

A person with a backpack is standing in a field of tall, golden-brown grass, looking towards a bright sun in a forest. The sun is low on the horizon, creating a strong lens flare and illuminating the scene. The person is wearing a light-colored jacket and dark pants. The background is filled with trees and foliage, creating a bokeh effect.

# Benefit

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# Overview

HEALTHEZ



## WELCOME!

HealthEZ is proud to serve as your benefits administrator. We help companies all over the US provide custom, personalized benefits to their employees. We're here to make your life easier! We are a family-owned business serving families like yours for over 35 years.

Your employer selected HealthEZ because we are truly a different kind of health care company. We understand health insurance can be very complicated, and it's our goal to help you navigate the health care maze.

We are here to serve you!

We start by having human beings answer our phones; no computers or phone trees. We are here to listen and help you if you're sick or just have a simple question about your benefits. You have one dedicated phone number to call-no matter what you need.

We provide you with a simple online statement once a month – making it easy for you to understand what your doctor billed, what your insurance paid, and what you owe. You can even pay your bill online!

HealthEZ doesn't serve clients; we serve people. We are here to take care of you.



Effective 1/1/2020 • [RevoHealthBenefits.com](http://RevoHealthBenefits.com) • 800-948-5988

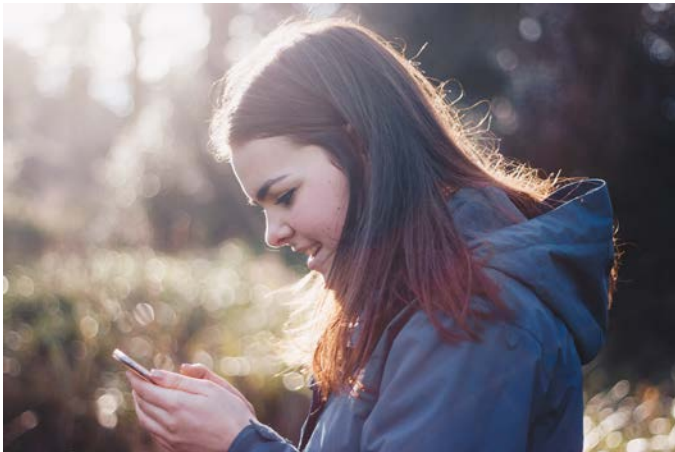


## PERSONALIZED PHONE NUMBER

Revo Health & Twin Cities Orthopedics have a dedicated phone number at 800-948-5988 that is answered between the hours of 7 A.M. and 7 P.M. Central Time. No phone trees! After business hours, simply press "3" to reach our 24/7 help line.

## 24/7 HELP LINE

You have 24/7 access to HealthEZ's team of experienced nurses and doctors. Have a health-related question or need help finding the right doctor? Give us a call at 800-948-5988. We would love to help you!

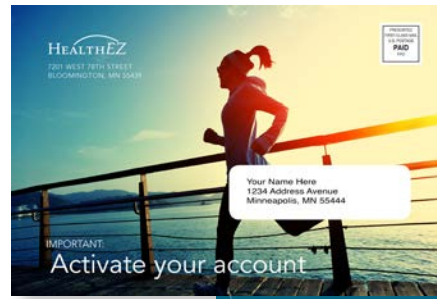


## PERSONALIZED BENEFITS WEBSITE

Revo Health & Twin Cities Orthopedics have a dedicated benefits website at [RevoHealthBenefits.com](http://RevoHealthBenefits.com) where you will be able to view all information relating to your health plan. Everything you need, all in one place!

Before you setup your online account you will be able to view the benefits covered under your plan, pharmacy information, search for a doctor, view the Form Library, and much more!

Once you receive your ID card, you'll be able to set up your online account. After your account is active, you can view all your information about your benefits, including your statements, account balances, recently processed bills, and your EZpay accounts.



Keep an eye out for this HealthEZ mailer containing your ID card!



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EZPay is a free medical payment service which allows you to pay your medical bills from your own credit card or debit card - simply, easily, and safely.

Sign up from your custom benefits site!

1. Login or create an account by clicking "Need to set up online access?" on the login page
2. Click on "HealthEZpay Accounts" located on the left sidebar
3. Click "Add another credit card" (even if it is your first account) and agree to the Terms of Service
4. Fill in your information and click "Submit" to start enjoying the benefits of Auto-Pay with HealthEZ

You will receive an email once a bill is processed, and will be asked to approve payment if you owe money.

