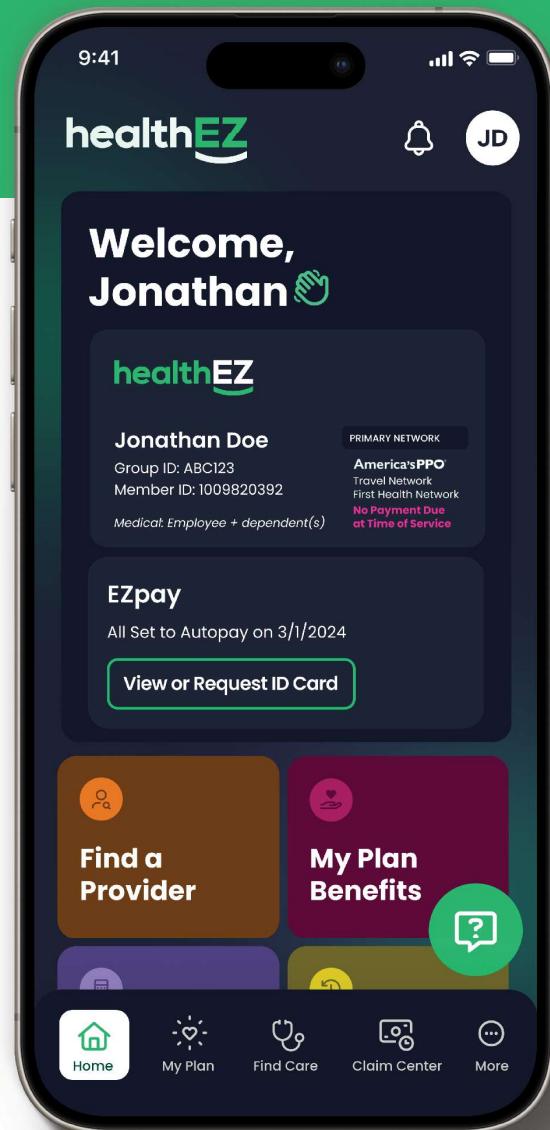


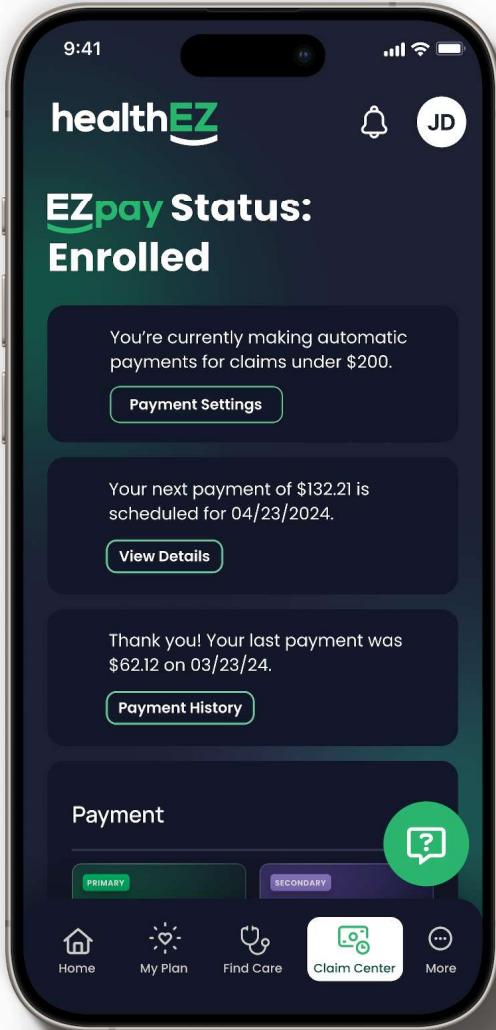
EZchoice

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.





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

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
or call [\(800\) 945-4355](tel:(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 are a current HealthEZ member, please note that you will be receiving a new medical ID card after open enrollment has closed.

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.



Physicians need to be in-network with PrimePON.



Your medical network is a group of healthcare providers that offer services at a lower rate than out-of-network providers, which you will see reflected on your statements as a discount.

To find out if your provider is in-network, please visit your dedicated Benefits website, and click "Find Care."

Facilities need to accept Reference Based Pricing.

A Reference Based Pricing (RBP) plan pays for services based on a percentage of Medicare. You do not have a medical network for facilities; you can choose any facility, as long as they accept the terms of RBP.

There are several ways to confirm that your preferred physician or facility will accept the terms of Reference Based Pricing. Listed below are a couple different options you can use to help with this.

Option 1: Call Payer Compass Patient Advocacy

Call 855-719-3763 (7am – 5pm CST, Mon. – Fri.) to speak to a Patient Advocate.

Option 2: Email Provider Outreach Form

Fill out the Provider Request Form, and email to: pc-providerrequest@zelis.com.

Option 3: Compass Connect

Use the portal to search for a participating facility. Visit <https://hez.connect.payercompass.com/>

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 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.

