

Benefits Overview

SHIPEX, LLC

Dedicated Website

ShipExBenefits.com

Dedicated Phone Number

844-801-1908





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

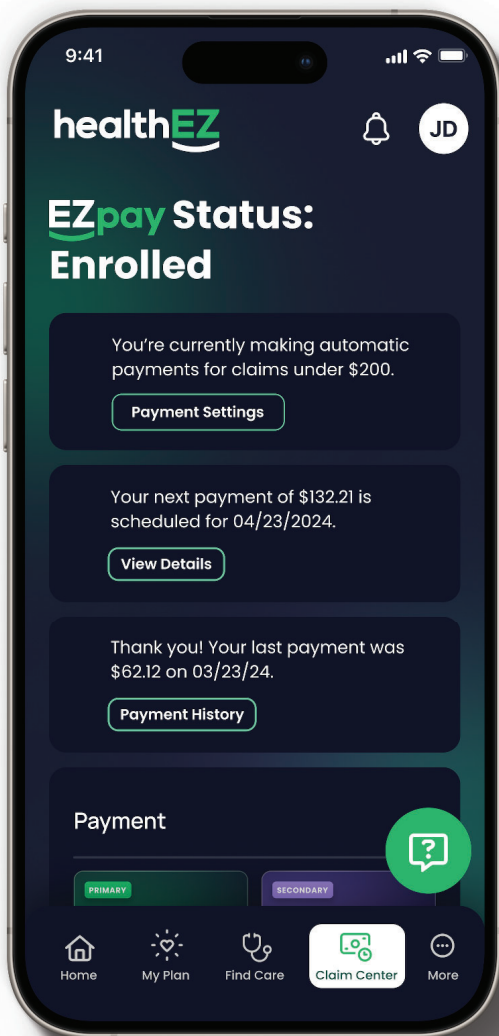
EZchoice makes provider choice easy and medical costs transparent so you can be confident that you are not overspending on your medical care.



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.

THIS IS NOT A BILL. DO NOT PAY.

Statement Summary

Member ID: XXXXXXXX4567
 Statement Date: 03/23/2024
 New Transactions This Period: \$221.11
 Paid by your health plan: \$441.49
 Paid by your HealthEZpay accounts: \$301.84
 You owe providers: \$0.00
 Paid by Your Employer YTD: \$0.00
 Medical: \$441.49
 Dental: \$117.30
 Pharmacy: \$0.00

HealthEZpay Account Summaries

Flexible Spending Account (FSA)
 Claims Paid Year-to-Date: \$0.00
 Available Amount: \$500.00
 Health Savings Account (HSA)
 Claims Paid This Period: \$223.93
 Current Balance: \$276.07
 Health Reimbursement Account (HRA)
 Claims Paid This Period: NA
 Current Balance: NA
 Credit/Debit Card Accounts
 Claims Paid This Period: \$77.91

Your Year-to-Date Summaries

Medical In-Network Deductible
 Met Year-to-Date: \$301.84
 Medical In-Network Out-of-Pocket
 Met Year-to-Date: \$301.84
 Dental Benefits
 Used Year-to-Date: \$117.30

Transactions for the Current Period

MEDICAL

Service Date	Patient	Provider	Billed Amount	Network Discount	Employer Payment	You Have Paid	You Owe Provider
01/15/2021	Jane	Care Clinic	\$248.00	\$24.07	\$0.00	\$223.93	\$0.00
01/15/2021	Alex	County Hospital	\$291.00	\$291.00	\$441.49	\$77.91	\$0.00

DENTAL

Service Date	Patient	Provider	Billed Amount	Network Discount	Employer Payment	You Have Paid	You Owe Provider
01/13/2021	Jane	Family DentalCare	\$117.30	\$20.70	\$117.30	\$0.00	\$0.00

PHARMACY

Service Date	Patient	Pharmacy	Drug Name	Billed Amount	Network Discount	Employer Payment	You Have Paid	You Owe Provider
01/15/2021	Jane							



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

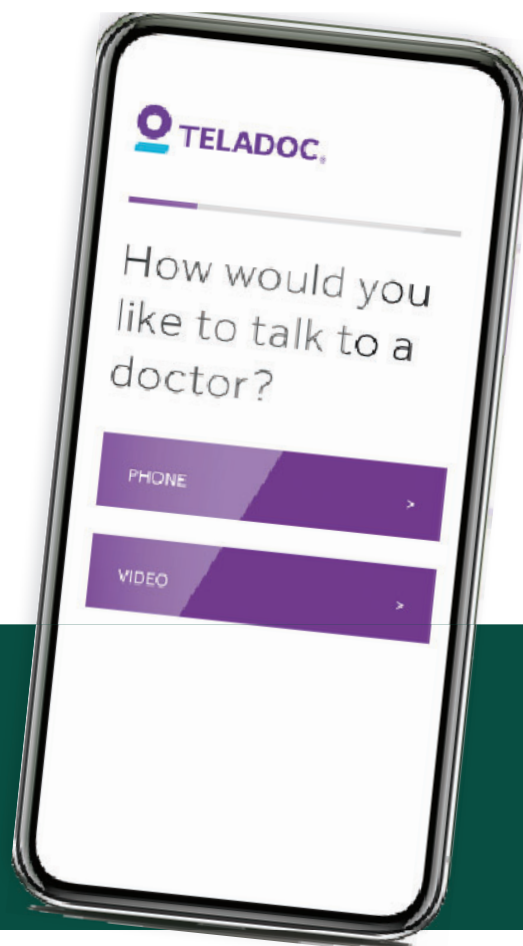


You've got Teladoc virtual health!