EZPay will pay by default if you do not respond in:

- 2 business days for claims under \$250
- 5 business days for claims over \$250

EZPay will combine your payment with any medical plan payments so your provider is paid in full.

## ONE SIMPLE STATEMENT

HealthEZ provides all of your expenses in one document. The consolidated monthly statement provides a level of straight forward convenience unique in the industry.

**HEALTHEZ**  
7201 West 78th Street, Suite 100  
Bloomington, MN 55439

**REVO HEALTH | iHealth**  
Member ID: XXXXXXX4567  
Statement Date: 2/21/11

**THIS IS NOT A BILL. DO NOT PAY.**

**Statement Summary**

Member ID	XXXXXXX4567
Statement Date	2/21/11
<b>New Transactions This Period</b>	
Paid by your health plan	\$441.49
Paid by your HealthEZpay accounts	\$301.84
You owe providers	\$0.00
<b>Paid by Your Employer YTD:</b>	
Medical	\$441.49
Dental	\$117.30
Pharmacy	\$ 65.24

**Information & Resources**

**Your Resources for Help**  
Benefit Questions: <custom phone ex>  
<customsite.com>

**EOBs Available Online**  
The Explanation of Benefits that corresponds to this statement is available by logging in at <customsite.com>. If you have questions, call <custom phone>.

**HealthEZpay Account Summaries**

<b>Flexible Spending Account (FSA)</b>	
Claims Paid Year-to-Date	\$0.00
Available Amount	\$500.00
<b>Health Savings Account (HSA)</b>	
Claims Paid This Period	\$223.93
Current Balance	\$275.07
<b>Health Reimbursement Account (HRA)</b>	
Claims Paid This Period	NA
Current Balance	NA
<b>Credit/Debit Card Accounts</b>	
Claims Paid This Period	\$77.91

**Your Year-to-Date Summaries**

<b>Medical In-Network Deductible</b>	
Met Year-to-Date	\$301.84
<b>Medical In-Network Out-of-Pocket</b>	
Met Year-to-Date	\$301.84
<b>Dental Benefit</b>	
Used Year-to-Date	\$117.30

Information current as of statement date. For detailed and up-to-date information, go to <customsite.com>.

**Transactions for the Current Period**

**MEDICAL**

Service Date	Patient	Provider	Billed Amount	Network Discount	Employer Payment	You Have Paid	You Owe Provider
01/15/2011	Jane	Care Clinic	\$248.00	\$24.07	\$0.00	\$223.93	\$0.00
01/15/2011	Alex	County Hospital	\$911.00	\$391.60	\$441.49	\$77.91	\$0.00

**DENTAL**

Service Date	Patient	Provider	Billed Amount	Network Discount	Employer Payment	You Have Paid	You Owe Provider
01/12/2011	Jane	Family DentalCare	\$138.00	\$20.70	\$117.30	\$0.00	\$0.00

**PHARMACY**

Service Date	Patient	Pharmacy	Drug Name	Retail Amount	You Paid
01/16/2011	Jane	Corner Pharmacy	AZITHROMYCIN TAB 250MG	\$48.00	\$8.00
01/21/2011	Alex	Corner Pharmacy	NUTRINATE CHW	\$48.00	\$8.00

For a copy of your detailed Explanation of Benefits (EOB), log in at <customsite.com> and click on "Statements" in the left sidebar.

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## America's PPO®

Your primary medical network is America's PPO.

Your medical network is a group of health care providers. It includes doctors, specialists, hospitals, surgical centers and other facilities. These health care providers provide services at a lower rate, which you will see reflected on your statements as a discount.

There may be times when you decide to visit a doctor who is out-of-network, and those costs are always higher. There are no discounts with these out-of-network services, and you will be responsible for paying the difference between the providers full charge and the amount your plan pays for. This is called balance billing.

To check that your provider is in-network, please visit [RevoHealthBenefits.com](http://RevoHealthBenefits.com), and click "Find a Doctor."



**CVS  
CAREMARK**

Your pharmacy benefit manager is CVS Caremark.

Pharmacy Benefit Managers (PBMs) reduce prescription drug costs and improve convenience and safety for consumers. CVS Caremark administers your prescription drug plan, and offers home delivery of medications and a network of pharmacies offering more affordable medications.

