

Welcome to HealthEZ!

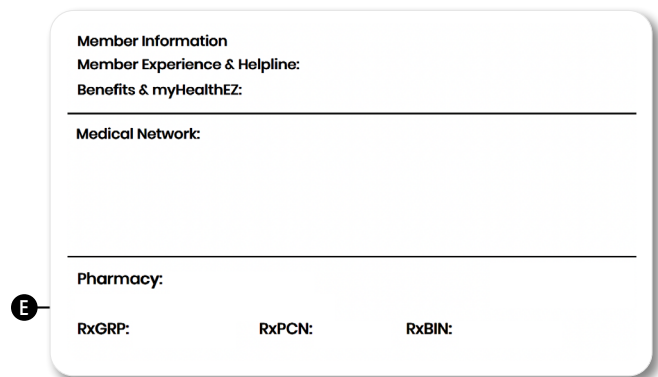
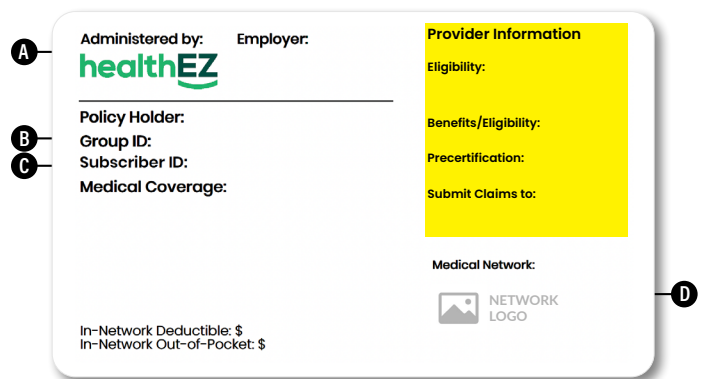
We are glad you're here. Please read on for help understanding and using your medical ID card.

When you schedule an appointment

Please remind your provider that claims and benefit eligibility are handled by HealthEZ.

Understanding Your ID Card

- A. HealthEZ administers your plan, manages your eligibility and benefits, and pays your claims.
- B. Your Group ID connects you with your employer.
- C. Your Subscriber ID is a unique number for you and your enrolled dependent(s).
- D. Your medical network. Providers in network offer services at a discounted rate.
- E. Your pharmacy enters this information, along with your Subscriber ID, to process your medications.



Your provider can verify your eligibility with HealthEZ three ways:

1. Via Realtime verification in their practice management system.
2. myhealthez.com/provider
3. Call HealthEZ at 844-449-5553.

Your ID card is also available in the member app.

Download today for quick access to your digital ID card, deductible and out of pocket limits, locate a provider, EZpay and more.



Who is healthEZ?

Our mission is to make healthcare easier for everyone involved and we're here to help you get started.

We administer your new health benefit plan sponsored by your employer. We process your medical claims, provide your medical ID card, help you locate great doctors within your network and provide a great member app and custom website.

We're here for you.

HealthEZ and your health plan offer many ways to make benefits easier, get the support you need.



**Download the member app
and create your account.**



Member service line

Answered by a real person between 7 a.m. and 7 p.m. CST (M-F). Outside of the hours listed, simply press "1" to reach our 24/7 help line or email us at service@healthez.com.

We can help you do a lot of things.

- Spend less time managing your benefits.
- Save money on medical care and prescriptions.
- Take greater control of your benefits.
- Get your questions answered quickly and find in-network providers.

In the HealthEZ member app, you'll have quick access to everything you need.

- Your digital insurance ID card.
- Deductible, out-of-pocket costs and bills at a glance.
- Care provider locator.
- Billing statements and EOBs.
- EZpay – The easy, free and secure way to pay medical bills without worry.

How to help a provider verify medical coverage

Did you know?

Eligibility, claim submission, and benefit coverage are managed by HealthEZ, not your medical network. To ensure accurate verification of your coverage, providers can easily confirm it in three simple ways.

