



# Benefit Overview

HEALTHEZ



# Welcome to HealthEZ!

## 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 have already worked with your employer to design a custom benefits plan for your organization, and now we're ready to help you access the services you need. We've been providing our knowledgeable and service-oriented approach for over 35 years.

### Direct access to member support

#### Dedicated phone number

Kennion Benefit Advisors has a dedicated phone number at 844-839-6740 that is answered by a real person between 7 a.m. and 7 p.m. CST. Outside of the hours listed, simply press "3" to reach our 24/7 help line.

#### 24/7 helpline

You have 24/7 access to our team of experienced doctors and nurses. Have a health-related concern or need help finding the right doctor? Give us a call at 844-839-6740. We are here to help you.

#### Dedicated benefits website

You can use Kennion Benefit Advisors's dedicated benefits website at [KennionPlans.com](http://KennionPlans.com) to learn about and manage your health plan. View your benefits, review pharmacy information, search to find a doctor and more.

After you receive your ID card, you can set up an online account to access monthly statements, account balances, recently processed bills and HealthEZ's online payment system, EZpay.

## Medical network

Your primary medical network is Alabama Premier Network for Alabama members.

Your primary medical network is PHCS for members on the Value Essential Plan.

Your primary medical network is either Cigna or Aetna for members in all other states.

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 which you will see reflected on your statements as a discount.

To find out more information, please visit [KennionPlans.com](http://KennionPlans.com), and click "Find a Doctor."



## Pharmacy benefits

Your Pharmacy Benefit Manager is MedOne.



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

Tips for saving money on prescriptions:

- **Find less expensive pharmacies:** The same prescription rarely costs the same from store to store. We encourage you to compare prices of your prescriptions at different pharmacies to get the best price.
- **Switch to generic medications:** Talk to your doctor about switching to a generic version of your brand medication. Generic medications cost less than brand name, and offer the same dosage form, safety, quality and performance characteristics of brand name medications.

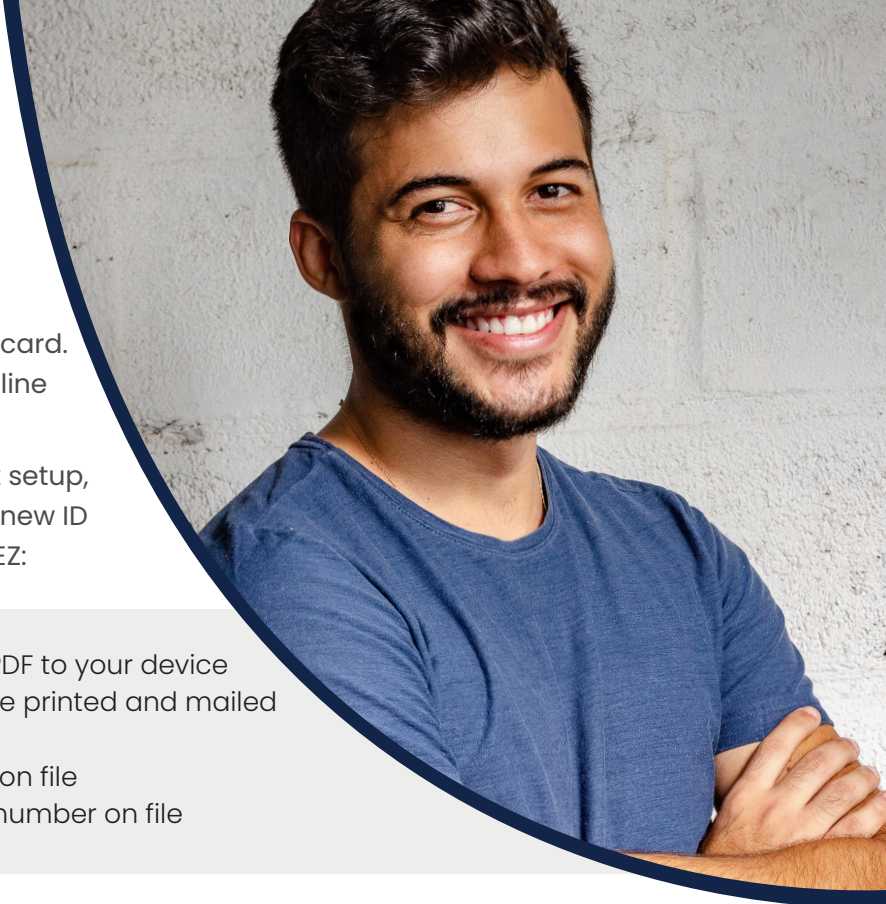


## Medical ID cards

Keep an eye out for your HealthEZ medical ID card. Once you receive that, you can setup your online myHealthEZ account.

