Benefits Overview

Johnson Health Tech

Dedicated Website

JHTNABenefits.com

Dedicated Phone Number

855-697-2027

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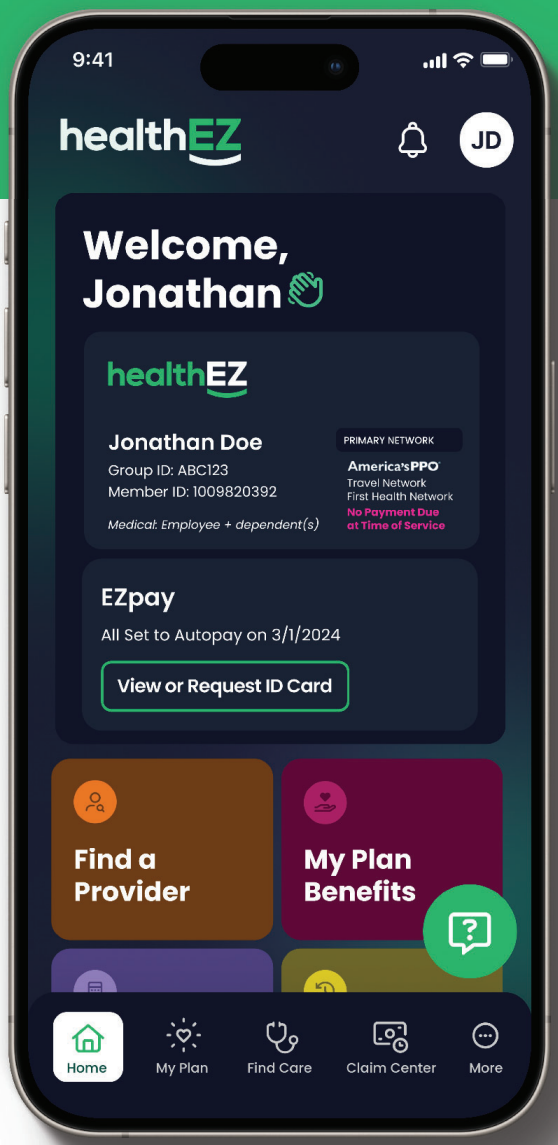
Welcome!

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.

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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

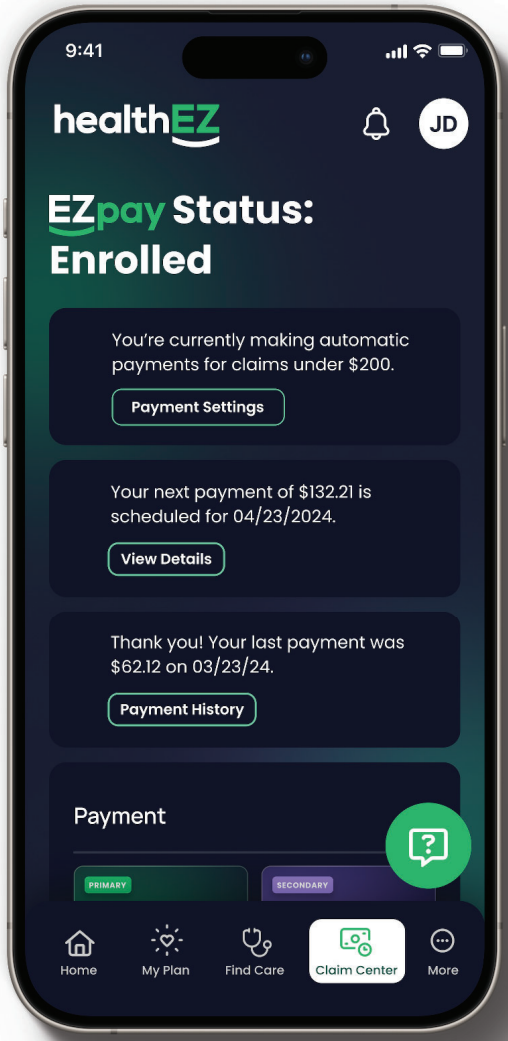
EZchoice makes provider choice easy and medical costs transparent so you can be confident that you are not overspending on your medical care.

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.

Download on the App Store

GET IT ON Google Play



EZpay

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

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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 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.

Your medical network is America's PPO for members in MN and Western WI.

America's PPO

Your medical network is Aetna for members in outside of Minnesota.

aetna

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 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 insurance 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 Prime Therapeutics.

What is a Pharmacy Benefit Manager?

Pharmacy Benefit Managers (PBMs) reduce prescription drug costs and improve convenience and safety for consumers.

What is Mail Order?

If you take maintenance medications for long-term conditions you could save money with Prime Therapeutics' mail service pharmacy. Visit your dedicated Benefits website to get started.

What are Generic drugs?

Generics are the same in dosage, safety, strength, quality and intended use as brand-name drugs, and although they are chemically identical to their branded counterparts, they are sold at substantial discounts. Talk to your doctor to find out if there is a generic equivalent for your brand-name drug.

Prime Therapeutics Member Portal

Access your prescription history, schedule a refill and more! Visit PrimeTherapeutics.com and select Member Portal. If it's your first time on the site, you will need to complete the one-time registration process.

Your Specialty Medications are administered through Payer Matrix.

