

Benefits Overview

HealthEZ

Dedicated Website

ArazBenefits.com

Dedicated Phone Number

952-896-9104

healthEZ



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.



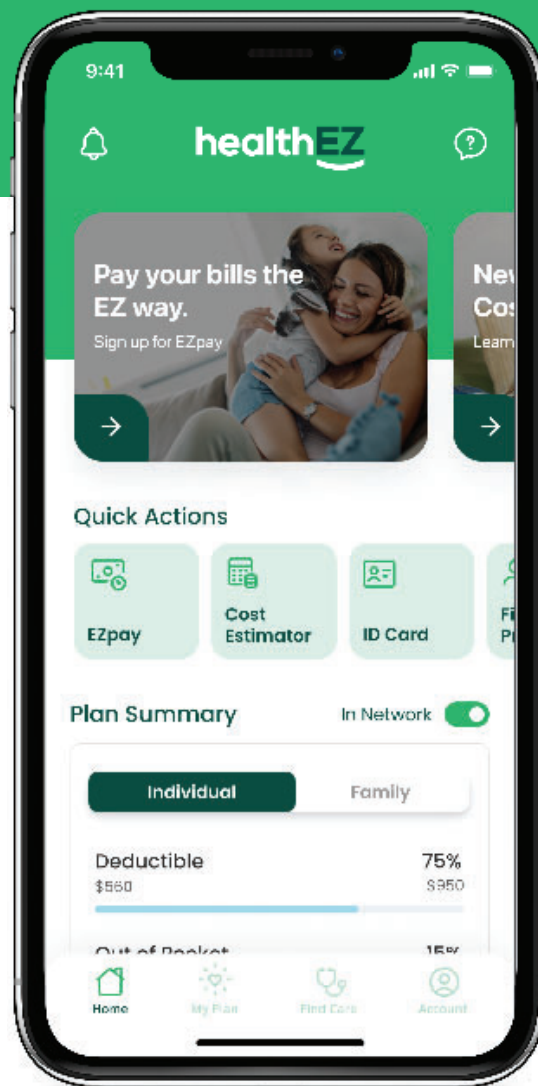
Find a provider

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.





Care Navigation Resources

HealthEZ employees have access to the following medical management services.

Precertification and Case Management Services

American Health Holdings (AHH), regardless of network will complete all utilization medical necessity reviews for any services requiring precertification. Case management services will be available to you for any chronic or complex condition in order for you to understand your treatment options, coordinate services among your doctors and ensure you are receiving the right care in the right setting. Precertification phone number 855-248-1856

Care Advocacy

Services including search for in-network providers, precertification questions, and appointment assistance, email Tammy.Burgwald@healthez.com.

Livongo

Livongo helps you stay on top of your health through connected devices, personalized guidance and 1:1 coaching for conditions of pre-diabetes, diabetes or cardiovascular concerns.

For Livongo questions, email LivEZ@healthez.com.

Boost Your Baby

Your benefits through HealthEZ offers a free breast pump for any eligible member. If you want to participant in BYB, email Tammy.Burgwald@healthez.com.

Your dedicated HIPPA officer is Deena Fisher, email Deena.Fisher@healthez.com.

