



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 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 40 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](https://www.kennionplans.com) to learn about and manage your health plan. View your benefits, review pharmacy information, search to find a doctor and more.

You can set up a myHealthEZ account to access monthly statements, account balances, recently processed bills and HealthEZ's online payment system, EZpay.

Manage your health benefits without all the headaches.

Download the free myHealthEZ app to view your benefits, manage and pay bills, get 24/7 support, locate care providers near you, and access your digital insurance card—right from your phone.



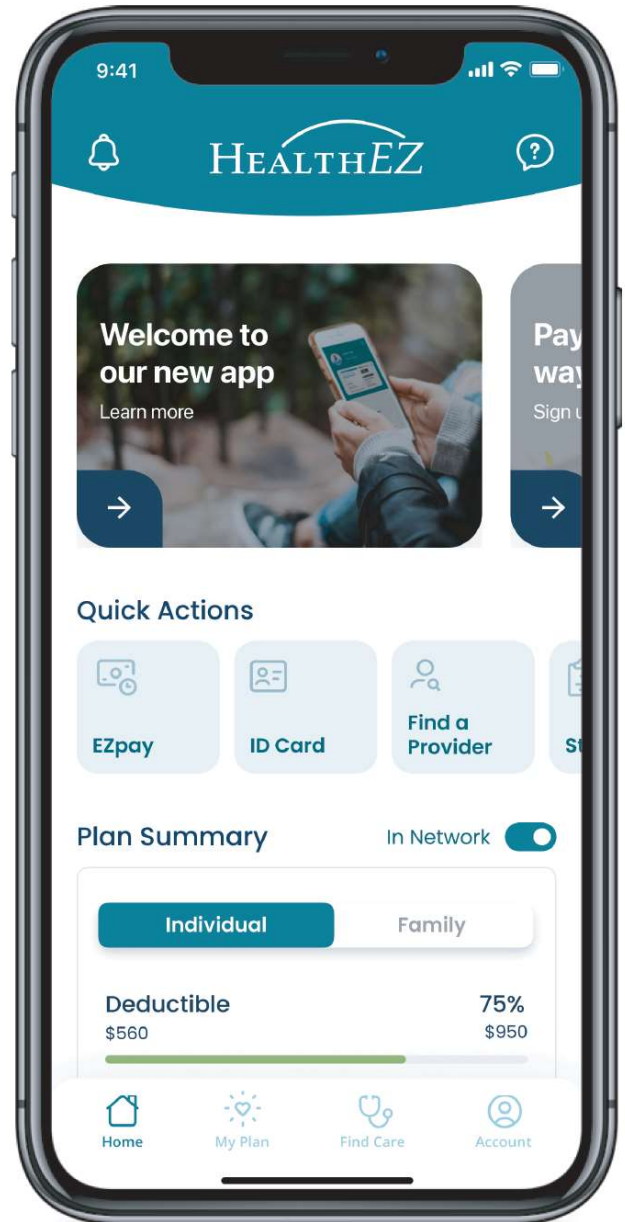
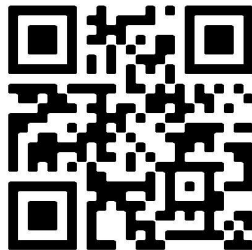
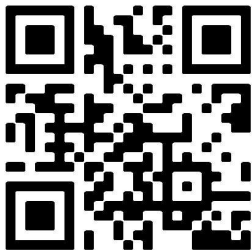
Tap. Pay. Done.

Pay bills, schedule automated payments, and view past statements in one simple, secure location.



24/7 help and support

Find answers faster with access to support materials, or by connecting with a member support representative.

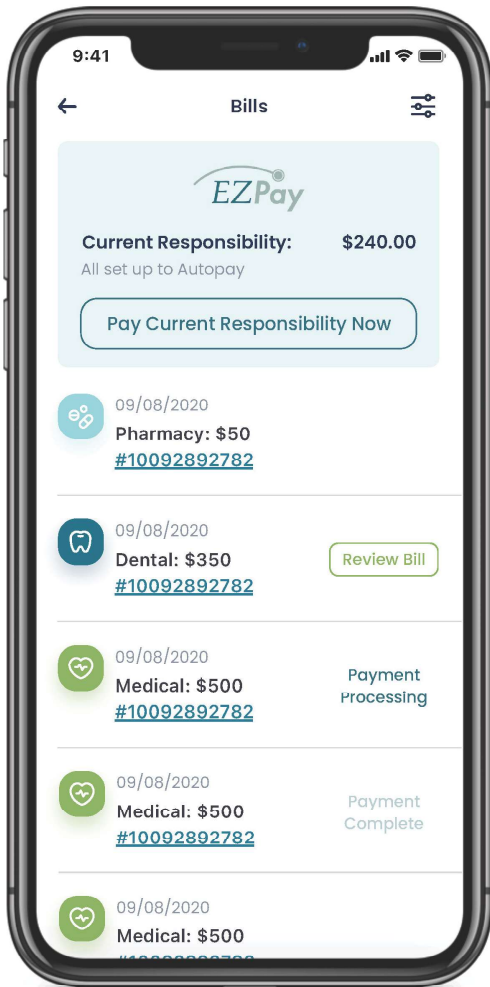


myHealthEZ Account

With or without the myHealthEZ app, you can manage your HealthEZ benefits on your preferred web browser as well. Visit myHealthEZ.com or KennionPlans.com and click "Login."

