# Benefits OVERVIEW Regional Healthcare Clinic, Inc DBA Katy Trail

Dedicated Website KatyTrailBenefits.com Dedicated Phone Number 844-617-1890





# 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 serviceoriented 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 cardright from your phone.

# Tap. Pay. Done.

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

# Ų, Find a provider

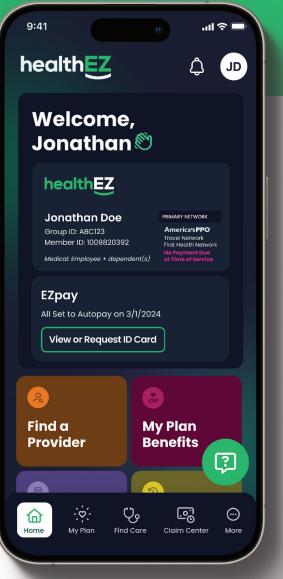
Search local healthcare professionals and filter results by location and specialty to find the right care provider for you and your family.

## 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.

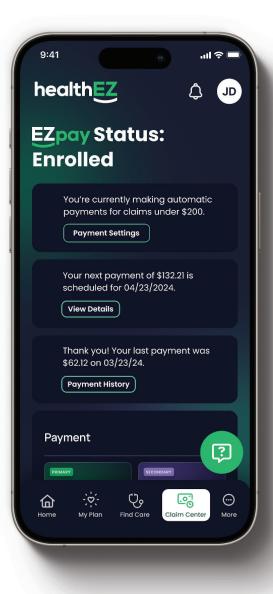












# EZpay

# 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:

healthEz

- 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.

						tement Sum	nary	BILL. DO NOT PA
					Memi	ber ID		
					States	ment Date		
					Paid	your health	plan	2/21/1
					Pald to			\$301.84
Information & Resource					Dental			\$441.49
Your Resources		althEZpay	Account Summer					\$ 65 24
					Phamacy \$44 Phamacy \$11 5 66 Your Year-to-Date Summaries			
<custom a="" phone=""></custom>	CI	alms Paid y	bar-to-date		Medical I	name si	ummaries	
and the second sec	Available Amount \$0.00			Medical In-Network Deductible Met Year-to-Date				
	Claims Duine Account (HSA)			Medical In Alex			\$301.84	
OBs Available	s that corresponds Cletims Paid This Period (NKA) Istement is Current Batence NA By logging is at Credit/Dark Court			Medical In-Network Out-of-Pocket Met Year-to-Date			0001.04	
				Dental Benefit			\$301.84	
inefits that earns				Used Yearste Dur			4101.84	
				Used Year-to-Date			\$117.30	
introduction by logging in at				Aformation current as of statement date. For detailed and 4p-to-date information, go to <customaite.com.></customaite.com.>				
	Claim	s Paid This	Period	\$77.91	4p-to-date in	formation, go to	customaite.co	r detailed and m.>
	Transa MEDICAL Service	ctions fo	Period		4p-to-clate in	formation, go to	<customaite.co< th=""><th>r detailed and m.&gt;</th></customaite.co<>	r detailed and m.>
nave questions, call atom phonetry.	Transa MEDICAL Service Date	etions fo	Period	riod		formation, go to	<customaite.co< td=""><td>r detailed and m.&gt;</td></customaite.co<>	r detailed and m.>
nave questions, call Mom phonets-	Transa MEDICAL Service	Patient	r the Current Pe Provider Care Clinic	Billed Amount \$248.00	Network Discount	Employer Payment	You Have Paid	You Cours
nave questions, call	Transa MEDICAL Service Date 01/15/2011 01/15/2011	Patient Jane	r the Current Pe Provider	riod Billed Amount	Network	Employee	You Have	You One Provider \$0.00
, nave question, cal stom phones.	Transa MEDICAL Service Date 01/15/2011 01/15/2011 01/15/2011	Patient Jane	r the Current Pe Provider Care Clinic County Hospital	riod Billed Amount \$248.00 \$911.00	Network Discount \$24.07 \$391.60	Employer Payment \$0.00	You Have Paid \$223.93	You One Provider
, nave question, cal stom phones.	Transa MEDICAL Service Date 01/15/2011 01/15/2011 01/15/2011 01/15/2011	Patient Jane Alax	r the Current Pe Provider Care Clinic	Billed Amount \$248.00 \$911.00	Network Discount \$34.07 \$391.60	Employer Payment \$0.00	You Have Paid \$223.83 \$77.91 You Have	You Owe Provider \$0.00 \$0.00
ranne questions, cas storn phones 1 2 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Transa MEDICAL Service Date 01/15/2011 01/15/2011 01/15/2011	Patient Jane Alax Patient	r the Current Pe Provider Care Clinic County Hospital Provider	Billed Amount \$248.00 \$911.00	Network Discount \$24.07 \$391.60	Employer Payment \$0.00 \$441.49 Employer	You Have Paid \$223.93 \$77.91	You Dave Provider \$0.00 \$0.00



