# Benefits Overview

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# 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 cardright from your phone.



#### Tap. Pay. Done.

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



#### $\mathbf{\nabla}_{\mathbf{0}}$ 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

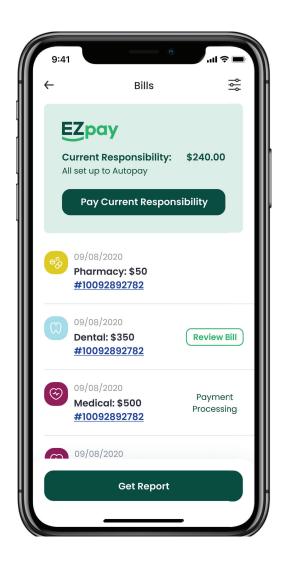
Scan the QR code with your device's camera to download the myHealthEZ app and put the power of hassle-free health benefits management at your fingertips.











## **EZ**pay

#### 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.





#### 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 doctor anytime, anywhere.



#### General consultations

General consultations are unlimited, and doctors are available every day and at all times (24/7/365). Doctors can consult, diagnose and prescribe medications for things like:

- Allergies
- Upper respiratory infections
- Earaches
- Pink eye
- · Urinary tract infections

#### Mental health services

With Teladoc's mental health services, you can talk to a therapist or psychiatrist from the privacy of your home or anywhere you feel comfortable. Simply pick a provider to speak to and choose a time that is convenient for you.

Teladoc therapists can treat:

- Anxiety
- Depression
- Stress/PTSD
- · Panic disorder
- Family & marriage issues

#### Dermatology care

If you're having problems with your skin, Teladoc Dermatology can help. Instead of waiting weeks to get an appointment at a dermatology clinic, you can get a diagnosis and treatment plan in as quick as two business days.

Teladoc's dermatologists treat a wide variety of skin conditions, including:

- Psoriasis
- Acne
- Moles
- Rosacea



#### **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 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.



#### Your medical network is First Health.



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 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 your dedicated Benefits website 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 promotes 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.

| Summary of Medical Benefits                                |  |                          |  |  |  |
|--|--|--------------------------|--|--|--|
| MEC Plan   |  |                          |  |  |  |
|  | In-Network   | Out of Network           |  |  |  |
| Dec  | ductible   |                          |  |  |  |
| Individual Coverage  | N/A  | N/A                      |  |  |  |
| Family Coverage  | N/A  | N/A                      |  |  |  |
| Out-of-Po  | cket Maximum   |                          |  |  |  |
| Individual Coverage  | N/A  | N/A                      |  |  |  |
| Family Coverage  | N/A  | N/A                      |  |  |  |
| Preventive Care Services                                   | No Charge  | No Coverage              |  |  |  |
| Primary Office Visit                                       | No Cov   | erage                    |  |  |  |
| Specialist Office Visit                                    | No Cov   | erage                    |  |  |  |
| Chiropractic Visit   | No Cov   | erage                    |  |  |  |
| Urgent Care Services                                       | No Cov   | erage                    |  |  |  |
| Inpatient Hospital Care No Coverage                        |  |                          |  |  |  |
| Outpatient Procedures No Coverage                          |  |                          |  |  |  |
| Emergency Room Services                                    | No Cov   | erage                    |  |  |  |
| Emergency Medical Transportation                           | No Coverage  |                          |  |  |  |
| Mental Health/Chemical Dependency - Inpatient              | No Cov   | erage                    |  |  |  |
| Mental Health/Chemical Dependency - Office Visit           | No Cov   | erage                    |  |  |  |
| Office Visit Lab   | No Coverage  |                          |  |  |  |
| Outpatient Lab   | No Coverage  |                          |  |  |  |
| Outpatient X-Ray   | No Coverage  |                          |  |  |  |
| Outpatient Major Diagnostic                                | No Cov   | erage                    |  |  |  |
| Summary of Pharmacy Benefits                               |  |                          |  |  |  |
| Prescription Drug Coverage                                 | Retail 30 Day Supply                                   | Mail Order 90 Day Supply |  |  |  |
| Preventive   | No Charge  | No Charge                |  |  |  |
| Non-Preventive Generic                                     | No Coverage  | No Coverage              |  |  |  |
| Non-Preventive Preferred Brand                             | Non-Preventive Preferred Brand No Coverage No Coverage |                          |  |  |  |
| Non-Preventive Non-Preferred Brand No Coverage No Coverage |  |                          |  |  |  |
| Non-Preventive Specialty                                   | No Coverage  | No Coverage              |  |  |  |
| Teladoc Benefits   |  |                          |  |  |  |
| General Consultations                                      | No Charge  |                          |  |  |  |
| Dermatology  | \$85 Copay   |                          |  |  |  |
| Mental Health - Therapist No Charge                        |  |                          |  |  |  |
| Mental Health - Psychiatrist, Initial Evaluation           | No Charge  |                          |  |  |  |