Talk to your provider about lower cost alternatives! Generic drugs are important options and offer the same dosage form, safety, quality, and performance characteristics of brand-name drugs.

The same prescription rarely costs the same from store to store. Be a savvy consumer and price compare your prescriptions at different pharmacies to get the best price. Check out Wal-mart's "\$4 Prescriptions," and don't forget Sam's Club and Costco - you don't have to be a member to access their pharmacy!

Did you know there are coupon and price comparison sites for prescriptions? Check out these sites and see if you are paying too much:

**RxSaver** By RetailMeNot™

**GoodRx**  
goodrx.com

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**REVO**  
HEALTH

**iHealth**  
Infinite Health Collaborative



Flu shots are available to all employees enrolled in the medical plan at no cost. A HealthEZ nurse will visit your employer to administer the shots. Contact your HR to find out when!



Boost Your Baby offers a light and friendly approach to reach pregnant members. It is a non-clinical support system for future moms.

Moms-to-be are identified, assisted, and followed by a Mommy Mentor to support a healthy pregnancy.

Visit [www.boostyourbaby.com](http://www.boostyourbaby.com), or call 800-808-4848 to learn more.



## CARE MANAGEMENT

If you require medical services like a surgery, hospital stay or are diagnosed with a complex medical condition, you may receive a call from one of the HealthEZ nurses.

The nurse is there to help you understand your treatment options, coordination of services among your doctors, and to make sure you have everything you need for a quick recovery with the right care in the right setting.

## CHRONIC CARE MANAGEMENT

We help members manage chronic conditions like diabetes, hypertension, and high cholesterol. We provide education, diet and exercise tips. We can even provide referrals to providers, make appointments when necessary, and order your medical supplies for you!

HealthEZ's team of health care professionals believe that partnership and realistic support are the keys to lasting change.

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## PREVENTIVE CARE

Your health plan covers preventive services at no cost to you.

These include screenings, vaccines, and preventive counseling at in-network facilities.



### Stay healthier and get more effective treatment

Many types of screenings and tests can catch a disease before it starts. Starting treatment or lifestyle changes before a disease starts or while it is still in its early stages will help you stay healthier or recover more quickly.

### Pay less for medical expenses

Preventive care helps lower the long-term cost of managing disease because it helps catch problems in the early stages when most diseases are more readily treatable.

Many preventive services are now covered in full by insurance due to the Affordable Care Act (ACA), which means they are free for you if you have health insurance.

## HEALTH SAVINGS ACCOUNT

A Health Savings Account (HSA) is a savings account that lets you set aside pre-tax money to pay for qualified medical expenses. You are eligible for a Health Savings Account if you are enrolled in the HSA or High Value plan.

Your HSA account belongs to you, regardless of your medical coverage changes. Funds grow tax-free and roll-over from year to year.

### Maximum Annual Contribution Amounts:

- Employee Only: \$3,550
- Family Coverage: \$7,100

\*Individuals age 55 or older are eligible to contribute an additional \$1,000 per year.



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## FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) provide you with a way to use tax-free dollars to pay medical expenses. All contributions are deducted before federal taxes, social security taxes, and most state taxes. You do not need to be enrolled in a medical plan to contribute to a Flexible Spending Account.

Contribution amounts for the entire year are elected during open enrollment, and are deducted in equal installments from each paycheck. You cannot change this amount during the year unless you have a qualified event.

At the end of the benefit year, any claims incurred between January 1st and March 15th can be submitted through April 30th for reimbursement.

## FULL MEDICAL

If you are enrolled in the Copay Plan, or are not enrolled in a medical plan, you are eligible to elect a Full Medical FSA. This will cover medical, dental, vision and pharmacy expenses.

## LIMITED MEDICAL

If you are enrolled in the HSA Plan or High Value Plan, you are eligible to elect a Limited Medical FSA. This will cover dental and vision expenses.

## DEPENDENT CARE

Day care, preschool, summer camps, and nonemployer-sponsored before/after school programs are eligible expenses under a Dependent Care FSA.

Eligible Dependents are children under the age of 13, and qualifying dependents incapable of self-care.

Maximum 2020 Contribution Amount: \$5,000

\*If you are married and are either filing separate tax returns, or your spouse elects Dependent Care through their employer, you can only elect up to \$2,500.