If you already have your myHealthEZ account setup, you have several different options to request new ID cards from the home page of your myHealthEZ:

1. Download Digital Copy: Downloads a PDF to your device
2. Printed and Mailed: Requests ID card be printed and mailed to the address on file
3. Email to Me: Digital copy sent to email on file
4. Text to Me: Digital copy sent to phone number on file



## myHealthEZ

After you receive your medical ID card, you can setup an online account to access monthly statements, account balances, recently processed bills and HealthEZ's online payment system, EZPay.

If you have questions on the activation process, or any of the content in your myHealthEZ account, please reach out via phone: 844-839-6740 or email: [Service@HealthEZ.com](mailto:Service@HealthEZ.com)

## Activate your account

1. Visit [myHealthEZ.com](http://myHealthEZ.com) or [KennionPlans.com](http://KennionPlans.com) and click "Login."
2. Enter your credentials  
Your Subscriber ID is found on the front of your ID card  
Your Password must include upper and lowercase letters, one number and one special character
3. Click "Activate Your Account"

Your account is now registered! The next time you access your account, you will login with the email and password you just created.



## Seamless online payment

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, HSA and FSA accounts.

### Sign up for EZpay

1. Visit KennionPlans.com and click "Login."
2. If you haven't set up your online account, click "Activate your account". If you already set up your account, log in.
3. After you log in, click on "EZpay Accounts."
4. Add your card of choice, then click "Submit" to enjoy the benefits of auto-pay with HealthEZ.

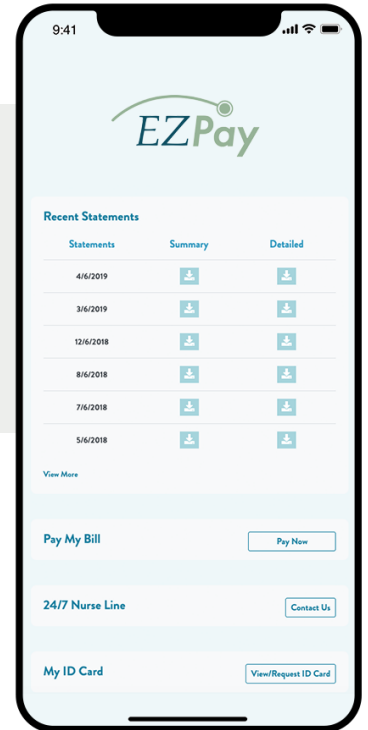
After you set up EZpay, every time we process a bill of yours, we will send you an email asking you to approve the payment for the amount due.

EZpay will pay the bill by default if you do not respond to the email in:

2 business days for bills under \$250

5 business days for bills over \$250

EZpay will combine your payment with payment from your health insurance so that we pay your healthcare provider in full.



## 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.



## Maternity support

Our Boost Your Baby program matches moms-to-be with a Mommy Mentor to support a healthy pregnancy. It's a non-clinical support system for future moms to use throughout their pregnancy. We promise to: provide good and honest information, be supportive when you need us, make life easy and simple (at least the parts we can), respect mom & dad's wishes, and remind mom that she is the most important person in the world when it comes to making sure this baby is born healthy.

Benefits of program include monthly support from a mommy mentor, free breast pump and gifts, nurses available 24/7 for any medical advice or high risk care, and miscarriage support

Visit [boostyourbaby.com](https://boostyourbaby.com), or call 800-808-4848 to learn more.

## Care management

If you need a medical service like a surgery or hospital stay or your doctor diagnoses you with a complex medical condition, a HealthEZ nurse may contact you. The nurse will help you understand your treatment options, coordinate services among your doctors and ensure you have everything you need for a quick recovery and are receiving the right care in the right setting.

