

Benefit Overview







Welcome to HealthEZ! 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

Principle Health Systems has a dedicated phone number at 844-839-6738 that is answered by a real person 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 844-839-6738. We are here to help you.

Dedicated benefits website

You can use Principle Health Systems's dedicated benefits website at PrincipleHSBenefits.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

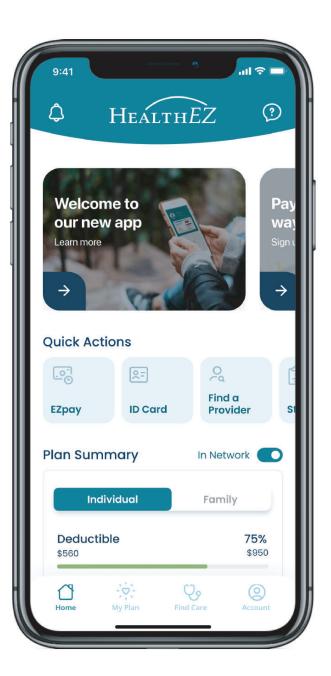
Find answers faster with access to support materials, or by connecting with a member support representative.











myHealthEZ Account

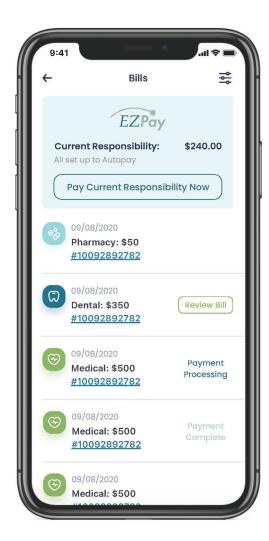
With or without the myHealthEZ app, you can manage your HealthEZ benefits on your preferred web browser as well. Visit myHealthEZ.com or PrincipleHSBenefits.com and click "Login."

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 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 recieve 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.



Cigna_®

Your medical network is Cigna.

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 PrincipleHSBenefits.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 PrincipleHSBenefits.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.





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.





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 docotor 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 from the privacy of your home or anywhere you feel comfortable. Simply pick a therapist 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





Summary of Medical Benefits \$2,500 Plan In-Network **Out-of-Network** Calendar Year Deductible \$2,500 \$5,000 Employee only \$5,000 \$10,000 Family 20% 50% Coinsurance Out-of-Pocket Maximum Employee only \$8,150 \$30,000 \$16,300 \$60,000 Family **Preventive Care** 100% Covered 50%* Office Visits **Primary Services** 50%* \$5 Copay **Specialist Services** \$50 Copay 50%* Chiropractic Services \$50 Copay 50%* **Hospital Services** 20%* 50%* **Emergency Services**** Emergency Room 20%* 50%* **Emergency Medical Transportation** 20%* 50%* **Urgent Care Services** \$75 Copay 50%* **Teladoc Services** General Consultations 100% Covered Dermatology \$50 Copay Mental Health - Therapist \$50 Copay Mental Health - Psychiatrist, initial evaluation \$50 Copay Mental Health - Psychiatrist, ongoing session \$50 Copay Mental Health/Chemical Dependency Inpatient 20%* 50%* Outpatient \$50 Copay 50%* **Summary of Pharmacy Benefits Retail 30 Day Supply** Mail Order 90 Day Supply **Prescription Drug Coverage** Generic \$15 \$30 Preferred brand \$100

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

\$50

\$80

50% up to \$250

Specialty

Non-preferred brand



\$160

Not Available

^{*} After deductible

^{**} Covered as in-network in true-emergency



Summary of Medical Benefits \$5,000 Plan In-Network Out-of-Network Calendar Year Deductible \$5,000 \$10,000 Employee only \$10,000 \$20,000 Family Coinsurance 20% 50% Out-of-Pocket Maximum \$8,150 \$30,000 Employee only \$16,300 \$60,000 Family **Preventive Care** 100% Covered 50%* Office Visits **Primary Services** 50%* \$5 Copay Specialist Services 50%* \$50 Copay Chiropractic Services \$50 Copay 50%* **Hospital Services** 20%* 50%* **Emergency Services** Emergency Room** 20%* 50%* **Emergency Medical Transportation** 20%* 50%* **Urgent Care Services** \$75 Copay 50%* **Teladoc Services General Consultations** 100% Covered Dermatology \$50 Copay Mental Health - Therapist \$50 Copay Mental Health - Psychiatrist, initial evaluation \$50 Copay Mental Health - Psychiatrist, ongoing session \$50 Copay Mental Health/Chemical Dependency Inpatient 20%* 50%* Outpatient \$50 Copay 50%* **Summary of Pharmacy Benefits** Mail Order 90 Day Supply **Retail 30 Day Supply Prescription Drug Coverage** Generic \$15 \$30 Preferred brand \$50 \$100 Non-preferred brand \$80 \$160

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

50% up to \$250

Specialty



Not Available

^{*} After deductible

^{**} Covered as in-network in true-emergency



Summary of Medical Benefits \$6,500 Plan In-Network Out-of-Network Calendar Year Deductible \$6,500 \$13,000 Employee only Family \$13,000 \$26,000 Coinsurance 0% 50% Out-of-Pocket Maximum \$6,500 \$30,000 Employee only \$13,000 \$60,000 Family **Preventive Care** 100% Covered 50%* Office Visits **Primary Services** 0%* 50%* **Specialist Services** 0%* 50%* Chiropractic Services 0%* 50%* **Hospital Services** 0%* 50%* **Emergency Services**** Emergency Room 0%* 50%* **Emergency Medical Transportation** 0%* 50%* 0%* 50%* **Urgent Care Services Teladoc Services General Consultations** 100% Covered Dermatology \$85 fee applies until deductible is met, then 0%* Mental Health - Therapist \$90 fee applies until deductible is met, then 0%* Mental Health - Psychiatrist, initial evaluation \$220 fee applies until deductible is met, then 0%* Mental Health - Psychiatrist, ongoing session \$100 fee applies until deductible is met, then 0%* Mental Health/Chemical Dependency 0%* Inpatient 50%* 0%* Outpatient 50%* Summary of Pharmacy Benefits **Retail 30 Day Supply Mail Order 90 Day Supply** Prescription Drug Coverage Generic 0%* 0%* Preferred brand 0%* 0%* Non-preferred brand 0%* 0%*

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

0%*

Specialty



Not Available

^{*} After deductible

^{**} Covered as in-network in true-emergency

Connect with us

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- 7201 West 78th Street Bloomington, MN 55439