Providers can verify coverage multiple ways:

1. Via Realtime verification in their practice management system:
Payer ID #54206
2. [Myhealthez.com/provider](https://myhealthez.com/provider)
3. **Call HealthEZ at 844-449-5553.**
(Also in the Provider section on the back of your ID card.)

Please point your provider to this info on your ID card.

| | | |
|-------------------------------------|-----------|---|
| Administered by: healthEZ | Employer: | Provider Information Eligibility: MyHealthEZ.com/Provider Verify Realtime HealthEZ #54206 Benefits: 844-449-5553 Precertification: 855-248-1856 Submit Claims to: Payer ID # 4178 HealthEZ: PO Box 211186, Eagan, MN 55121 Medical Network: |
| Policy Holder: | | |
| Group ID: | | |
| Subscriber ID: | | |
| Medical Coverage: | | |

Show this to your provider to ensure they reach out to HealthEZ to verify coverage.

How to Read Your Explanation of Benefits

At HealthEZ, we issue an Explanation of Benefits (EOB) for every claim processed under your health benefit plan. This document is designed to help you understand the specifics of your claim. Below, you'll find a comprehensive guide to the EOB, including detailed explanations of each section for you and your covered dependents.

If you have any questions or need further assistance after reviewing your EOB, please contact your dedicated Member Experience team. You can find the phone number for this team on the back of your ID card.

Detailed Explanation of Benefits (EOB) Sample

April 1 - April 30, 2022

| Line No. | Patient/Provider/Service | 1 Service Date | 2 Billed Amount | 3 PPO Discount | 4 Allowed Amount | 5 Employer Payment | 6 Other Insurance | Your Financial Responsibility | | | | 11 HealthEZ Paid | 12 Paid from | 13 You Owe Provider |
|---|-----------------------------|-------------------|--------------------|-------------------|---------------------|-----------------------|----------------------|-------------------------------|-------------|-----------------|--------------------|---------------------|-----------------|------------------------|
| | | | | | | | | 7 Not Covered | 8 Co-pay | 9 Deductible | 10 Co-insurance | | | |
| JANE SAMPLE | | | | | | | | | | | | | | |
| CARE CLINIC | | | | | | | | | | | | | | |
| 1 | Apply Leg Cast | 4/15/2010 | 248.00 | 24.07 | 223.93 | .00 | .00 | .00 | .00 | 223.93 | .00 | 223.93 | HSA | .00 |
| Reason: This amount is discounted from your claim because the provider is in the America's PPO Network. | | | | | | | | | | | | | | |
| Total: | | | 248.00 | 24.07 | 223.93 | .00 | .00 | .00 | .00 | 223.93 | .00 | 223.93 | | .00 |
| ALEX SAMPLE | | | | | | | | | | | | | | |
| COUNTY HOSPITAL | | | | | | | | | | | | | | |
| 1 | CAT Scan | 4/15/2010 | 911.00 | 391.60 | 519.40 | 441.49 | .00 | .00 | .00 | 77.91 | | 77.91 | Credit | .00 |
| Reason: This amount is discounted from your claim because the provider is in the America's PPO Network. | | | | | | | | | | | | | | |
| Total: | | | 911.00 | 391.60 | 519.40 | 441.49 | .00 | .00 | .00 | 77.91 | | 77.91 | | .00 |
| Charged to Account: M**3679 | | | | | | | | | | | | | | |
| JANE SAMPLE | | | | | | | | | | | | | | |
| FAMILY DENTALCARE | | | | | | | | | | | | | | |
| 1 | Exam, Fluoride, Prophylaxis | 4/12/2010 | 138.00 | 20.70 | 117.30 | 117.30 | .00 | .00 | .00 | .00 | | .00 | | .00 |
| Reason: This amount is discounted from your claim because the provider is in the Metro DentalCare Network. | | | | | | | | | | | | | | |
| Total: | | | 138.00 | 20.70 | 117.30 | 117.30 | .00 | .00 | .00 | .00 | | .00 | | .00 |

SAMPLE

THIS IS NOT A BILL

Your Employer

Member Name: JANE SAMPLE
 Member ID Number: XXXXX4321
 Group Name: Company XYZ
 Group Number: 111

Your Health Plan Administrator



For benefit, payment or billing questions, call **800-948-9450** or visit your custom benefits site at www.YourCompanyBenefits.com, where you can also your statement online, search for specific claims, and more.