We provide education and diet and exercise tips to members living with chronic health conditions, like diabetes, hypertension and high cholesterol. We can also provide these members with referrals to healthcare providers, make appointments on their behalf and order their medical supplies. Our team of doctors and nurses believe that the key to lasting change is partnering with you to offer realistic advice and support.



## Health savings account

A Health Savings Account (HSA) is a type of savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses. By using untaxed dollars in an HSA, you may be able to lower your overall health care costs. This account belongs to you, regardless if your employment or medical coverage changed. Funds in this account can grow tax free and rollover from year to year.

You are eligible for a Health Savings Account if are enrolled in the Saver HSA Plan.

2021 Maximum Annual Contribution Amounts\*

Employee Only: \$3,600

Family Coverage: \$7,200

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

## Additional HSA Publications

The [IRS Publication 502](#) provides more detail on covered expenses.

The [IRS Publication 969](#) provides more detail on Health Savings Accounts.





## Summary of Medical Benefits

### Deluxe Platinum Plan

	In-Network	Out-of-Network
Calendar Year Deductible Employee only Family	\$100 \$200	N/a Out-of-network services accumulate towards the in-network Deductible
Out-of-Pocket Maximum Employee only Family	\$3,000 \$6,000	N/a Out-of-network services accumulate towards the in-network Out-of-Pocket
Coinsurance	20%	
Preventive Care	100% Covered	
Office Visits Primary Services Specialist Services Urgent Care	\$20 Copay \$30 Copay \$40 Copay	
Inpatient Hospital Services Facility - Days 1 - 5 Facility - After day 5 Physician	\$150 Copay / Day 100% Covered 100% Covered*	
Outpatient Hospital Services Facility Physician	\$150 Copay / Procedure 100% Covered*	
Emergency Room Facility Physician	\$150 Copay \$40 Copay	
Mental Health/Chemical Dependency Inpatient Facility - Days 1 - 5 Inpatient Facility - After day 5 Inpatient Physician Outpatient	\$150 Copay / Day 100% Covered 100% Covered* \$30 Copay	

## Summary of Pharmacy Benefits

	Retail 30 Day Supply	Mail Order 90 Day Supply
Prescription Drug Coverage Generic Preferred brand Non-preferred brand	100% Covered \$30 Copay \$60 Copay	100% Covered \$75 Copay \$150 Copay

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

\* After deductible





## Summary of Medical Benefits

### Choice Gold Plan

	In-Network	Out-of-Network
Calendar Year Deductible Employee only Family	\$500 \$1,000	N/a Out-of-network services accumulate towards the in-network Deductible
Out-of-Pocket Maximum Employee only Family	\$5,000 \$10,000	N/a Out-of-network services accumulate towards the in-network Out-of-Pocket
Coinsurance	20%	
Preventive Care	100% Covered	
Office Visits Primary Services Specialist Services Urgent Care	\$35 Copay \$50 Copay \$50 Copay	
Inpatient Hospital Services Facility - Days 1 - 5 Facility - After day 5 Physician	\$200 Copay / Day 100% Covered 100% Covered*	
Outpatient Hospital Services Facility Physician	\$200 Copay / Procedure 100% Covered*	
Emergency Room Facility Physician	\$200 Copay \$50 Copay	
Mental Health/Chemical Dependency Inpatient Facility - Days 1 - 5 Inpatient Facility - After day 5 Inpatient Physician Outpatient	\$200 Copay / Day 100% Covered 100% Covered* \$50 Copay	

## Summary of Pharmacy Benefits

	Retail 30 Day Supply	Mail Order 90 Day Supply
Prescription Drug Coverage Generic Preferred brand Non-preferred brand	\$15 Copay \$40 Copay \$60 Copay	\$37.50 Copay \$100 Copay \$150 Copay