# 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



# **Chronic Conditions Management**

Our Livongo programs offer a whole-person approach to chronic condition management. Livongo's digital health platform provides actionable, personalized and timely support that make it easier to stay healthy, including:

- Lifestyle behavior change tools
  - tion
- Medication optimization
- Expert health coaching

- Provider coordination
- Cellular-connected devices
- Personalized plans for reaching health goals

The program is offered at no cost to you and all family members with coverage through your health plan.

Register at **be.livongo.com/HEALTHEZ/register** or call **(800) 945-4355** with code: **HEALTHEZ** 

#### LIVONGO FOR DIABETES



Connected blood glucose meter, unlimited testing strips, personalized insights, 24/7 expert support and custom alerts.

#### LIVONGO FOR HYPERTENSION



Connected blood pressure monitor, personalized insights, shareable reports and access to expert health coaches.

#### LIVONGO FOR WEIGHT MANAGEMENT AND DIABETES PREVENTION



Connected smart scale, automatic weight and steps tracking, food logging, CDCapproved lessons and access to expert health coaches.



# **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 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 First Health National Network for members in FL or CO.

Your medical network is HealthLink Open Acess III with Freedom Select for members in MO or KS.



**V** First Health Network

#### 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.

## 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 fuOh II charge and the amount your health insurance 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 SmithRx. Smi+hRx

#### 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 SmithRx'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 <u>SmithRx.com.</u>

Summary of Medical Benefits								
			Base Plan					
Embedded Deductible Embedded Out-of-Pocket Maximum			Tier 1 In-Network Tie		Tier 2 Ir	n-Network	Out of Network	
			Deductible					
Individual Coverage			N/A		\$5,000		\$5,000	
Individual under Family Coverage			N/A		\$5,000		\$5,000	
Family Coverage			N/A		\$10,000		\$10,000	
		Out-	of-Pocket Max	kimum				
Individual Coverage	N/A		1	6,500	\$13,000			
Individual under Famil	ly Coverage		N/A		\$6,500		\$13,000	
Family Coverage	<u> </u>		N/A		\$1	3,000	\$26,000	
			, 				·	
Preventive Care Servic	ces		No Charge		No Charge		40%*	
Primary Office Visit			No Charge		\$40 Copay		40%*	
Specialist Office Visit			No Charge		\$80 Copay		40%*	
Chiropractic Visit			Not Available		\$80 Copay		40%*	
Urgent Care Services			Not Available		\$40	Сорау	\$80 Copay	
Complex Imaging: MR	I/CT/PET Scans		Not Available		\$400 Copay		40%*	
Inpatient Hospital Care Facility Fee Physician Fee			Not Available Not Available		-	20%* 20%*	40%* 40%*	
Outpatient Procdures Facility Fee Physician Fee			Not Available Not Available		20%* 20%*		40%* 40%*	
Emorgonou Doom Sorvicoo			Not Available		\$100 Copay, then 20% Coinsurance			
Emergency Room Services Emergency Medical Transportation			Not Available		\$100 Copay, then 20% Coinsurance			
	Not Avdildble			20%				
Mental Health/Chemical Dependency - Inpatient			Not Available		20%*		40%*	
Mental Health/Chemical Dependency - Office Visit			No Charge		\$80	Сорау	40%*	
		Summai	ry of Pharmac	y Bene	efits			
		Pre	escription Drug Cove	rage				
	Retail (per 30 Day supply)	Retail (per 90 Day supply)	Retail (per 30 Day supply)	Retail (p supply)	ber 90 Day	Retail (per 30 Do supply)	Retail (per 90 Day supply)	
	Katy Trail Pharmacy and Katy Trail Prescriber	Katy Trail Pharmacy and Katy Trail Prescriber	Katy Trail Pharmacy and Non-Katy Trail Prescriber	Katy Tra Pharma Non-Ka Prescrib	cy and ty Trail	Non -Katy Trail Pharmacy	Non -Katy Trail Pharmacy	
Generic	No Charge	No Charge	\$5 Copay	\$10 Copay		\$20 Copay	\$50 Copay	
Preferred Brand	No Charge	No Charge	\$20 Copay	\$40 Copay		\$45 Copay	\$113 Copay	
Non-Preferred Brand	No Charge	No Charge	\$50 Copay	\$100 Copay		\$80 Copay	\$200 Copay	
Preferred Specialty Drugs	No Charge	Not Covered	20% Coinsurance up to \$500	Not Covered		20% Coinsuranc up to \$500	P Not Covered	
Non-Preferred Specialty Drugs	I No Chargo I Not Covorod		30% Coinsurance up to \$500	Not Covered		30% Coinsuranc up to \$500	e Not Covered	

