Benefits Overview

Moultrie County

healthEZ



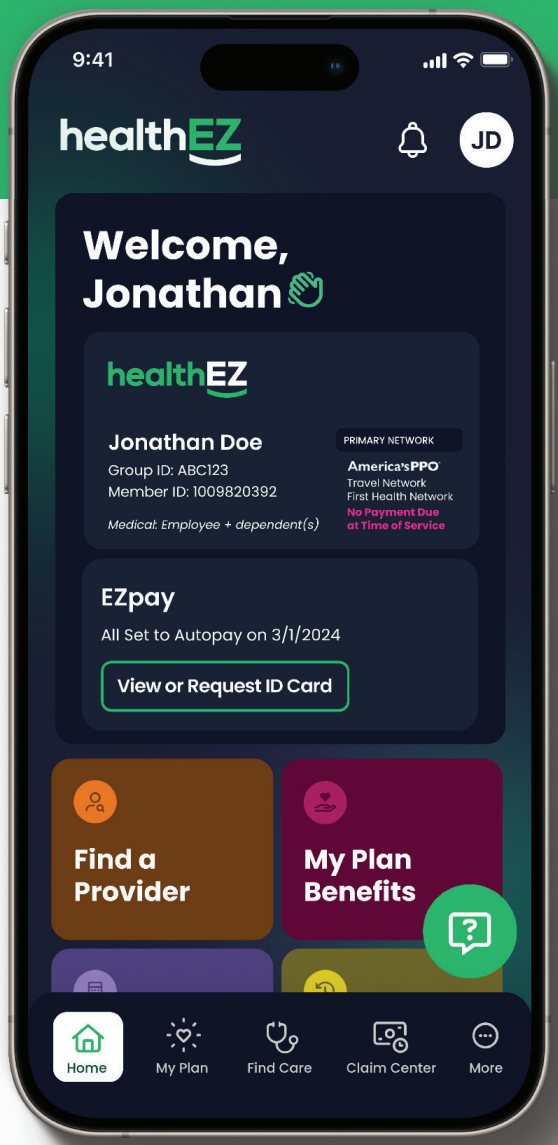
Welcome!

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.

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

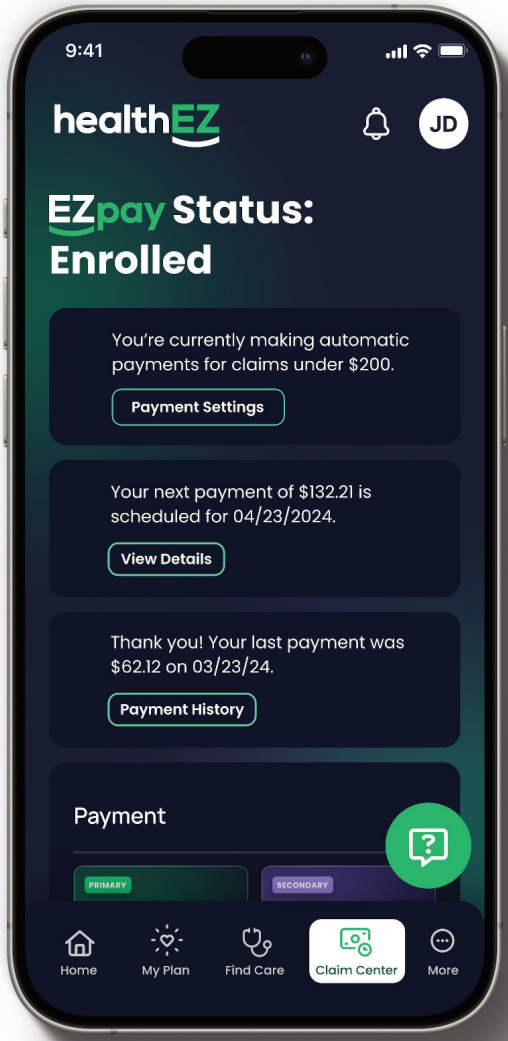
EZchoice makes provider choice easy and medical costs transparent so you can be confident that you are not overspending on your medical care.

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.

Download on the App Store

GET IT ON Google Play



EZpay

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

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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 your myHealthEZ account and request a new card be printed and mailed, or access 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 access their ID card directly to their own devices.

If you are on the PPO Plan, your medical network is Health Link.

HealthLink OAIII | UniCare Affiliate

If you are on the OAP Plan, your Tier 1 and Tier 2 medical network is Health Link.

HealthLink OAIII | UniCare Affiliate

What is a medical network?

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

What if I go outside of my medical network?