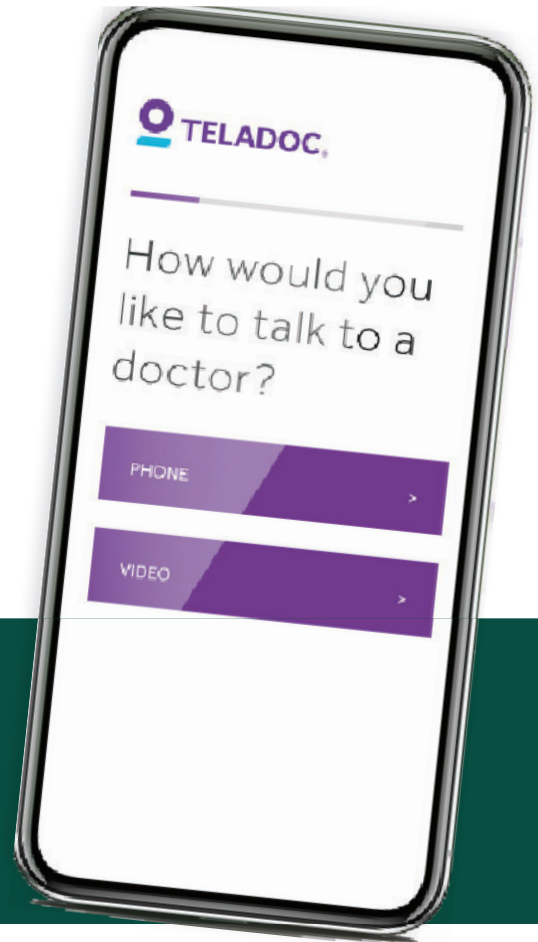


You've got Teladoc virtual health!

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 or call [\(800\) 945-4355](tel:8009454355) with code: [HEALTHEZ](https://be.livongo.com/HEALTHEZ/register)

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 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.



Your medical network is America's PPO for members in Minnesota.



Your medical network is APPO Elite for members in Minnesota.



Your medical network is Aetna for members in other states.



What is a medical network?

Your medical network is a group of healthcare providers. It includes doctors, specialists, 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.

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 EHiM.



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 EHiM's mail order service, Alliance Rx Walgreens Prime. Visit [EHiMRx.com](https://www.EHiMRx.com) for more information on how to get started and to download the Alliance Rx Walgreens Prime mail order forms.

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 [EHiMRx.com](https://www.EHiMRx.com).

Summary of Medical Benefits

(APPO/ Aetna) HSA Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
Deductible		
Individual Coverage	\$2,750	N/A
Individual Under Family Coverage	\$3,200	N/A
Individual + Spouse / Individual + Child(ren)	\$4,000	N/A
Family Coverage	\$5,500	N/A
Out-of-Pocket Maximum		
Individual Coverage	\$5,000	N/A
Individual Under Family Coverage	\$5,000	N/A
Individual + Spouse / Individual + Child(ren)	\$8,250	N/A
Family Coverage	\$10,000	N/A
Preventive Care Services		
Preventive Care Services	No Charge	Not Covered
Primary Office Visit	20%*	Not Covered
Specialist Office Visit	20%*	Not Covered
Chiropractic Visit	20%*	Not Covered
Urgent Care Services	20%*	Not Covered
Complex Imaging: MRI/CT/PET Scans		
Complex Imaging: MRI/CT/PET Scans	20%*	Not Covered
Inpatient Hospital Care		
Inpatient Hospital Care	20%*	Not Covered
Facility Fee	20%*	Not Covered
Physician Fee		
Outpatient Procedures		
Outpatient Procedures	20%*	Not Covered
Facility Fee	20%*	Not Covered
Physician Fee		
Emergency Room Services**		
Emergency Room Services**	20%*	Not Covered
Emergency Medical Transportation**		
Emergency Medical Transportation**	20%*	Not Covered
Mental Health/Chemical Dependency - Inpatient		
Mental Health/Chemical Dependency - Inpatient	20%*	Not Covered
Mental Health/Chemical Dependency - Office Visit		
Mental Health/Chemical Dependency - Office Visit	20%*	Not Covered
Summary of Pharmacy Benefits		
Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	\$10 Copay After Deductible	\$20 Copay After Deductible
Preferred Brand	\$45 Copay After Deductible	\$90 Copay After Deductible
Non-Preferred Brand	\$90 Copay After Deductible	\$180 Copay After Deductible
Specialty	10% Coinsurance After Deductible	Not Available
Teladoc Benefits		
General Consultations	\$20 fee applies to deductible	
Dermatology	\$20 fee applies to deductible	
Mental Health - Therapist	\$20 fee applies to deductible	
Mental Health - Psychiatrist, Initial Evaluation	\$20 fee applies to deductible	
Mental Health - Psychiatrist, Ongoing Session	\$20 fee applies to deductible	