No Charge

Mental Health - Psychiatrist, Ongoing Session

## Summary of Medical Benefits

| ME   | C Plus Plan                                  |                             |  |  |  |  |  |
|--|--|-----------------------------|--|--|--|--|--|
|  | In-Network                                   | Out of Network              |  |  |  |  |  |
|  | Deductible                                   |                             |  |  |  |  |  |
| Individual Coverage  | N/A  | N/A                         |  |  |  |  |  |
| Family Coverage  | N/A  | N/A                         |  |  |  |  |  |
| Out-of-  | Pocket Maximum                               |                             |  |  |  |  |  |
| Individual Coverage  | N/A  | N/A                         |  |  |  |  |  |
| Family Coverage  | N/A  | N/A                         |  |  |  |  |  |
| Preventive Care Services   | No Charge                                    | No Coverage                 |  |  |  |  |  |
| Primary Office Visit   | \$25 Cc                                      |                             |  |  |  |  |  |
| Specialist Office Visit  | \$50 Cc                                      | · ·                         |  |  |  |  |  |
| Chiropractic Visit   | No Cov                                       |                             |  |  |  |  |  |
| Urgent Care Services   | \$75 Cc                                      |                             |  |  |  |  |  |
|  |  |                             |  |  |  |  |  |
| Inpatient Hospital Care Outpatient Procedures                      | No Coverage                                  |                             |  |  |  |  |  |
| Outpatient Procedures  | No Coverage                                  |                             |  |  |  |  |  |
| Emergency Room Services  | No Cov                                       | No Coverage                 |  |  |  |  |  |
| Emergency Medical Transportation                                   | No Cov                                       | No Coverage                 |  |  |  |  |  |
| Mental Health/Chemical Dependency - Inpatient                      | No Cov                                       | erage                       |  |  |  |  |  |
| Mental Health/Chemical Dependency - Office Visit                   | \$50 Cc                                      |                             |  |  |  |  |  |
|  |  |                             |  |  |  |  |  |
| Office Visit Lab   | No Cov                                       |                             |  |  |  |  |  |
| Outpatient Lab   | \$50 Cc                                      |                             |  |  |  |  |  |
| Outpatient X-Ray Outpatient Major Diagnostic                       |  | \$100 Copay  No Coverage    |  |  |  |  |  |
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| •  | of Pharmacy Benefits                         | Mail Ordon CO Day Committee |  |  |  |  |  |
| Prescription Drug Coverage Preventive                              | Retail 30 Day Supply                         | Mail Order 90 Day Supply    |  |  |  |  |  |
| Non-Preventive Generic   | No Charge                                    | No Charge<br>No Coverage    |  |  |  |  |  |
| Non-Preventive Generic  Non-Preventive Preferred Brand             | \$10 Copay                                   | No Coverage                 |  |  |  |  |  |
| Non-Preventive Preferred Brand  Non-Preventive Non-Preferred Brand | \$30 Copay<br>\$50 Copay or 50% Coinsurance, | No Coverage                 |  |  |  |  |  |
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| Prescription Drug Coverage         | Retail 30 Day Supply           | Mail Order 90 Day Supply |  |
|------------------------------------|--------------------------------|--------------------------|--|
| Preventive                         | No Charge                      | No Charge                |  |
| Non-Preventive Generic             | \$10 Copay                     | No Coverage              |  |
| Non-Preventive Preferred Brand     | \$30 Copay                     | No Coverage              |  |
| Non-Preventive Non-Preferred Brand | \$50 Copay or 50% Coinsurance, | No Coverage              |  |
|                                    | whichever is greater           |                          |  |
| Non-Preventive Specialty           | No Coverage                    | No Coverage              |  |
|                                    |                                |                          |  |

| Teladoc Benefits                                 |            |  |  |  |
|--|------------|--|--|--|
| General Consultations                            | No Charge  |  |  |  |
| Dermatology                                      | \$85 Copay |  |  |  |
| Mental Health - Therapist                        | No Charge  |  |  |  |
| Mental Health - Psychiatrist, Initial Evaluation | No Charge  |  |  |  |
| Mental Health - Psychiatrist, Ongoing Session    | No Charge  |  |  |  |