- 1 Service Date**
The date you saw your provider.
- 2 Billed Account**
The full amount your provider charges for this service/procedure.
- 3 PPO Discount**
The difference between the allowed amount and billed amount.
- 4 Allowed Amount**
The maximum amount your provider will get paid per the contracted rate.
- 5 Employer Payment**
The portion your employer has paid for services covered under the Plan.
- 6 Other Insurance**
The amount your primary plan has covered if HealthEZ is secondary to your other coverage.
- 7 Not Covered**
The amount not covered by your plan.
- 8 Co-pay**
A flat fee that you pay each time you incur certain covered services.
- 9 Deductible**
The amount you pay for covered health care services before your insurance plan starts to pay.
- 10 Co-insurance**
The fixed percentage of costs of a covered health care service you pay after you've paid your deductible.
- 11 HealthEZ Paid**
The amount you paid through EZpay.
- 12 Paid from**
The card type used for your EZpay charge.
- 13 You Owe Provider**
The outstanding balance you need to pay to your provider.

Seeking Care

Knowing where to go for care can help save you time and money. Please review the care options below to ensure you're seeking the most appropriate (and affordable) care for the condition.

Avoid going to the Emergency room for non-emergencies.

If you're unsure of the best place for care, consult your primary care doctor or Teladoc at 1-800-Teladoc (800-835-2362) before seeking emergency treatment. Teladoc licensed physicians are available anytime, anywhere, and a visit will cost much less than a trip to urgent care or the emergency room.

HOW MUCH WILL YOUR CARE COST YOU?

| \$ | | \$ | \$\$ | \$\$\$ |
|---|----------------------------|---|---|--------|
| <p>Telemed</p> <ul style="list-style-type: none"> • Sore throat • Pink eye • Sinus infection • Fever that responds to fever-reducing medication • Ankle sprain or other muscle or joint strain • Cough or cold • Abdominal pain or other symptoms of a common current illness • Non-threatening mental health concerns such as depression or anxiety | <p>Primary Care</p> | <p>Urgent Care</p> <ul style="list-style-type: none"> • Sprain • Cut or burn • Minor broken bone • Earache, sore throat, or headache • Rash or other skin condition | <p>Emergency Room</p> <ul style="list-style-type: none"> • Chest pain • Uncontrolled bleeding • Coughing up or vomiting blood • Difficulty breathing • Sudden dizziness, weakness, or change in vision • Serious injury or broken bone(s) • Life threatening mental health concerns such as significant depression or anxiety | |



Unsure where to go after hours?

Call the toll free helpline at 1-800-719-4814.



5 Easy Steps to Get the Most Out of Your Benefit Plan

Step 1

Download the member app to easily access all of your important benefit information and your plan ID card.



Step 2

Find your ID card on the app and in the mail. *Please remember to bring your ID Card (physical or digital copy) to all of your doctors appointments.*

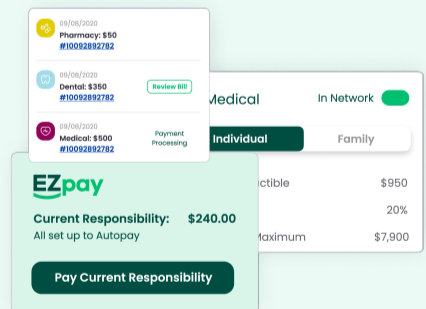


Step 3

Take a look at your employer's benefit website to view your plan documents and coverage, find reimbursement forms, locate in-network providers, and compare plans offered by your employer.

