



Benefit Overview

HEALTHEZ



Welcome back!

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

Lake Superior Community Health Center has a dedicated phone number at 844-855-0615 that is answered by a real person, Monday through Friday, 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 844-855-0615. We are here to help you.

Dedicated benefits website

You can use Lake Superior Community Health Center's dedicated benefits website at LSCHCBenefits.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.



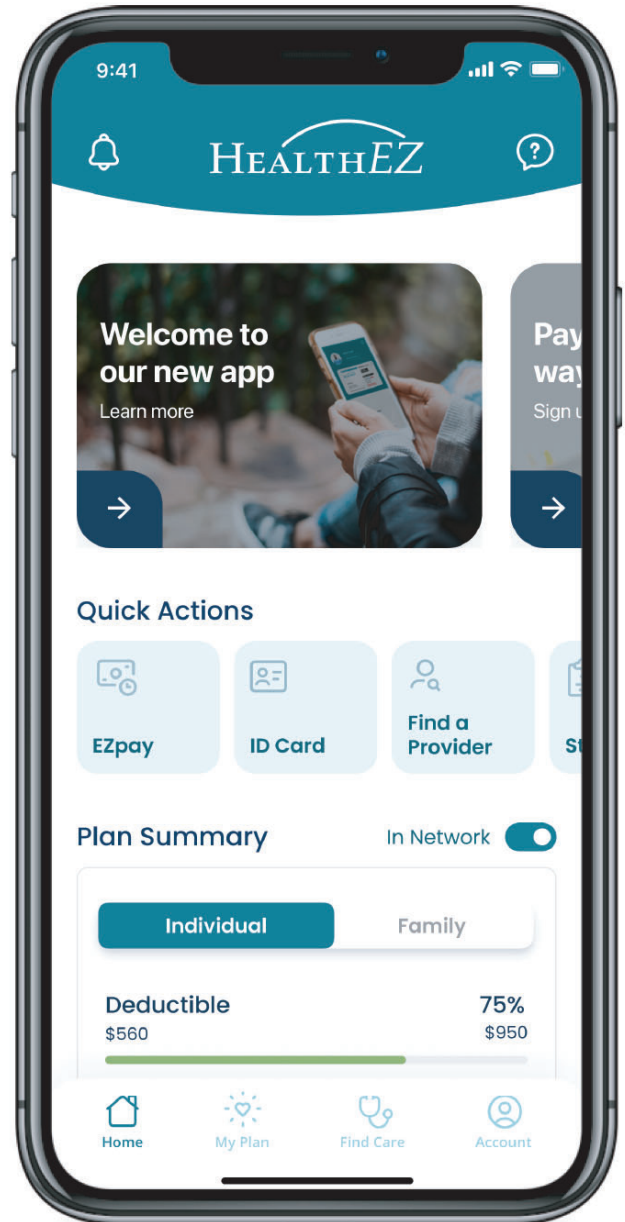
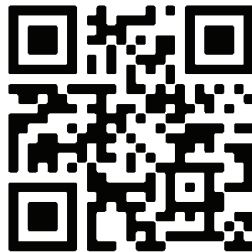
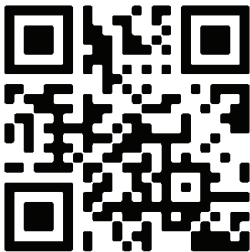
Tap. Pay. Done.

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.

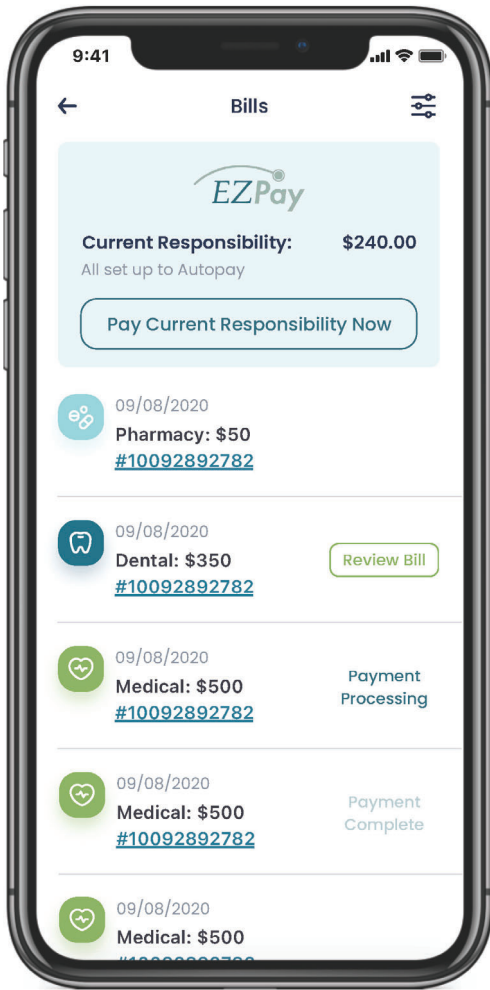


myHealthEZ Account

With or without the myHealthEZ app, you can manage your HealthEZ benefits on your preferred web browser as well. Visit LSCHCBenefits.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.



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.