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

\* Coinsurance after deductible

\*\* Covered as in-network in true-emergency

Summary of Medical Benefits								
			Buy Up Pla	n				
Embedded Deductible Embedded Out-of-Pocket Maximum			Tier 1 In-Network Tier 2 I		Tier 2 In	n-Network	Out of Network	
			Deductible					
Individual Coverage			N/A		\$1,000		\$1,000	
Individual under Family Coverage			N/A		\$1,000		\$1,000	
Family Coverage	N/A		\$2,000		\$2,000			
		Out-	of-Pocket Max	kimum		· · ·		
Individual Coverage	N/A		\$4	4,000	\$8,000			
Individual under Famil	ly Coverage		N/A		\$4	4,000	\$8,000	
Family Coverage			N/A		\$8	8,000	\$16,000	
			I					
Preventive Care Servic	es		No Charge		No Charge		50%*	
Primary Office Visit			No Charge		\$30 Copay		50%*	
Specialist Office Visit			No Charge		\$60	Сорау	50%*	
Chiropractic Visit			Not Available		\$60 Copay		50%*	
Urgent Care Services			Not Available		\$30 Copay		\$60 Copay	
							Foorth	
Complex Imaging: MR	I/CT/PET Scans		Not Available		\$400 Copay		50%*	
Inpatient Hospital Care Facility Fee Physician Fee			Not Available Not Available			20%* 20%*	50%* 50%*	
Outpatient Procdures Facility Fee Physician Fee			Not Available Not Available		20%* 20%*		50%* 50%*	
Emergency Room Services			Not Available		\$100 Copay, then 20% Coinsurance			
Emergency Medical Tr	Not Available		20%*					
Mental Health/Chemical Dependency - Inpatient			Not Available		0%*		50%*	
Mental Health/Chemical Dependency - Office Visit			No Charge		\$60 Copay		50%*	
		Summa	ry of Pharmac	v Rene	ofite			
			escription Drug Cove					
	Retail (per 30 Retail (per 9 Day supply) Day supply)		Retail (per 30 Day supply)	Retail (per 90 Day supply)		Retail (per 30 Day supply)	Retail (per 90 Day supply)	
	Katy Trail Pharmacy and Katy Trail Prescriber	Katy Trail Pharmacy and Katy Trail Prescriber	Katy Trail Pharmacy and Non-Katy Trail Prescriber	Katy Tro Pharma Non-Ka Prescrib	cy and ty Trail	Non -Katy Trail Pharmacy	Non -Katy Trail Pharmacy	
Generic	No Charge	No Charge	\$5 Copay	\$10 Cop	ay	\$20 Copay	\$50 Copay	
Preferred Brand	No Charge	No Charge	\$20 Copay	\$40 Copay		\$45 Copay	\$113 Copay	
Non-Preferred Brand	No Charge	No Charge	\$50 Copay	\$100 Copay		\$80 Copay	\$200 Copay	
Preferred Specialty Drugs	No Charge	Not Covered	20% Coinsurance up to \$500	Not Covered		20% Coinsurance up to \$500	Not Covered	
Non-Preferred Specialty Drugs	No Charge	Not Covered	30% Coinsurance up to \$500	Not Covered		30% Coinsurance up to \$500	Not Covered	

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

\* Coinsurance after deductible

\*\* Covered as in-network in true-emergency