Step 4

Still have questions? Call our Member Experience team. Your dedicated phone line can be found on the back of your ID card.



Step 5

Sign-up for EZpay
The fast, secure, and easy way to pay your medical bills. Sign up in the app. Learn more at healthez.com/ezpay or on your employer's benefit website.

Welcome to the EZ Life!



Care Navigation and Advocacy

Navigating the health care system can be challenging, we are here to make it easy!

Your health advocate is a trained medical professional and vital part of your health care team. We are here to help you and your family at all stages of life whether you have a chronic illness requiring extensive treatment, need surgical intervention, or having a baby – we are here to help you navigate through your healthcare journey making sure all your healthcare needs are being met while providing the very best healthcare possible.

| | |
|----------------------------------|--|
| Benefits | <ul style="list-style-type: none"> • Doctor appointments • Prior Auths • One point of contact • In network provider assistance • 24 Hour Helpline • ER, Urgent care, Telehealth guidance |
| Continuing Care | <ul style="list-style-type: none"> • Referrals to internal programs, ex: BYB, Livongo, Case Management • Discharge planning • Preventative care accountability • Durable medical equipment • Assistance with home-based care • Follow up care assistance |
| Understanding your Health | <ul style="list-style-type: none"> • Education and resources • Understanding your dx • Top Doc referrals • Second opinion assistance |

“You have been a true blessing to us! Thank you again!”

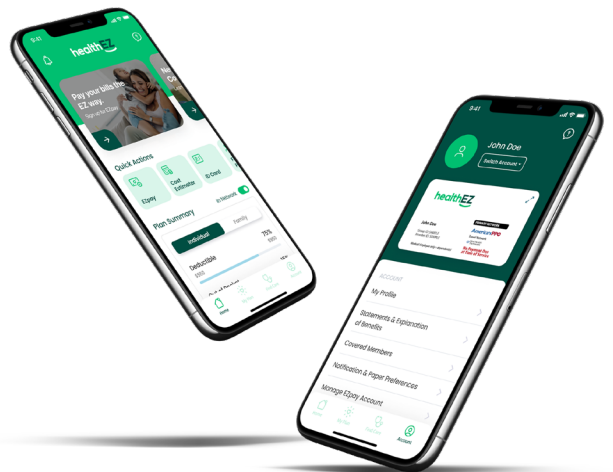
– Advocacy Program Participant

How to find your Explanation of Benefits (EOB) statements

HealthEZ member app

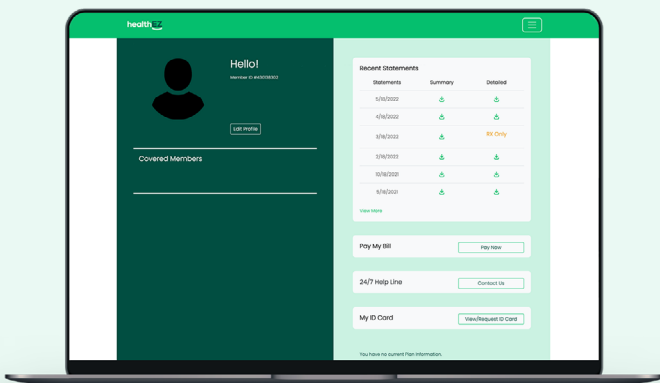
1. Start on the home screen.
2. Tap the Statements tile in the “quick actions” section.
3. Tap “EOBs” at the top.
4. Select the desired claim to view claim details.

Don't have the app? Download it [here](#).



myHealthEZ.com

1. Start on the home screen.
2. Select the “hamburger” menu in the upper right hand corner.
3. Click “claim search”.
4. Select patient name, date range and claim type (medical or prescription).
5. Click “search” to generate claim list.
6. Select the desired claim number on the left hand side.
7. A PDF of individual EOBs will populate and attempt to download.



Care Advocacy Enrollment Form



HealthEZ wants to make sure that your medical care during your health insurance transition is as seamless as possible. That's where our Care Advocacy and Boost Your Baby programs come in!

