

# Benefits Overview

**Kennion Benefit Advisors**

**Dedicated Website**

**[KennionPlans.com](http://KennionPlans.com)**

**Dedicated Phone Number**

**844-839-6740**

**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.



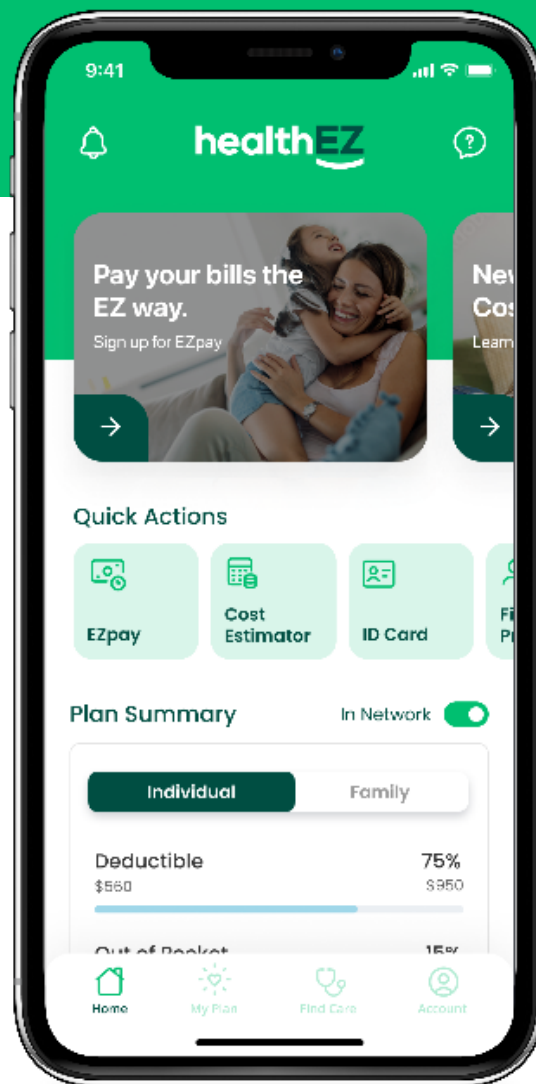
## Find a provider

Search local healthcare professionals and filter results by location and specialty to find the right care provider for you and your family.



## EZchoice

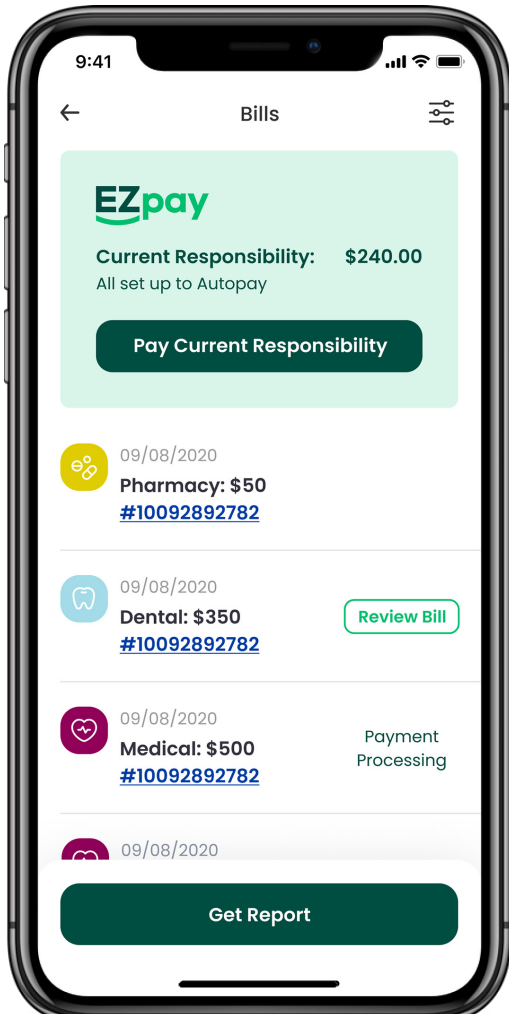
EZchoice makes provider choice easy and medical costs transparent so you can be confident that you are not overspending on your medical care.



## 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.





## 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



## 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 in Alabama need to be in-network with Alabama Premier Network.

### Physicians in any other state need to be in-network with PHCS



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.