Your Prescription Plan has been enhanced to reduce your cost paid for specialty drugs through a program called the Specialty Cost Containment Solution. All plan participants using specialty drugs are required to meet prior authorization criteria and administrative review under the Payer Matrix program. You must enroll in the Payer Matrix program or you will be responsible for 100% co-insurance or the full cost of your medication

If you are currently taking a specialty medication, please contact a Payer Matrix Care Coordinator at (877) 305-6202 or email customerservice@payermatrix.com.

Summary of Medical Benefits

$1,000 PPO Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
Deductible		
Individual Coverage	$1,000	$2,000
Family Coverage	$2,000	$4,000
Out-of-Pocket Maximum		
Individual Coverage	$2,500	$6,000
Family Coverage	$5,000	$12,000
Preventive Care Services	No Charge	30%*
Primary Office Visit	Ages 0-18: No Charge Ages 19+: $30 Copay	30%* 30%*
Specialist Office Visit	Ages 0-18: No Charge Ages 19+: $30 Copay	30%* 30%*
Chiropractic Visit	$30 Copay	30%*
Urgent Care Services	Ages 0-18: No Charge Ages 19+: $30 Copay	$30 Copay $30 Copay
Complex Imaging: MRI/CT/PET Scans	$100 Copay	30%*
Inpatient Hospital Care Facility Fee Physician Fee	 10%* 10%*	 30%* 30%*
Outpatient Procedures Facility Fee Physician Fee	 10%* 10%*	 30%* 30%*
Emergency Room Services	$200 Copay	
Emergency Medical Transportation	10%*	
Mental Health/Chemical Dependency - Inpatient	10%*	30%*
Mental Health/Chemical Dependency - Office Visit	Ages 0-18: No Charge Ages 19+: $30 Copay	30%* 30%*

Summary of Pharmacy Benefits

Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	$10 Copay	$20 Copay
Preferred Brand	25% up to $50 maximum	25% up to $100 maximum
Non-Preferred Brand	50% up to $80 maximum	50% up to $160 maximum
Specialty	$100 Copay	Not Available

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

* Coinsurance after deductible

Summary of Medical Benefits

$2,500 PPO Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
Deductible		
Individual Coverage	$2,500	$3,500
Family Coverage	$5,000	$7,000
Out-of-Pocket Maximum		
Individual Coverage	$3,500	$6,000
Family Coverage	$7,000	$12,000
Preventive Care Services	No Charge	30%*
Primary Office Visit	Ages 0-18: No Charge Ages 19+: $30 Copay	30%* 30%*
Specialist Office Visit	Ages 0-18: No Charge Ages 19+: $30 Copay	30%* 30%*
Chiropractic Visit	$30 Copay	30%*
Urgent Care Services	Ages 0-18: No Charge Ages 19+: $30 Copay	$30 Copay $30 Copay
Complex Imaging: MRI/CT/PET Scans	$100 Copay	30%*
Inpatient Hospital Care Facility Fee Physician Fee	 20%* 20%*	 30%* 30%*
Outpatient Procedures Facility Fee Physician Fee	 20%* 20%*	 30%* 30%*
Emergency Room Services	$200 Copay	
Emergency Medical Transportation	20%*	
Mental Health/Chemical Dependency - Inpatient	20%*	30%*
Mental Health/Chemical Dependency - Office Visit	Ages 0-18: No Charge Ages 19+: $30 Copay	30%* 30%*

Summary of Pharmacy Benefits

Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	$10 Copay	$20 Copay
Preferred Brand	25% up to $50 maximum	25% up to $100 maximum
Non-Preferred Brand	50% up to $80 maximum	50% up to $160 maximum
Specialty	$100 Copay	Not Available

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

* Coinsurance after deductible

Summary of Medical Benefits

$3,500 HSA Eligible Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
Deductible		
Individual Coverage	$3,500	$5,000
Family Coverage	$7,000	$10,000
Out-of-Pocket Maximum		
Individual Coverage	$7,000	$10,000
Family Coverage	$14,000	$20,000
Preventive Care Services	No Charge	50%*
Primary Office Visit	Ages 0-18: 20%* Ages 19+: 20%*	50%* 50%*
Specialist Office Visit	Ages 0-18: 20%* Ages 19+: 20%*	50%* 50%*
Chiropractic Visit	20%*	50%*
Urgent Care Services	Ages 0-18: 20%* Ages 19+: 20%*	50%* 50%*
Complex Imaging: MRI/CT/PET Scans	20%*	50%*
Inpatient Hospital Care Facility Fee Physician Fee	 20%* 20%*	 50%* 50%*
Outpatient Procedures Facility Fee Physician Fee	 20%* 20%*	 50%* 50%*
Emergency Room Services**	20%*	50%*
Emergency Medical Transportation**	20%*	50%*
Mental Health/Chemical Dependency - Inpatient	20%*	50%*
Mental Health/Chemical Dependency - Office Visit	Ages 0-18: 20%* Ages 19+: 20%*	50%* 50%*

Summary of Pharmacy Benefits

Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	$12 Copay*	$24 Copay*
Preferred Brand	$45 Copay*	$90 Copay*
Non-Preferred Brand	$90 Copay*	$180 Copay*
Specialty	20%*	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

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