Summary of Medical Benefits

\$3,300 HSA 1 Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	Reference Based Pricing	
Deductible		
Individual Coverage	\$3,300	
Individual under Family Coverage	\$3,300	
Family Coverage	\$6,600	
Out-of-Pocket Maximum		
Individual Coverage	\$5,500	
Individual under Family Coverage	\$5,500	
Family Coverage	\$11,000	
Preventive Care Services**	No Charge	
Primary Office Visit**	10%*	
Specialist Office Visit**	10%*	
Chiropractic Visit**	10%*	
Urgent Care Services**	10%*	
Complex Imaging: MRI/CT/PET Scans**	10%*	
Inpatient Hospital Care Facility Fee Physician Fee	10%* 10%*	
Outpatient Procedures Facility Fee Physician Fee	10%* 10%*	
Emergency Room Services	10%*	
Emergency Medical Transportation	10%*	
Mental Health/Chemical Dependency – Inpatient	10%*	
Mental Health/Chemical Dependency – Office Visit**	10%*	
Summary of Pharmacy Benefits		
Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Expanded Preventive – Generic	No Charge	No Charge
Expanded Preventive – Preferred Brand	No Charge	No Charge
Generic	\$10 Copay*	\$25 Copay*
Preferred Brand	\$35 Copay*	\$88 Copay*
Non-Preferred Brand	\$70 Copay*	\$175 Copay*
Specialty	\$70 Copay*	Not Available
Teladoc Benefits		
General Consultations	10%*	
Dermatology	10%*	

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

* Coinsurance or Copay after deductible

** Reference Based Pricing applies unless a network is utilized

Summary of Medical Benefits

\$2,500 Copay 1 Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	Reference Based Pricing	
Deductible		
Individual Coverage	\$2,500	
Individual under Family Coverage	\$2,500	
Family Coverage	\$5,000	
Out-of-Pocket Maximum		
Individual Coverage	\$6,350	
Individual under Family Coverage	\$6,350	
Family Coverage	\$12,700	
Preventive Care Services**	No Charge	
Primary Office Visit**	\$25 Copay	
Specialist Office Visit**	\$60 Copay	
Chiropractic Visit**	\$60 Copay	
Urgent Care Services**	\$60 Copay	
Complex Imaging: MRI/CT/PET Scans**	20%*	
Inpatient Hospital Care Facility Fee Physician Fee	20%* 20%*	
Outpatient Procedures Facility Fee Physician Fee	20%* 20%*	
Emergency Room Services	\$400 Copay	
Emergency Medical Transportation	20%*	
Mental Health/Chemical Dependency – Inpatient	20%*	
Mental Health/Chemical Dependency – Office Visit**	\$60 Copay	
Summary of Pharmacy Benefits		
Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	\$10 Copay	\$25 Copay
Preferred Brand	\$45 Copay	\$113 Copay
Non-Preferred Brand	\$95 Copay	\$238 Copay
Specialty	\$95 Copay	Not Available
Teladoc Benefits		
General Consultations	\$25 Copay	
Dermatology	\$65 Copay	

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

* Coinsurance or Copay after deductible

** Reference Based Pricing applies unless a network is utilized

Summary of Medical Benefits

\$6,000 Plus Copay 2 Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	Reference Based Pricing	
Deductible		
Individual Coverage	\$6,000	
Individual under Family Coverage	\$6,000	
Family Coverage	\$12,000	
Out-of-Pocket Maximum		
Individual Coverage	\$8,150	
Individual under Family Coverage	\$8,150	
Family Coverage	\$16,300	
Preventive Care Services**	No Charge	
Primary Office Visit**	\$25 Copay	
Specialist Office Visit**	\$75 Copay	
Chiropractic Visit**	\$75 Copay	
Urgent Care Services**	\$75 Copay	
Complex Imaging: MRI/CT/PET Scans**	10%*	
Inpatient Hospital Care Facility Fee Physician Fee	10%* 10%*	
Outpatient Procedures Facility Fee Physician Fee	10%* 10%*	
Emergency Room Services	\$450 Copay	
Emergency Medical Transportation	10%*	
Mental Health/Chemical Dependency – Inpatient	10%*	
Mental Health/Chemical Dependency – Office Visit**	\$75 Copay	
Summary of Pharmacy Benefits		
Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	\$10 Copay	\$25 Copay
Preferred Brand	\$45 Copay	\$113 Copay
Non-Preferred Brand	\$95 Copay	\$238 Copay
Specialty	\$95 Copay	Not Available
Teladoc Benefits		
General Consultations	\$25 Copay	
Dermatology	\$75 Copay	

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

* Coinsurance or Copay after deductible

** Reference Based Pricing applies unless a network is utilized

Summary of Medical Benefits

\$6,000 Copay 3 Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	Reference Based Pricing	
Deductible		
Individual Coverage	\$6,000	
Individual under Family Coverage	\$6,000	
Family Coverage	\$12,000	
Out-of-Pocket Maximum		
Individual Coverage	\$8,550	
Individual under Family Coverage	\$8,550	
Family Coverage	\$17,100	
Preventive Care Services**	No Charge	
Primary Office Visit**	No Charge	
Specialist Office Visit**	\$100 Copay	
Chiropractic Visit**	\$100 Copay	
Urgent Care Services**	No Charge	
Complex Imaging: MRI/CT/PET Scans**	30%*	
Inpatient Hospital Care Facility Fee Physician Fee	30%* 30%*	
Outpatient Procedures Facility Fee Physician Fee	30%* 30%*	
Emergency Room Services	\$500 Copay	
Emergency Medical Transportation	30%*	
Mental Health/Chemical Dependency – Inpatient	30%*	
Mental Health/Chemical Dependency – Office Visit**	\$100 Copay	
Summary of Pharmacy Benefits		
Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	\$10 Copay	\$25 Copay
Preferred Brand	\$65 Copay	\$163 Copay
Non-Preferred Brand	\$125 Copay	\$313 Copay
Specialty	\$250 Copay	Not Available
Teladoc Benefits		
General Consultations	No Charge	
Dermatology	\$85 Copay	

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

* Coinsurance or Copay after deductible

** Reference Based Pricing applies unless a network is utilized

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