

Benefits Overview

County of Pettis



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.



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.

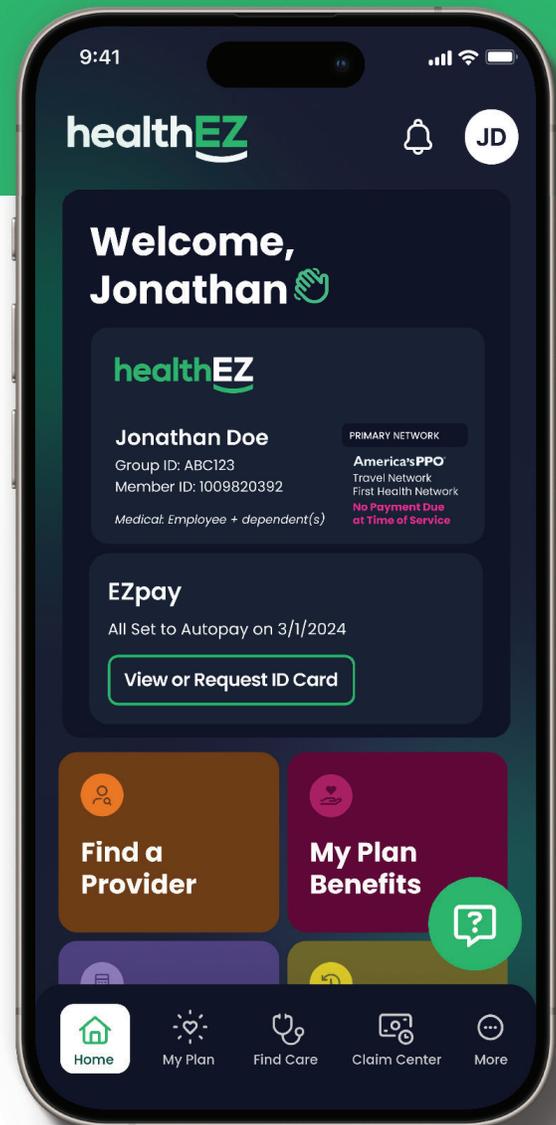
Pay bills, schedule automated payments, and view past statements in one simple, secure location.

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

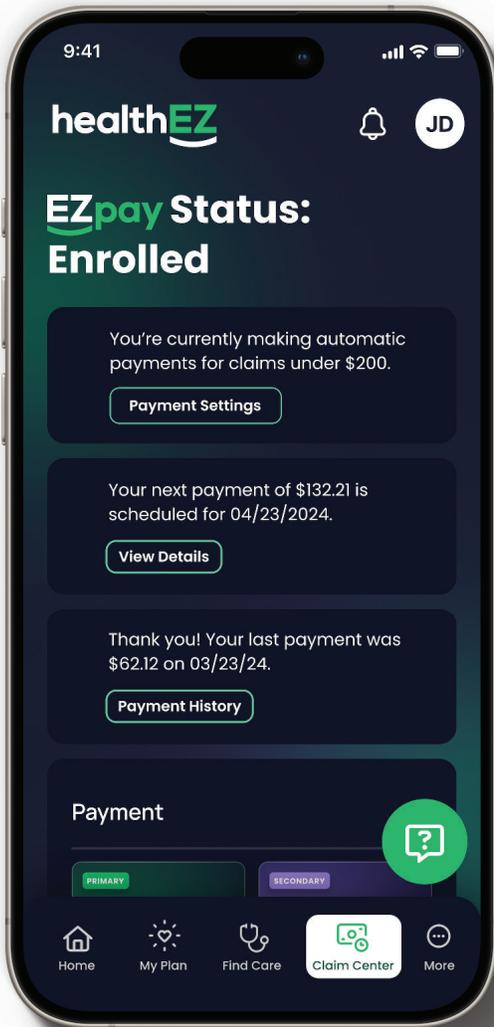
EZchoice makes provider choice easy and medical costs transparent so you can be confident that you are not overspending on your medical care.



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.





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

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



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 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.



For the HSA Plan 1, your medical networks are Health Link and Freedom Select.

For the \$2,000 PPO Plan and \$4,500 PPO Plan, your Tier 1 medical network is Missouri Health Cooperative.

For the \$2,000 PPO Plan and \$4,500 PPO Plan, your Tier 2 medical networks are Health Link and Freedom Select.



PRIORITY ACCESS HEALTH COOPERATIVE



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 SmithRx. **SmithRx**

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 [SmithRx.com](https://www.smithrx.com).