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

\* After deductible



## Summary of Medical Benefits

### Basic Gold Plan

	In-Network	Out-of-Network
Calendar Year Deductible Employee only Family	\$1,000 \$2,000	N/a Out-of-network services accumulate towards the in-network Deductible
Out-of-Pocket Maximum Employee only Family	\$6,000 \$12,000	N/a Out-of-network services accumulate towards the in-network Out-of-Pocket
Coinsurance	20%	
Preventive Care	100% Covered	
Office Visits Primary Services Specialist Services Urgent Care	\$40 Copay \$60 Copay \$60 Copay	
Inpatient Hospital Services Facility - Days 1 - 5 Facility - After day 5 Physician	\$250 Copay / Day 100% Covered 100% Covered*	
Outpatient Hospital Services Facility Physician	\$250 Copay / Procedure 100% Covered*	
Emergency Room Facility Physician	\$250 Copay \$60 Copay	
Mental Health/Chemical Dependency Inpatient Facility - Days 1 - 5 Inpatient Facility - After day 5 Inpatient Physician Outpatient	\$250 Copay / Day 100% Covered 100% Covered* \$60 Copay	

## Summary of Pharmacy Benefits

	Retail 30 Day Supply	Mail Order 90 Day Supply
Prescription Drug Coverage Generic Preferred brand Non-preferred brand	\$15 Copay \$50 Copay \$100 Copay	\$37.50 Copay \$125 Copay \$250 Copay

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

\* After deductible



## Summary of Medical Benefits

### Preferred Silver Plan

	In-Network	Out-of-Network
Calendar Year Deductible Employee only Family	\$2,000 \$4,000	N/a Out-of-network services accumulate towards the in-network Deductible
Out-of-Pocket Maximum Employee only Family	\$6,350 \$12,700	N/a Out-of-network services accumulate towards the in-network Out-of-Pocket
Coinsurance	20%	
Preventive Care	100% Covered	
Office Visits Primary Services Specialist Services Urgent Care	\$40 Copay \$60 Copay \$60 Copay	
Inpatient Hospital Services Facility - Days 1 - 5 Facility - After day 5 Physician	\$300 Copay / Day 100% Covered 100% Covered*	
Outpatient Hospital Services Facility Physician	\$300 Copay / Procedure 100% Covered*	
Emergency Room Facility Physician	\$300 Copay \$60 Copay	
Mental Health/Chemical Dependency Inpatient Facility - Days 1 - 5 Inpatient Facility - After day 5 Inpatient Physician Outpatient	\$300 Copay / Day 100% Covered 100% Covered* \$60 Copay	

## Summary of Pharmacy Benefits

	Retail 30 Day Supply	Mail Order 90 Day Supply
Prescription Drug Coverage Generic Preferred brand Non-preferred brand	\$15 Copay \$60 Copay \$100 Copay	\$37.50 Copay \$150 Copay \$250 Copay

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

\* After deductible



## Summary of Medical Benefits

### Enhanced Silver Plan

	In-Network	Out-of-Network
Calendar Year Deductible Employee only Family	\$3,000 \$6,000	N/a Out-of-network services accumulate towards the in-network Deductible
Out-of-Pocket Maximum Employee only Family	\$7,900 \$15,800	N/a Out-of-network services accumulate towards the in-network Out-of-Pocket
Coinsurance	20%	
Preventive Care	100% Covered	
Office Visits Primary Services Specialist Services Urgent Care	\$40 Copay \$65 Copay \$65 Copay	
Inpatient Hospital Services Facility - Days 1 - 5 Facility - After day 5 Physician	\$400 Copay / Day 100% Covered 100% Covered*	
Outpatient Hospital Services Facility Physician	\$400 Copay / Procedure 100% Covered*	
Emergency Room Facility Physician	\$400 Copay \$65 Copay	
Mental Health/Chemical Dependency Inpatient Facility - Days 1 - 5 Inpatient Facility - After day 5 Inpatient Physician Outpatient	\$400 Copay / Day 100% Covered 100% Covered* \$65 Copay	

## Summary of Pharmacy Benefits

	Retail 30 Day Supply	Mail Order 90 Day Supply
Prescription Drug Coverage Generic Preferred brand Non-preferred brand	\$15 Copay \$75 Copay \$100 Copay	\$37.50 Copay \$187.50 Copay \$250 Copay