If you have not registered an account with HealthEZ yet, enter in your credentials, choose a password, and click "Activate Your Account".

Dependents over the age of 19 can create their own myHealthEZ account to manage their plan and request replacement ID card or download their ID card directly to their own devices.



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

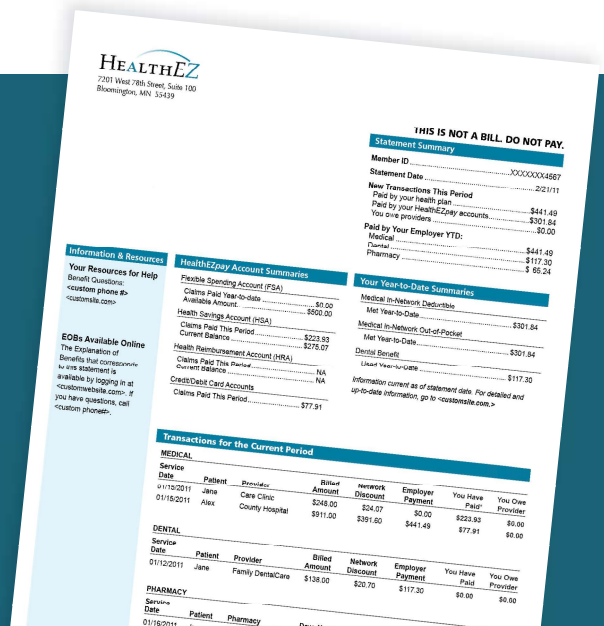
EZpay will pay the bill by default if you do not respond to the email in:

- 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.





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.



Your medical network is the Alabama Premier Network for members in AL.



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



Your medical network is Cigna for members in all 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 KennionPlans.com, and click "Find a Doctor."



Your Pharmacy Benefit Manager is MedOne.



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 MedOne's mail order service. Visit [KennionPlans.com](https://www.kennionplans.com) for more information on how to get started and to download the 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 [MedOne-Rx.com](https://www.MedOne-Rx.com).

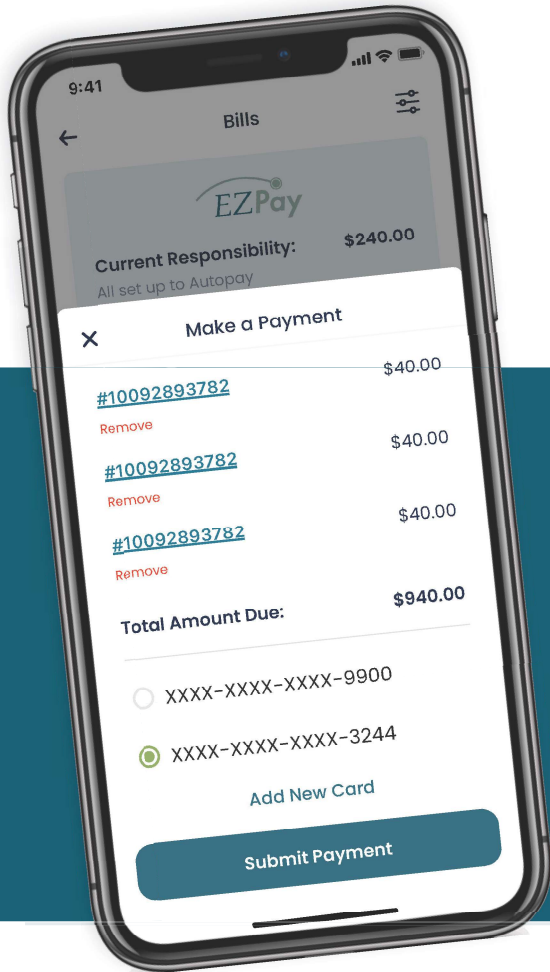
Health Savings Account

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.



2022 Maximum Annual Contribution Amounts*

Employee Only: \$3,650

Family Coverage: \$7,300

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

Add your HSA to EZPay!

Add your Health Savings Account (HSA) to your EZPay account within myHealthEZ to quickly pay your portion of medical bills. Setup payment priority with up to 5 credit and debit cards, and HSA accounts.

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



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), and respect mom & dad's wishes.

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, 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 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. Our team of doctors and nurses believe that the key to lasting change is partnering with you to offer realistic advice and support.



Preventive services

Your health plan covers preventive services at no charge to you. These include routine healthcare screenings and check-ups. Some examples are listed, but please see the link below for a full list of preventive services:

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



Preventive services for adults

Screenings for blood pressure, cholesterol, depression, diabetes, Hepatitis B and C, Lung cancer

Counseling for alcohol misuse, STD prevention, tobacco cessation

Immunizations for Hepatitis A and B, Herpes Zoster, HPV, Influenza, Measles, Meningococcal, Mumps

Preventive services for women

Screenings for anemia, breast cancer, cervical cancer, chlamydia, gestational diabetes, Osteoporosis

Folic acid supplements for women who may become pregnant

Contraception and sterilization procedures

Preventive services for children

Screenings for blood pressure, depression, hearing, Hepatitis B, HIV, obesity, vision

Immunizations for Hepatitis A and B, Human Papillomavirus, Influenza, Measles, Rotovirus, Tetanus

Assessments for alcohol and drug use, behavior, height, weight, body mass and oral health



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