Summary of Medical Benefits

HSA Plan 1

Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
Deductible		
Individual Coverage	\$6,000	\$12,000
Individual under Family Coverage	\$6,000	\$12,000
Family Coverage	\$12,000	\$24,000
Out-of-Pocket Maximum		
Individual Coverage	\$6,000	\$14,000
Individual under Family Coverage	\$6,000	\$14,000
Family Coverage	\$12,000	\$28,000
Preventive Care Services		
Preventive Care Services	No Charge	30%*
Primary Office Visit	0%*	30%*
Specialist Office Visit	0%*	30%*
Chiropractic Visit	0%*	30%*
Urgent Care Services	0%*	30%*
Complex Imaging: MRI/CT/PET Scans		
Complex Imaging: MRI/CT/PET Scans	0%*	30%*
Inpatient Hospital Care		
Facility Fee	0%*	30%*
Physician Fee	0%*	30%*
Outpatient Procedures		
Facility Fee	0%*	30%*
Physician Fee	0%*	30%*
Emergency Room Services**		
Emergency Room Services**	0%*	30%*
Emergency Medical Transportation**		
Emergency Medical Transportation**	0%*	30%*
Mental Health/Chemical Dependency - Inpatient		
Mental Health/Chemical Dependency - Inpatient	0%*	30%*
Mental Health/Chemical Dependency - Office Visit		
Mental Health/Chemical Dependency - Office Visit	0%*	30%*
Summary of Pharmacy Benefits		
Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Expanded Preventive (Generic/Preferred Brand)	\$10 Copay	\$30 Copay
Generic	0%*	
Preferred Brand	0%*	
Non-Preferred Brand	0%*	
Specialty	0%*	Not Available

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

\$2,000 PPO Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	Tier 1 In-Network	Tier 2 In-Network	Out of Network
Deductible			
Individual Coverage	\$500	\$2,000	\$3,000
Individual under Family Coverage	\$500	\$2,000	\$3,000
Family Coverage	\$1,000	\$6,000	\$9,000
Out-of-Pocket Maximum			
Individual Coverage	\$1,000	\$6,000	\$12,000
Individual under Family Coverage	\$1,000	\$6,000	\$12,000
Family Coverage	\$2,000	\$17,000	\$36,000
Preventive Care Services	No Charge	No Charge	50%*
Primary Office Visit	\$5 Copay	\$40 Copay	50%*
Specialist Office Visit	\$10 Copay	\$60 Copay	50%*
Chiropractic Visit	50%*	50%*	50%*
Urgent Care Services	\$10 Copay	\$100 Copay	50%*
Complex Imaging: MRI/CT/PET Scans	10%*	30%*	50%*
Inpatient Hospital Care Facility Fee Physician Fee	10%* 10%*	30%* 30%*	50%* 50%*
Outpatient Procedures Facility Fee Physician Fee	10%* 10%*	30%* 30%*	50%* 50%*
Emergency Room Services	\$100 Copay	\$300 Copay	50%*
Emergency Medical Transportation	10%*	30%*	50%*
Mental Health/Chemical Dependency - Inpatient	10%*	30%*	50%*
Mental Health/Chemical Dependency - Office Visit	\$5 Copay	\$40 Copay	50%*
Summary of Pharmacy Benefits			
Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply	
Individual Prescription Deductible	\$100		
Family Prescription Deductible	\$300		
Generic	\$10 Copay	\$25 Copay	
Preferred Brand	\$35 Copay	\$87.50 Copay	
Non-Preferred Brand	\$70 Copay	\$175 Copay	
Specialty	\$70 Copay	Not Available	

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

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Summary of Medical Benefits

\$4,500 PPO Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	Tier 1 In-Network	Tier 2 In-Network	Out of Network
Deductible			
Individual Coverage	\$1,000	\$4,500	\$9,000
Individual under Family Coverage	\$1,000	\$4,500	\$9,000
Family Coverage	\$2,000	\$9,000	\$18,000
Out-of-Pocket Maximum			
Individual Coverage	\$2,000	\$7,000	\$14,500
Individual under Family Coverage	\$2,000	\$7,000	\$14,500
Family Coverage	\$4,000	\$14,000	\$36,000
Preventive Care Services	No Charge	No Charge	50%*
Primary Office Visit	\$5 Copay	\$40 Copay	50%*
Specialist Office Visit	\$10 Copay	\$60 Copay	50%*
Chiropractic Visit	50%*	50%*	50%*
Urgent Care Services	\$10 Copay	\$100 Copay	50%*
Complex Imaging: MRI/CT/PET Scans	10%*	30%*	50%*
Inpatient Hospital Care Facility Fee Physician Fee	10%* 10%*	30%* 30%*	50%* 50%*
Outpatient Procedures Facility Fee Physician Fee	10%* 10%*	30%* 30%*	50%* 50%*
Emergency Room Services	\$100 Copay	\$300 Copay	50%*
Emergency Medical Transportation	10%*	30%*	50%*
Mental Health/Chemical Dependency - Inpatient	10%*	30%*	50%*
Mental Health/Chemical Dependency - Office Visit	\$5 Copay	\$40 Copay	50%*
Summary of Pharmacy Benefits			
Prescription Drug Coverage	Retail 30 Day Supply		Mail Order 90 Day Supply
Individual Prescription Deductible	\$100		
Family Prescription Deductible	\$300		
Generic	\$10 Copay	\$25 Copay	
Preferred Brand	\$35 Copay	\$87.50 Copay	
Non-Preferred Brand	\$70 Copay	\$175 Copay	
Specialty	\$70 Copay	Not Available	

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

* Coinsurance after deductible

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