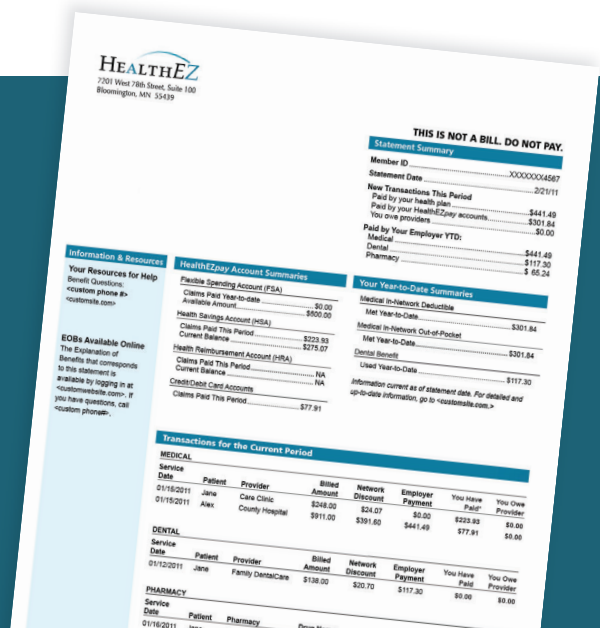
EZpay will pay the bill by default if you do not respond to the email in:

- 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 America's PPO.



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 will always be 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 insurance plan pays. This is called balance billing.

How do I know if my provider is in-network?

Please visit LSCHCBenefits.com, and click "Find a Doctor."



Your Pharmacy Benefit Manager is EHiM.



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 EHiM's mail order service, Alliance Rx Walgreens Prime. Visit [LSCHCBenefits.com](https://www.lschcbenefits.com) for more information on how to get started and to download the Alliance Rx Walgreens Prime 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 [EHiMRx.com](https://www.EHiMRx.com).



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.



Health reimbursement account

A Health Reimbursement Account (HRA) is a benefit that reimburses you for medical expenses. While FSAs and HSAs allow you to contribute your pre-tax dollars through payroll, an HRA is funded only by your employer.

If you are enrolled in the High Deductible plan you will also have an HRA, which pays for a portion of your in-network expenses. You will be eligible for the employer contributions once you meet the first \$3,000 of your Deductible.

Eligible expenses must take place within the benefit year. Always refer to your Summary Plan Document (SPD) for guidance on what expenses are covered.

Out-of-network services and pharmacy expenses are not eligible for the HRA, and remaining funds at the end of the deductible year do not rollover into the new plan year.

Annual Employer Contribution

Employee Only: \$2,000

Family Coverage: \$4,000



Summary of Medical Benefits

High Deductible Plan

	Lake Superior Community Health Clinics	In-Network	Out-of-Network
Calendar Year Deductible Employee only Family	\$5,000 \$10,000	\$5,000 \$10,000	\$7,500 \$15,000
Coinsurance	N/a	25%	50%
Out-of-Pocket Maximum Employee only Family	\$6,500 \$13,000	\$6,500 \$13,000	\$15,000 \$30,000
Preventive Care	100% Covered	100% Covered	100% Covered
Office Visits Primary Services Specialist Services	\$10 Copay N/a	25%* 25%*	50%* 50%*
Same Day Acute Care	\$10 Copay	N/a	N/a
Urgent Care Services	N/a	25%*	50%*
Hospital Services	N/a	25%*	50%*
Emergency Services** Emergency Room Emergency Medical Transportation	N/a N/a	25%* 25%*	50%* 50%*
Labs & Scans Labs - In Office CT/MRI/PET and X-Ray	100% Covered N/a	25%* 25%*	50%* 50%*
Chiropractic Services	\$10 Copay	25%*	50%*
Mental Health/Chemical Dependency Inpatient Outpatient	N/a N/a	25%* 25%*	50%* 50%*

Summary of Pharmacy Benefits

	Written by Lake Superior Community Health Providers		All Other Providers	
	Retail 30 Day Supply	Mail Order 90 Day Supply	Retail 30 Day Supply	Mail Order 90 Day Supply
Prescription Drug Coverage Generic Preferred brand Non-preferred brand Specialty	\$10 Copay* \$15 Copay* \$30 Copay* \$50 Copay*	\$20 Copay* \$30 Copay* \$60 Copay* Not Available	\$12 Copay* \$50 Copay* \$90 Copay* 20%* up to \$200	\$24 copay* \$100 Copay* \$180 Copay* Only available up to a 30-day supply

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

Prescriptions written by Lake Superior Community Health Center providers must be filled at select pharmacies.

* After deductible

** Covered as in-network in true-emergency

Summary of Medical Benefits

Copay Plan

	Lake Superior Community Health Clinics	In-Network	Out-of-Network
Calendar Year Deductible Employee only Family	\$1,500 \$4,500	\$1,500 \$4,500	\$7,500 \$15,000
Coinsurance	N/a	25%	50%
Out-of-Pocket Maximum Employee only Family	\$3,500 \$7,000	\$3,500 \$7,000	\$15,000 \$30,000
Preventive Care	100% Covered	100% Covered	100% Covered
Office Visits Primary Services Specialist Services	\$10 Copay N/a	\$25 Copay \$25 Copay	50%* 50%*
Same Day Acute Care	\$10 Copay	N/a	N/a
Urgent Care Services	N/a	\$75 Copay	50%*
Hospital Services	N/a	25%*	50%*
Emergency Services** Emergency Room Emergency Medical Transportation	N/a N/a	25%* 25%*	50%* 50%*
Labs & Scans Labs - In Office CT/MRI/PET and X-Ray	100% Covered N/a	100% Covered 25%*	50%* 50%*
Chiropractic Services	\$10 Copay	\$25 copay	50%*
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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, STI 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

Connect with us

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