There may be times when you decide to visit a doctor or clinic that is out-of-network. The costs for these visits and services are often higher than seeing doctors that are in-network. You will be responsible for paying the difference between the provider's full charge and the amount your health plan pays. This is called balance billing.

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 Cerpass Rx.

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?

CerpassRx is proud to offer Mail Delivery by PillPack, a simple, innovative way to manage your prescription medications. PillPack, by Amazon pharmacy, is a full-service pharmacy that sorts your medication by the dose and delivers them to your door at no additional cost. Visit CerpassRx.com for more information on how to get started.

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 CerpassRx.com.

Summary of Medical Benefits

PPO Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
Deductible		
Individual Coverage	$0	N/A
Family Coverage	N/A	N/A
Out-of-Pocket Maximum		
Individual Coverage	$6,600	N/A
Family Coverage	N/A	N/A
Preventive Care Services	No Charge	Not Covered
Primary Office Visit	$20 Copay	Not Covered
Specialist Office Visit	$20 Copay	Not Covered
Chiropractic Visit	$20 Copay	Not Covered
Urgent Care Services	$20 Copay	Not Covered
Complex Imaging: MRI/CT/PET Scans	No Charge	Not Covered
Inpatient Hospital Care Facility Fee Physician Fee	 $250 Copay No Charge	 Not Covered Not Covered
Outpatient Procedures Facility Fee Physician Fee	 $200 Copay No Charge	 Not Covered Not Covered
Emergency Room Services	$100 Copay	
Emergency Medical Transportation	No Charge	
Mental Health/Chemical Dependency - Inpatient	$250 Copay	Not Covered
Mental Health/Chemical Dependency - Office Visit	$20 Copay	Not Covered

Summary of Pharmacy Benefits

Prescription Drug Coverage	Preferred Pharmacy (Reed Pharmacies/Sullivan Pharmacy) Retail (per 30-day supply)	Preferred Pharmacy (Reed Pharmacies/ Sullivan Pharmacy) Retail (per 90-day supply)	Non-Preferred Pharmacy Retail (per 30-day supply)
Generic	$5 Copay	$5 Copay	$10 Copay
Preferred Brand	$20 Copay	$60 Copay	$35 Copay
Non-Preferred Brand	$60 Copay	$180 Copay	$60 Copay
Specialty	$60 Copay	$180 Copay	$60 Copay

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

* Coinsurance after deductible

Summary of Medical Benefits

OAP Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	Tier 1 In-Network	Tier 2 In-Network	Out of Network
Deductible			
Individual Coverage	$0	$300	$500
Family Coverage	N/A	N/A	N/A
Out-of-Pocket Maximum			
Individual Coverage	$9,200	$1,000	$2,000
Family Coverage	N/A	N/A	N/A
Preventive Care Services	No Charge	No Charge	Not Covered
Primary Office Visit	$20 Copay	10%*	20%*
Specialist Office Visit	$20 Copay	10%*	20%*
Chiropractic Visit	$20 Copay	$20 Copay, then 10%*	20%*
Urgent Care Services	$20 Copay	10%*	20%*
Complex Imaging: MRI/CT/PET Scans	No Charge	10%*	20%*
Inpatient Hospital Care Facility Fee Physician Fee	$250 Copay No Charge	$300 Copay, then 10%* 10%*	$400 Copay, then 20%* 20%*
Outpatient Procdures Facility Fee Physician Fee	$200 Copay No Charge	$200 Copay, then 10%* 10%*	$200 Copay, then 20%* 20%*
Emergency Room Services	$100 Copay	$100 Copay, then 10%*	$100 Copay, then 10% Coinsurance after Tier 2 Deductible
Emergency Medical Transportation	20% Coinsurance	20%*	20% Coinsurance after Tier 2 Deductible
Mental Health/Chemical Dependency - Inpatient	$250 Copay	$300 Copay, then 10%*	$400 Copay, then 20%*
Mental Health/Chemical Dependency - Office Visit	$20 Copay	10%*	10%*

Summary of Pharmacy Benefits

Prescription Drug Coverage	Preferred Pharmacy (Reed Pharmacies/Sullivan Pharmacy) Retail (per 30-day supply)	Preferred Pharmacy (Reed Pharmacies/ Sullivan Pharmacy) Retail (per 90-day supply)	Non-Preferred Pharmacy Retail (per 30-day supply)
Individual Prescription Out of Pocket Maxiumum	**$5,300**		
Generic	$5 Copay	$5 Copay	$10 Copay
Preferred Brand	$20 Copay	$60 Copay	$35 Copay
Non-Preferred Brand	$60 Copay	$180 Copay	$60 Copay
Specialty	$60 Copay	$180 Copay	$60 Copay

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

* Coinsurance after deductible

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