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

(Elite) HSA Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
Deductible		
Individual Coverage	\$2,750	N/A
Individual Under Family Coverage	\$3,200	N/A
Individual + Spouse / Individual + Child(ren)	\$4,000	N/A
Family Coverage	\$5,500	N/A
Out-of-Pocket Maximum		
Individual Coverage	\$5,000	N/A
Individual Under Family Coverage	\$5,000	N/A
Individual + Spouse / Individual + Child(ren)	\$8,250	N/A
Family Coverage	\$10,000	N/A
Preventive Care Services		
Preventive Care Services	No Charge	Not Covered
Primary Office Visit	20%*	Not Covered
Specialist Office Visit	20%*	Not Covered
Chiropractic Visit	20%*	Not Covered
Urgent Care Services	20%*	Not Covered
Complex Imaging: MRI/CT/PET Scans		
Complex Imaging: MRI/CT/PET Scans	20%*	Not Covered
Inpatient Hospital Care		
Inpatient Hospital Care	20%*	Not Covered
Facility Fee	20%*	Not Covered
Physician Fee		Not Covered
Outpatient Procedures		
Outpatient Procedures	20%*	Not Covered
Facility Fee	20%*	Not Covered
Physician Fee		Not Covered
Emergency Room Services**		
Emergency Room Services**	20%*	Not Covered
Emergency Medical Transportation**		
Emergency Medical Transportation**	20%*	Not Covered
Mental Health/Chemical Dependency - Inpatient		
Mental Health/Chemical Dependency - Inpatient	20%*	Not Covered
Mental Health/Chemical Dependency - Office Visit		
Mental Health/Chemical Dependency - Office Visit	20%*	Not Covered
Summary of Pharmacy Benefits		
Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	\$10 Copay After Deductible	\$20 Copay After Deductible
Preferred Brand	\$45 Copay After Deductible	\$90 Copay After Deductible
Non-Preferred Brand	\$90 Copay After Deductible	\$180 Copay After Deductible
Specialty	10% Coinsurance After Deductible	Not Available
Teladoc Benefits		
General Consultations	\$20 fee applies to deductible	
Dermatology	\$20 fee applies to deductible	
Mental Health - Therapist	\$20 fee applies to deductible	
Mental Health - Psychiatrist, Initial Evaluation	\$20 fee applies to deductible	
Mental Health - Psychiatrist, Ongoing Session	\$20 fee applies to deductible	

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 Dental Benefits

Dental Plan

	In-Network & Out-of-Network
Deductible	
Individual Coverage	\$50
Individual + Spouse / Individual + Child	\$75
Family Coverage	\$100
Maximums	
Annual Maximum per Individual	\$2,000
Orthodontic Maximum per Individual	\$2,000
Dental Only Premiums	
Employee Only	\$40
Employee + Spouse	\$90
Employee + Child	\$75
Family	\$110
Preventive/Diagnostic Care	
Dental Exams	No Charge
Cleanings	
Fluoride Treatments	
Preventive X-Rays	
Full Mouth X-Rays	
Basic Services	
Fillings – Amalgam, Composite, Porcelain & Plastic	10%*
Simple Extractions	20%*
Oral Surgery	20%*
Periodontics	20%*
Endodontics	20%*
Major Services	
Crowns & Gold Fillings	50%*
Inlays & Onlays	50%*
Pontics	50%*
Dental Implant	50%*
Prosthetics	
Bridges	50%*
Dentures	50%*
Partial Dentures	50%*
Orthodontics	
Orthodontics (For dependents under age 16)	50%*

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.

* Coinsurance after deductible