**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.

### **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.com](https://www.MedOne.com).

# Summary of Medical Benefits

## Deluxe Platinum Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	<b>Reference Based Pricing</b>	
<b>Deductible</b>		
Individual Coverage	\$100	
Family Coverage	\$200	
<b>Out-of-Pocket Maximum</b>		
Individual Coverage	\$3,000	
Family Coverage	\$6,000	
Preventive Care Services	No Charge	
Primary Office Visit	\$20	
Specialist Office Visit	\$30	
Chiropractic Visit	20%*	
Urgent Care Services	\$40	
Complex Imaging: MRI/CT/PET Scans	\$150	
Inpatient Hospital Care Facility Fee - Days 1-5 Facility Fee - After day 5 Physician Fee	\$150/Day No Charge 0%*	
Outpatient Procedures Facility Fee Physician Fee	\$150/Procedure 0%*	
Emergency Room Services Facility Physician	\$150 \$40	
Emergency Medical Transportation	20%*	
Mental Health/Chemical Dependency - Inpatient Facility Fee - Days 1-5 Facility Fee - After day 5 Physician Fee	\$150/Day No Charge 0%*	
Mental Health/Chemical Dependency - Office Visit	\$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	No Charge	
Preferred Brand	\$30	\$75
Non-Preferred Brand	\$60	\$150
Specialty	Not Covered	

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

\* Coinsurance after deductible



# Summary of Medical Benefits

## Choice Gold Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	<b>Reference Based Pricing</b>	
<b>Deductible</b>		
Individual Coverage	\$500	
Family Coverage	\$1,000	
<b>Out-of-Pocket Maximum</b>		
Individual Coverage	\$5,000	
Family Coverage	\$10,000	
<b>Preventive Care Services</b>		
Preventive Care Services	No Charge	
Primary Office Visit	\$35	
Specialist Office Visit	\$50	
Chiropractic Visit	20%*	
Urgent Care Services	\$50	
<b>Complex Imaging: MRI/CT/PET Scans</b>		
Complex Imaging: MRI/CT/PET Scans	\$200	
<b>Inpatient Hospital Care</b>		
Inpatient Hospital Care Facility Fee - Days 1-5 Facility Fee - After day 5 Physician Fee	\$200/Day No Charge 0%*	
<b>Outpatient Procedures</b>		
Outpatient Procedures Facility Fee Physician Fee	\$200/Procedure 0%*	
<b>Emergency Room Services</b>		
Emergency Room Services Facility Physician	\$200 \$50	
Emergency Medical Transportation	20%*	
<b>Mental Health/Chemical Dependency - Inpatient</b>		
Mental Health/Chemical Dependency - Inpatient Facility Fee - Days 1-5 Facility Fee - After day 5 Physician Fee	\$200/Day No Charge 0%*	
Mental Health/Chemical Dependency - Office Visit	\$50	
<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	\$15	\$37.50
Preferred Brand	\$40	\$100
Non-Preferred Brand	\$60	\$150
Specialty	Not Covered	

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

\* Coinsurance after deductible

# Summary of Medical Benefits

## Basic Gold Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	<b>Reference Based Pricing</b>	
<b>Deductible</b>		
Individual Coverage	\$1,000	
Family Coverage	\$2,000	
<b>Out-of-Pocket Maximum</b>		
Individual Coverage	\$6,000	
Family Coverage	\$12,000	
Preventive Care Services	No Charge	
Primary Office Visit	\$40	
Specialist Office Visit	\$60	
Chiropractic Visit	20%*	
Urgent Care Services	\$60	
Complex Imaging: MRI/CT/PET Scans	\$250	
Inpatient Hospital Care Facility Fee - Days 1-5 Facility Fee - After day 5 Physician Fee	\$250/Day No Charge 0%*	
Outpatient Procedures Facility Fee Physician Fee	\$250/Procedure 0%*	
Emergency Room Services Facility Physician	\$250 \$60	
Emergency Medical Transportation	20%*	
Mental Health/Chemical Dependency - Inpatient Facility Fee - Days 1-5 Facility Fee - After day 5 Physician Fee	\$250/Day No Charge 0%*	
Mental Health/Chemical Dependency - Office Visit	\$60	
<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	\$15	\$37.50
Preferred Brand	\$50	\$125
Non-Preferred Brand	\$100	\$250
Specialty	Not Covered	

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

\* Coinsurance after deductible

# Summary of Medical Benefits

## Preferred Silver Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	<b>Reference Based Pricing</b>	
<b>Deductible</b>		
Individual Coverage	\$2,000	
Family Coverage	\$4,000	
<b>Out-of-Pocket Maximum</b>		
Individual Coverage	\$6,350	
Family Coverage	\$12,700	
Preventive Care Services	No Charge	
Primary Office Visit	\$40	
Specialist Office Visit	\$60	
Chiropractic Visit	20%*	
Urgent Care Services	\$60	
Complex Imaging: MRI/CT/PET Scans	\$300	
Inpatient Hospital Care Facility Fee - Days 1-5 Facility Fee - After day 5 Physician Fee	\$300/Day No Charge 0%*	
Outpatient Procedures Facility Fee Physician Fee	\$300/Procedure 0%*	
Emergency Room Services Facility Physician	\$300 \$60	
Emergency Medical Transportation	20%*	
Mental Health/Chemical Dependency - Inpatient Facility Fee - Days 1-5 Facility Fee - After day 5 Physician Fee	\$300/Day No Charge 0%*	
Mental Health/Chemical Dependency - Office Visit	\$60	
<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	\$15	\$37.50
Preferred Brand	\$60	\$150
Non-Preferred Brand	\$100	\$250
Specialty	Not Covered	