Care Advocacy

A Care Advocate will help you understand your treatment options, coordinate services among your doctors and ensure you are receiving the right care in the right setting.

For Care Advocacy services, email this form to Medical.Management@healthez.com. For questions, please call 800-668-3893.

Livongo

Livongo helps you stay on top of your health through connected devices, personalized guidance and 1:1 coaching for conditions of pre-diabetes, diabetes or cardiovascular concerns.

For Livongo question, email LivEZ@healthez.com.

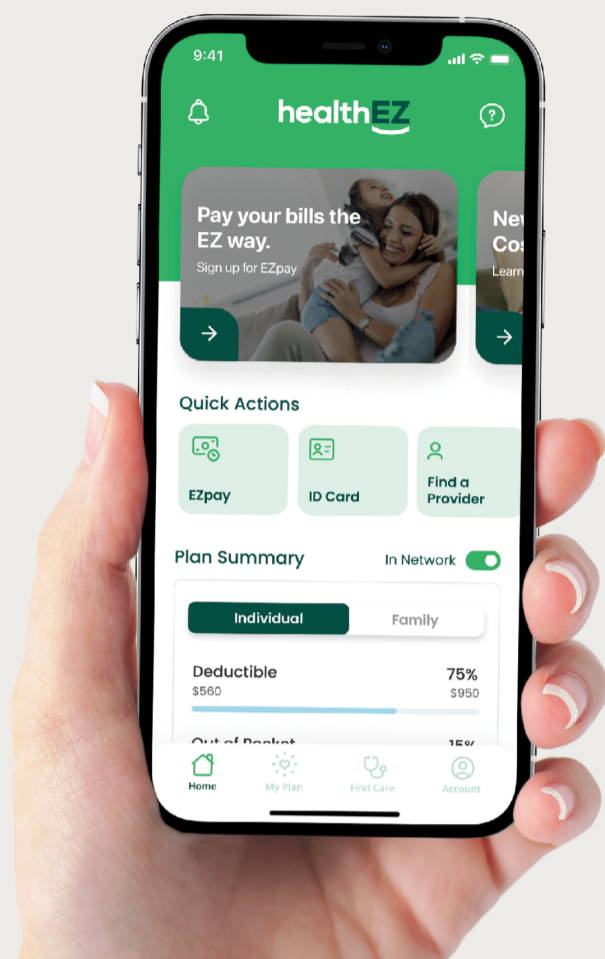
Boost Your Baby

Boost Your Baby program is a non-clinical support system for future moms to use throughout their pregnancy.

For Boost Your Baby services, email this form to BYB@healthez.com. For questions, please call 800-808-4848.

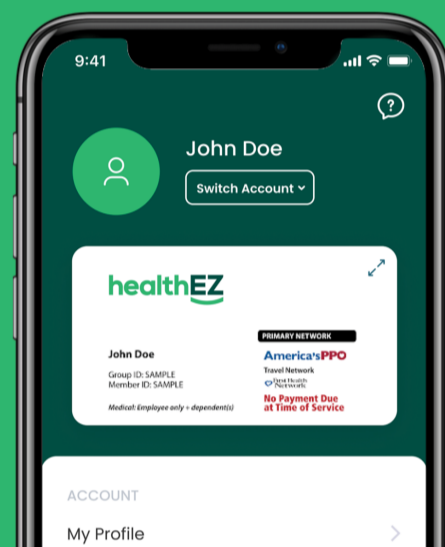
| | |
|---|-------------------------|
| I am the: <input type="checkbox"/> Policy Holder <input type="checkbox"/> Dependent | Employer: _____ |
| First Name: _____ | Last Name: _____ |
| Email Address: _____ | Phone #: _____ |
| Mailing Address: _____ | |
| Reason For Enrollment: | |
| <input type="checkbox"/> Pregnancy <input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Surgery/Hospital Stay | |
| <input type="checkbox"/> Other: _____ | |
| _____ | |