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

\* After deductible



## Summary of Medical Benefits

### Classic Silver Plan

	In-Network	Out-of-Network
Calendar Year Deductible Employee only Family	\$4,000 \$8,000	N/a Out-of-network services accumulate towards the in-network Deductible
Out-of-Pocket Maximum Employee only Family	\$8,150 \$16,300	N/a Out-of-network services accumulate towards the in-network Out-of-Pocket
Coinsurance	20%	
Preventive Care	100% Covered	
Office Visits Primary Services Specialist Services Urgent Care	\$40 Copay \$70 Copay \$70 Copay	
Inpatient Hospital Services Facility - Days 1 - 5 Facility - After day 5 Physician	\$450 Copay / Day 100% Covered 100% Covered*	
Outpatient Hospital Services Facility Physician	\$450 Copay / Procedure 100% Covered*	
Emergency Room Facility Physician	\$450 Copay \$70 Copay	
Mental Health/Chemical Dependency Inpatient Facility - Days 1 - 5 Inpatient Facility - After day 5 Inpatient Physician Outpatient	\$450 Copay / Day 100% Covered 100% Covered* \$70 Copay	

## Summary of Pharmacy Benefits

	Retail 30 Day Supply	Mail Order 90 Day Supply
Prescription Drug Coverage Generic Preferred brand Non-preferred brand	\$15 Copay \$75 Copay \$100 Copay	\$37.50 Copay \$187.50 Copay \$250 Copay

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

\* After deductible



## Summary of Medical Benefits

### Saver HSA Plan

	In-Network	Out-of-Network
Calendar Year Deductible Employee only Family	\$6,450 \$12,900	N/a Out-of-network services accumulate towards the in-network Deductible
Out-of-Pocket Maximum Employee only Family	\$6,450 \$12,900	N/a Out-of-network services accumulate towards the in-network Out-of-Pocket
Coinsurance	0%	
Preventive Care	100% Covered	
Office Visits Primary Services Specialist Services Urgent Care	100% Covered* 100% Covered* 100% Covered*	
Inpatient Hospital Services Facility - Days 1 - 5 Facility - After day 5 Physician	100% Covered* 100% Covered* 100% Covered*	
Outpatient Hospital Services Facility Physician	100% Covered* 100% Covered*	
Emergency Room Facility Physician	100% Covered* 100% Covered*	
Mental Health/Chemical Dependency Inpatient Facility - Days 1 - 5 Inpatient Facility - After day 5 Inpatient Physician Outpatient	100% Covered* 100% Covered* 100% Covered* 100% Covered*	

## Summary of Pharmacy Benefits

	Retail 30 Day Supply	Mail Order 90 Day Supply
Prescription Drug Coverage Generic Preferred brand Non-preferred brand	100% Covered* 100% Covered* 100% Covered*	100% Covered* 100% Covered* 100% Covered*

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

\* After deductible



## Summary of Medical Benefits

### Value Essential Plan

	In-Network	Out-of-Network
<b>Calendar Year Deductible</b> Employee only Family		N/a N/a
<b>Out-of-Pocket Maximum</b> Employee only Family		N/a N/a
<b>Coinsurance</b>		N/a
<b>Preventive Care</b>		100% Covered
<b>Office Visits</b> Primary Services Specialist Services Urgent Care		\$25 Copay \$50 Copay \$75 Copay
<b>Inpatient Hospital Services</b> Facility - Days 1 - 5 Facility - After day 5 Physician		No Coverage No Coverage No Coverage
<b>Outpatient Hospital Services</b> Facility Physician		No Coverage No Coverage
<b>Emergency Room</b> Facility Physician		\$350 Copay 100% Covered (included in Facility Copay)
<b>Mental Health/Chemical Dependency</b> Inpatient Facility - Days 1 - 5 Inpatient Facility - After day 5 Inpatient Physician Outpatient		No Coverage No Coverage No Coverage No Coverage

## Summary of Pharmacy Benefits

	Retail 30 Day Supply	Mail Order 90 Day Supply
<b>Prescription Drug Coverage</b> Generic Preferred brand Non-preferred brand	\$10 Copay 100% Copay 100% Copay	\$20 Copay 100% Copay 100% Copay

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

\* After deductible

# Connect with us

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844-839-6740



7201 West 78th Street  
Bloomington, MN 55439

HEALTHEZ