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

\* Coinsurance after deductible

# Summary of Medical Benefits

## Enhanced Silver Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	<b>Reference Based Pricing</b>	
<b>Deductible</b>		
Individual Coverage	\$3,000	
Family Coverage	\$6,000	
<b>Out-of-Pocket Maximum</b>		
Individual Coverage	\$7,900	
Family Coverage	\$15,800	
Preventive Care Services	No Charge	
Primary Office Visit	\$40	
Specialist Office Visit	\$65	
Chiropractic Visit	20%*	
Urgent Care Services	\$65	
Complex Imaging: MRI/CT/PET Scans	\$400	
Inpatient Hospital Care Facility Fee - Days 1-5 Facility Fee - After day 5 Physician Fee	\$400/Day No Charge 0%*	
Outpatient Procedures Facility Fee Physician Fee	\$400/Procedure 0%*	
Emergency Room Services Facility Physician	\$400 \$60	
Emergency Medical Transportation	20%*	
Mental Health/Chemical Dependency - Inpatient Facility Fee - Days 1-5 Facility Fee - After day 5 Physician Fee	\$400/Day No Charge 0%*	
Mental Health/Chemical Dependency - Office Visit	\$65	
<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	\$15	\$37.50
Preferred Brand	\$75	\$187.50
Non-Preferred Brand	\$100	\$250
Specialty	Not Covered	

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

\* Coinsurance after deductible

# Summary of Medical Benefits

## Classic Silver Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	Reference Based Pricing	
<b>Deductible</b>		
Individual Coverage	\$4,000	
Family Coverage	\$8,000	
<b>Out-of-Pocket Maximum</b>		
Individual Coverage	\$8,150	
Family Coverage	\$16,300	
Preventive Care Services	No Charge	
Primary Office Visit	\$40	
Specialist Office Visit	\$70	
Chiropractic Visit	20%*	
Urgent Care Services	\$70	
Complex Imaging: MRI/CT/PET Scans	\$450	
Inpatient Hospital Care Facility Fee - Days 1-5 Facility Fee - After day 5 Physician Fee	\$450/Day No Charge 0%*	
Outpatient Procedures Facility Fee Physician Fee	\$450/Procedure 0%*	
Emergency Room Services Facility Physician	\$450 \$70	
Emergency Medical Transportation	20%*	
Mental Health/Chemical Dependency - Inpatient Facility Fee - Days 1-5 Facility Fee - After day 5 Physician Fee	\$450/Day No Charge 0%*	
Mental Health/Chemical Dependency - Office Visit	\$70	
<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	\$15	\$37.50
Preferred Brand	\$75	\$187.50
Non-Preferred Brand	\$100	\$250
Specialty	Not Covered	

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

\* Coinsurance after deductible

# Summary of Medical Benefits

## Saver HSA Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	Reference Based Pricing	
<b>Deductible</b>		
Individual Coverage	\$6,450	
Family Coverage	\$12,900	
<b>Out-of-Pocket Maximum</b>		
Individual Coverage	\$6,450	
Family Coverage	\$12,900	
Preventive Care Services	No Charge	
Primary Office Visit	0%*	
Specialist Office Visit	0%*	
Chiropractic Visit	0%*	
Urgent Care Services	0%*	
Complex Imaging: MRI/CT/PET Scans	0%*	
Inpatient Hospital Care Facility Fee - Days 1-5 Facility Fee - After day 5 Physician Fee	0%* No Charge 0%*	
Outpatient Procedures Facility Fee Physician Fee	0%* 0%*	
Emergency Room Services Facility Physician	0%* 0%*	
Emergency Medical Transportation	0%*	
Mental Health/Chemical Dependency - Inpatient Facility Fee - Days 1-5 Facility Fee - After day 5 Physician Fee	0%* No Charge 0%*	
Mental Health/Chemical Dependency - Office Visit	0%*	
<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	0%*	0%*
Preferred Brand	0%*	0%*
Non-Preferred Brand	0%*	0%*
Specialty	Not Covered	

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

\* Coinsurance after deductible

# Summary of Medical Benefits

## Value Essential Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	<b>Reference Based Pricing</b>	
<b>Deductible</b>		
Individual Coverage	N/A	
Family Coverage	N/A	
<b>Out-of-Pocket Maximum</b>		
Individual Coverage	N/A	
Family Coverage	N/A	
Preventive Care Services	No Charge	
Primary Office Visit	\$25	
Specialist Office Visit	\$50	
Chiropractic Visit	\$50	
Urgent Care Services	\$75	
Complex Imaging: MRI/CT/PET Scans	\$200	
Inpatient Hospital Care Facility Fee Physician Fee	Not Covered	
Outpatient Procedures Facility Fee Physician Fee	Not Covered	
Emergency Room Services Facility Physician	\$350	
Emergency Medical Transportation	Not Covered	
Mental Health/Chemical Dependency - Inpatient Facility Fee Physician Fee	Not Covered	
Mental Health/Chemical Dependency - Office Visit	Not Covered	
<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	\$10	\$20
Preferred Brand	100% Copay	100% Copay
Non-Preferred Brand	100% Copay	100% Copay
Specialty	Not Covered	

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

\* Coinsurance after deductible