Everything you need is in the member app

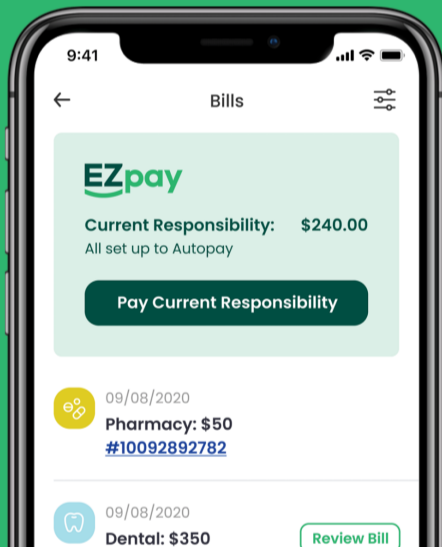


At HealthEZ, we think benefits should feel like a benefit - that's why we've replaced piles of paperwork and phone trees with a seamless, worry-free process that just works. Always know where you stand, what to pay, and how to get the benefits you have coming. When you need help, our caring experts are a click or call away.

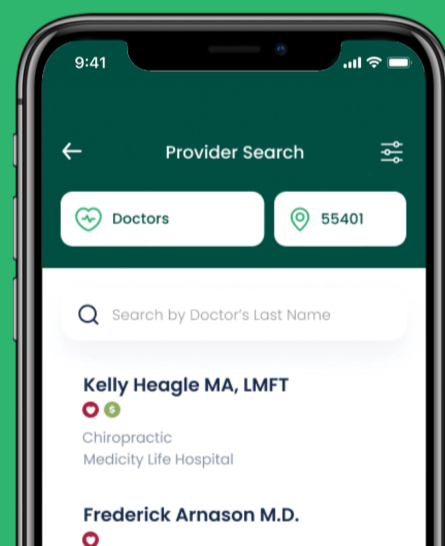
Access your insurance card



View and pay medical bills with EZpay



Find a care provider



Check your deductible and out-of-pocket costs



Download the app and setup your account, today!



We're here to help,

The HealthEZ team
service@healthez.com



24/7 Helpline

Help is just a phone call away.

Get free confidential help today. 24 hours a day, 7 days a week, 365 days a year!

The HealthEZ Helpline is here to answer your questions and offer advice. Access our team for guidance on:

- Health symptoms and concerns
- Medications and side effects
- Reliable self-care home treatments
- When to go to the doctor
- When to go to urgent care
- When to go to the emergency room
- Local physician and hospital resources
- Wellness information



800-719-4814

Call the toll free 24/7 helpline with any health questions. Additionally, you can email service@healthez.com.



Medical Expense Claim Form

Retain a copy of this form and receipts for your own records.

Patient Information

| | | |
|---------------|--------------|---------------|
| Last Name | First Name | Date of Birth |
| Subscriber ID | | |
| Email Address | Phone Number | |

Medical Expenses

Use one line per medical expense and attach a copy of your medical claim(s).

| Date(s) of Service | | HCPC/Diagnosis Code/CPT Code | Amount Paid |
|---------------------------------|---------|---------------------------------|-------------|
| From | Through | | |
| | | | |
| | | | |
| | | | |
| Total Paid | | | \$ |
| Name of Medical Facility | | Medical Facility Address | |
| Name of Provider | | Tax ID | |

Employee Certification

By signing below I certify that:

- The above information is correct, and I am responsible for the accuracy of all information relating to these expenses;
- I have not previously received reimbursement for these expenses;
- Expenses were incurred by me or eligible dependents, and
- My reimbursed health care expenses will not be used as a deduction on my personal income tax return.

Employee Signature **Date**

Form Submission

Email to: claimsubmission@healthez.com

Fax to: 952-896-4888

Mail to: HealthEZ, ATTN: Claims, 7201 West 78th Street, Bloomington, MN 55439

For further assistance, call the number on the back of your insurance card.