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## Summary of Medical Benefits

### Copay Plan

	In-Network	Out-of-Network
Calendar Year Deductible		
Employee only	\$1,500	\$4,500
Family	\$3,000	\$9,000
Coinsurance	20%	40%
Out-of-Pocket Maximum		
Employee only	\$4,500	\$13,500
Family	\$9,000	\$27,000
Preventive Care	100% Covered	40%*
Office Visits		
Primary Services	\$35 Copay	40%*
Specialist Services	\$35 Copay	40%*
Convenience Clinic	\$35 Copay	40%*
Hospital Services	20%*	40%*
Emergency Services**		
Emergency Room - True Emergency	20%*	20%*
Emergency Room - Non Emergency	50%*	50%*
Emergency Medical Transportation	20%*	40%*
Urgent Care Services	\$65 Copay	40%*
Chiropractic Services	\$35 Copay	40%*
Mental Health/Chemical Dependency		
Inpatient	20%*	40%*
Outpatient	\$35 Copay	40%*
Prescription Drug Coverage	<b>Retail 30 Day Supply</b>	<b>Mail Order 90 Day Supply</b>
Generic	\$12 Copay	\$24 Copay
Preferred brand	\$40 Copay	\$80 Copay
Non-preferred brand	\$75 Copay	\$150 Copay
Specialty	20% Coinsurance up to \$300	Not available

**NOTES:** This serves as a summary of your benefit plan only. Please refer to your Summary Plan Description for actual coverage, limitation, and exclusion provisions.

\* After deductible

\*\* Covered as in-network in true-emergency

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## Summary of Medical Benefits

### HSA Plan

	In-Network	Out-of-Network
Calendar Year Deductible		
Employee only	\$2,800	\$5,600
Family	\$5,600	\$11,200
Coinsurance	20%	40%
Out-of-Pocket Maximum		
Employee only	\$4,000	\$8,000
Family	\$8,000	\$16,000
Preventive Care	100% Covered	40%*
Office Visits		
Primary Services	20%*	40%*
Specialist Services	20%*	40%*
Convenience Clinic	20%*	40%*
Hospital Services	20%*	40%*
Emergency Services**		
Emergency Room - True Emergency	20%*	20%*
Emergency Room - Non Emergency	50%*	50%*
Emergency Medical Transportation	20%*	40%*
Urgent Care Services	20%*	40%*
Chiropractic Services	20%*	40%*
Mental Health/Chemical Dependency		
Inpatient	20%*	40%*
Outpatient	20%*	40%*
Prescription Drug Coverage	<b>Retail 30 Day Supply</b>	<b>Mail Order 90 Day Supply</b>
Generic	20%*	20%*
Preferred brand	20%*	20%*
Non-preferred brand	20%*	20%*
Specialty	20%*	Not available

**NOTES:** This serves as a summary of your benefit plan only. Please refer to your Summary Plan Description for actual coverage, limitation, and exclusion provisions.

\* After deductible

\*\* Covered as in-network in true-emergency

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## Summary of Medical Benefits

### High Value Plan

	In-Network	Out-of-Network
Calendar Year Deductible		
Employee only	\$3,000	\$6,000
Family	\$6,000	\$12,000
Coinsurance	20%	50%
Out-of-Pocket Maximum		
Employee only	\$5,000	\$10,000
Family	\$10,000	\$20,000
Preventive Care	100% Covered	50%*
Office Visits		
Primary Services	20%*	50%*
Specialist Services	20%*	50%*
Convenience Clinic	20%*	50%*
Hospital Services	20%*	40%*
Emergency Services**		
Emergency Room - True Emergency	20%*	20%*
Emergency Room - Non Emergency	50%*	50%*
Emergency Medical Transportation	20%*	50%*
Urgent Care Services	20%*	50%*
Chiropractic Services	20%*	50%*
Mental Health/Chemical Dependency		
Inpatient	20%*	50%*
Outpatient	20%*	50%*
Prescription Drug Coverage	<b>Retail 30 Day Supply</b>	<b>Mail Order 90 Day Supply</b>
Generic	20%*	20%*
Preferred brand	20%*	20%*
Non-preferred brand	20%*	20%*
Specialty	Not available	Not available

**NOTES:** This serves as a summary of your benefit plan only. Please refer to your Summary Plan Description for actual coverage, limitation, and exclusion provisions.

\* After deductible

\*\* Covered as in-network in true-emergency

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