## Summary of Medical Benefits MEC Ehanced Plan

|  | In-Network                                 | Out of Network           |  |  |  |
|--|--|--------------------------|--|--|--|
| De   | eductible                                  |                          |  |  |  |
| Individual Coverage                              | N/A  | N/A                      |  |  |  |
| Family Coverage                                  | N/A  | N/A                      |  |  |  |
| Out-of-Po  | ocket Maximum                              |                          |  |  |  |
| Individual Coverage                              | N/A  | N/A                      |  |  |  |
| Family Coverage                                  | N/A  | N/A                      |  |  |  |
| Preventive Care Services                         | No Charge                                  | No Coverage              |  |  |  |
| Primary Office Visit                             | \$25 Copay                                 |                          |  |  |  |
| Specialist Office Visit                          | \$50 C                                     | Copay                    |  |  |  |
| Chiropractic Visit                               | No Coverage                                |                          |  |  |  |
| Urgent Care Services                             | \$75 Copay                                 |                          |  |  |  |
| Inpatient Hospital Care                          | \$1,000 Benefit Per Day, then Not Covered  |                          |  |  |  |
| Outpatient Procedures                            | \$1,000 Benefit Per Year, then Not Covered |                          |  |  |  |
| Emergency Room Services                          | \$500 Copay                                |                          |  |  |  |
| Emergency Medical Transportation                 | No Coverage                                |                          |  |  |  |
| Mental Health/Chemical Dependency - Inpatient    | \$1,000 Benefit Per Day, then Not Covered  |                          |  |  |  |
| Mental Health/Chemical Dependency - Office Visit | \$50 Copay                                 |                          |  |  |  |
| Office Visit Lab                                 | No Charge                                  |                          |  |  |  |
| Outpatient Lab                                   | \$1,000 Benefit Per Year, then Not Covered |                          |  |  |  |
| Outpatient X-Ray                                 | \$1,000 Benefit Per Year, then Not Covered |                          |  |  |  |
| Outpatient Major Diagnostic                      | \$1,000 Benefit Per Year, then Not Covered |                          |  |  |  |
| Summary of                                       | Pharmacy Benefits                          |                          |  |  |  |
| Prescription Drug Coverage                       | Retail 30 Day Supply                       | Mail Order 90 Day Supply |  |  |  |

| Prescription Drug Coverage         | Retail 30 Day Supply           | Mail Order 90 Day Supply |  |
|------------------------------------|--------------------------------|--------------------------|--|
| Preventive                         | No Charge                      | No Charge                |  |
| Non-Preventive Generic             | \$10 Copay                     | No Coverage              |  |
| Non-Preventive Preferred Brand     | \$30 Copay                     | No Coverage              |  |
| Non-Preventive Non-Preferred Brand | \$50 Copay or 50% Coinsurance, | No Coverage              |  |
|                                    | whichever is greater           |                          |  |
| Non-Preventive Specialty           | No Coverage                    | No Coverage              |  |

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|-----|----------|-----|--------|---|----|---|---------------|--------------|--------------|-----|-----|
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| General Consultations                            | No Charge  |
|--|------------|
| Dermatology                                      | \$85 Copay |
| Mental Health - Therapist                        | No Charge  |
| Mental Health - Psychiatrist, Initial Evaluation | No Charge  |
| Mental Health - Psychiatrist, Ongoing Session    | No Charge  |

#### Summary of Medical Benefits **MVP Plan** In-Network **Out of Network Deductible** Individual Coverage \$6,500 N/A Individual under Family N/A \$6,500 Family Coverage N/A \$13,000 **Out-of-Pocket Maximum** Individual Coverage \$6,500 N/A Individual under Family N/A \$6,500 Family Coverage N/A \$13,000 **Preventive Care Services** No Charge No Coverage Primary Office Visit 0%\* Specialist Office Visit 0%\* Chiropractic Visit 0%\* **Urgent Care Services** 0%\* Inpatient Hospital Care 0%\* **Outpatient Procedures** 0%\* **Emergency Room Services** 0%\* **Emergency Medical Transportation** 0%\* Mental Health/Chemical Dependency - Inpatient 0%\* Mental Health/Chemical Dependency - Office Visit 0%\* Office Visit Lab 0%\* Outpatient Lab 0%\* Outpatient X-Ray 0%\* Outpatient Major Diagnostic 0%\* **Summary of Pharmacy Benefits Prescription Drug Coverage Retail 30 Day Supply** Mail Order 90 Day Supply Preventive No Charge No Charge Non-Preventive Generic 0%\* 0%\* Non-Preventive Preferred Brand 0%\* 0%\* Non-Preventive Non-Preferred Brand 0%\* 0%\* Non-Preventive Specialty No Coverage No Coverage **Teladoc Benefits General Consultations** No Charge Dermatology \$85 Copay Mental Health - Therapist No Charge Mental Health - Psychiatrist, Initial Evaluation No Charge Mental Health - Psychiatrist, Ongoing Session No Charge

<sup>\*</sup> After deductible

