

POWERED BY heathEZ



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 40 years.

Direct access to member support

Dedicated phone number

Affinity Health Plans has a dedicated phone number at 888-284-7197 that is answered by a real person between 7 a.m. and 7 p.m. CST.

Dedicated benefits website

You can use Affinity Health Plans's dedicated benefits website at <u>AffinityHEZPlans.com</u> 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

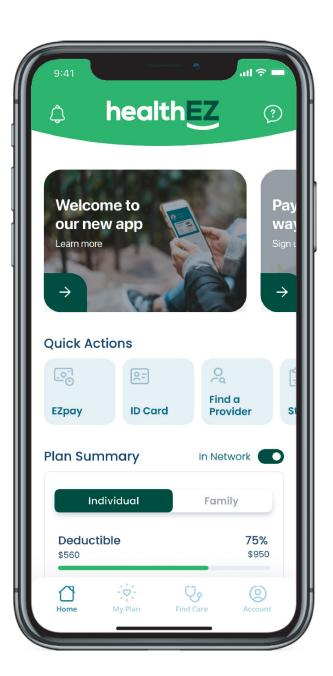
Find answers faster with access to support materials, or by connecting with a member support representative.









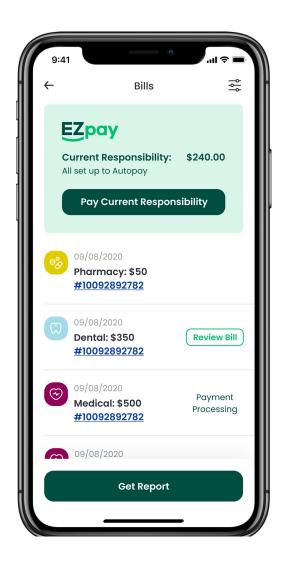


myHealthEZ Account

With or without the myHealthEZ app, you can manage your HealthEZ benefits on your preferred web browser as well. Visit myHealthEZ.com or AffinityHEZPlans.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 a replacement ID card or download their ID card directly to their own devices.



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, 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 recieve 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.

If you are enrolled in a MEC Plan, your medical network is PHCS.

If you are enrolled in a Copay or HSA Plan, your medical network is Cigna.





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 AffinityHEZPlans.com, and click "Find a Doctor."

Your Pharmacy Benefit Manager is MagellanRx.



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 Magellan Rx Home, Magellan's mail service pharmacy. Visit <u>AffinityHEZPlans.com</u> for more information on how to get started and to download the Magellan Rx Home mail service forms.

What is Step Therapy and Prior Authorization?

Step Therapy is a program that requires members to initially try preferred, medically proven and less expensive prescription drugs before "stepping up" to more expensive drugs.

Prior Authorizations promote the use of safe, effective and reasonably-priced drug therapy. Your healthcare provider is required to provide medical information to determine coverage.

For questions on Step Therapy or your Prior Authorization, contact Magellan Rx at 800-424-5828.

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 MagellanRx.com.

Magellan Member Portal

Access your prescription history, schedule a refill and more! Visit <u>MagellanRx.com</u> and select Member Portal. If it's your first time on the site, you will need to complete the one-time registration process.

To register, fill out the registration form. Click on confirmation link sent to the email you registered with within 24 hours (if you don't click on the link within 24 hours you will need to re-register). The link will take you to the member login page and will complete your registration.



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 or call 1-800-Teladoc to contact a doctor.
Talk to a docotor anytime, anywhere.



What can Teladoc Treat?

For minor health concerns, you don't have to wait in an emergency room or an urgent care center for diagnosis and treatment. The teladoc team of highly-qualified medical providers can evaluate common conditions like:

- · Abrasions & Lacerations
- Acne
- Allergies
- Asthma
- Bacterial Vaginosis
- Birth Control
- Bites and Stings
- Body Aches
- · Bronchitis
- Cough & Fever
- Diarrhea

- Flu
- Frostbite
- Gout
- Headaches
- Hives
- Itchy Eyes
- Lice
- Medication Refills
- Migraines
- Nasal Congestion
- Nausea
- Pink Eye

- Respiratory Infections
- STD and STIs
- · Sinus Infections
- · Sinus Symptoms
- Skin Infections
- Sore Throat
- · Sprains and Strains
- Travel Medications
- UTI
- Vomiting
- Yeast Infections



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 Hepatits A and B, Herpes Zoster, HPV, Influenza, Measles, Meningococcal, Mumps

Preventive services for women

- Screenings for anemia, breast cancer, cervical cancer, chlamydia, gestational diabetes, Osteoperosis
- 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 Hepatits 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

MEC Enhanced

Plan Year Accumulation Embedded Deductible Employee only Family	In-Network	Out-of-Network
	No Limit No Limit	No Limit No Limit
Embedded Out-of-Pocket Maximum Employee only Family	No Limit No Limit	No Limit No Limit
Preventive Care	100% Covered	No Coverage
Teladoc Services General Consultations	100% Covered	
Office Visits Primary Services Specialist Services Chiropractic Services	\$25 Copay \$50 Copay No Coverage	No Coverage No Coverage No Coverage
Urgent Care Services	\$75 Copay	No Coverage
Emergency Services* Emergency Room Emergency Medical Transportation	\$500 Copay No Coverage	No Coverage No Coverage
Hospital Services Inpatient Care Outpatient Surgery	\$1,000 benefit per day \$1,000 combined benefit per year	No Coverage No Coverage
Labs & Scans Office Visit Lab Outpatient Lab Outpatient X-Ray Outpatient Major Diagnostic	100% Covered \$1,000 combined benefit per year \$1,000 combined benefit per year \$1,000 combined benefit per year	No Coverage No Coverage No Coverage No Coverage
Mental Health/Chemical Dependency Inpatient Outpatient	\$1,000 benefit per day \$50 Copay	No Coverage No Coverage

Summary of Pharmacy Benefits

Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Preventive Non-Preventive Generic Non-Preventive Preferred brand Non-Preventive Non-preferred brand Non-Preventive Specialty	100% Covered \$10 Copay No Coverage No Coverage No Coverage	100% Covered No Coverage No Coverage No Coverage No Coverage

An Embedded Deductible means that each individual will only have to meet the individual Deductible before the Plan begins paying benefits for such individual that are subject to a Deductible.

An Embedded Out-of-Pocket Maximum means that each individual will only have to meet the individual out-of-pocket maximum before the Plan begins paying in full for such individual.

^{*} Covered as in-network in true-emergency

Connect with us

Affinity Health Plans has a dedicated phone number at 888-284-7197 that we answer between 7 a.m. and 7 p.m. CT. When you call, a real person answers.

- service@healthez.com
 AffinityHEZPlans.com
- 888-284-7197
- 7201 West 78th Street
 Bloomington, MN 55439