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](https://www.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 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.



If you are on the Cigna Plan, your primary medical network is Cigna.



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."



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 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.



If you are on the PHCS Plan, physicians need to be in-network with PHCS.



Your medical network is a group of healthcare providers that offer services at a lower rate than out-of-network providers, which you will see reflected on your statements as a discount. To find out if your provider is in-network, please visit your dedicated Benefits website, and click "Find Care."

Facilities need to accept Reference Based Pricing.

A Reference Based Pricing (RBP) plan pays for services based on a percentage of Medicare. You do not have a medical network for facilities; you can choose any facility, as long as they accept the terms of RBP.

There are several ways to confirm that your preferred physician or facility will accept the terms of Reference Based Pricing. Listed below are a couple different options you can use to help with this.

Option 1: Call Member Advocacy

Call 855-719-3763 (7am – 5pm CST, Mon. – Fri.) to speak to a Member Advocate.

Option 2: Email Provider Outreach Form

Fill out the Provider Request Form, and email to: pc-providerrequest@zelis.com.

Option 3: Compass Connect

Use the portal to search for a participating facility. Visit <https://hez.connect.payercompass.com/>



Your Pharmacy Benefit Manager is CerpPASS Rx.



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?

CerpPASSRx is proud to offer Mail Delivery by PillPack, a simple, innovative way to manage your prescription medications. PillPack, by Amazon pharmacy, is a full-service pharmacy that sorts your medication by the dose and delivers them to your door at no additional cost. Visit CerpPASSRx.com for more information on how to get started.

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 CerpPASSRx.com.

Summary of Medical Benefits		
Cigna Plan		
Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
Deductible		
Individual Coverage	\$6,500	N/A
Family Coverage	\$13,000	N/A
Out-of-Pocket Maximum		
Individual Coverage	\$6,500	N/A
Family Coverage	\$13,000	N/A
Preventive Care Services	No Charge	Not Covered
Primary Office Visit	\$40 Copay	Not Covered
Specialist Office Visit	\$65 Copay	Not Covered
Chiropractic Visit	\$50 Copay	Not Covered
Urgent Care Services	\$110 Copay	Not Covered
Complex Imaging: MRI/CT/PET Scans	No Charge	Not Covered
Inpatient Hospital Care Facility Fee Physician Fee	0%* 0%*	Not Covered Not Covered
Outpatient Procedures Facility Fee Physician Fee	0%* 0%*	Not Covered Not Covered
Emergency Room Services**	\$500 Copay	Not Covered
Emergency Medical Transportation**	0%*	Not Covered
Mental Health/Chemical Dependency - Inpatient	0%*	Not Covered
Mental Health/Chemical Dependency - Office Visit	\$50 Copay	Not Covered
Summary of Pharmacy Benefits		
Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	\$10 Copay	
Preferred Brand	25% Coinsurance	
Non-Preferred Brand	50% Coinsurance	
Specialty	Not Covered	Not Available
Teladoc Benefits		
General Consultations	No Charge	
Dermatology	\$75 Copay	
Mental Health - Therapist	No Charge	
Mental Health - Psychiatrist, Initial Evaluation	No Charge	
Mental Health - Psychiatrist, Ongoing Session	No Charge	

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		
PHCS Plan		
Embedded Deductible Embedded Out-of-Pocket Maximum	PHCS Physician Only Network	
	In-Network	Out of Network
Deductible		
Individual Coverage	\$6,500	N/A
Family Coverage	\$13,000	N/A
Out-of-Pocket Maximum		
Individual Coverage	\$6,500	N/A
Family Coverage	\$13,000	N/A
Preventive Care Services	No Charge	Not Covered
Primary Office Visit	\$40 Copay	Not Covered
Specialist Office Visit	\$65 Copay	Not Covered
Chiropractic Visit	\$50 Copay	Not Covered
Urgent Care Services	\$110 Copay	Not Covered
Complex Imaging: MRI/CT/PET Scans	No Charge	Not Covered
Inpatient Hospital Care Facility Fee Physician Fee	0%*	
Outpatient Procedures Facility Fee Physician Fee	0%*	
Emergency Room Services	\$500 Copay	
Emergency Medical Transportation**	0%*	Not Covered
Mental Health/Chemical Dependency - Inpatient	0%*	
Mental Health/Chemical Dependency - Office Visit	\$50 Copay	Not Covered
Summary of Pharmacy Benefits		
Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	\$10 Copay	
Preferred Brand	25% Coinsurance	
Non-Preferred Brand	50% Coinsurance	
Specialty	Not Covered	Not Available
Teladoc Benefits		
General Consultations	No Charge	
Dermatology	\$75 Copay	
Mental Health - Therapist	No Charge	
Mental Health - Psychiatrist, Initial Evaluation	No Charge	
Mental Health - Psychiatrist, Ongoing Session	No Charge	

*****Intermountain Healthcare providers are excluded from the PHCS health plan*****

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

