

Benefits Overview

Valley Wide Health Systems

Welcome back!

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

Valley Wide Health Systems has a dedicated phone number at 877-241-6310 that is answered by a real person between 7 a.m. and 7 p.m. CST.

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 877-241-6310. We are here to help you.

Dedicated benefits website

You can use Valley Wide Health System's dedicated benefits website at [VWHSBenefits.com](https://www.vwhsbenefits.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.



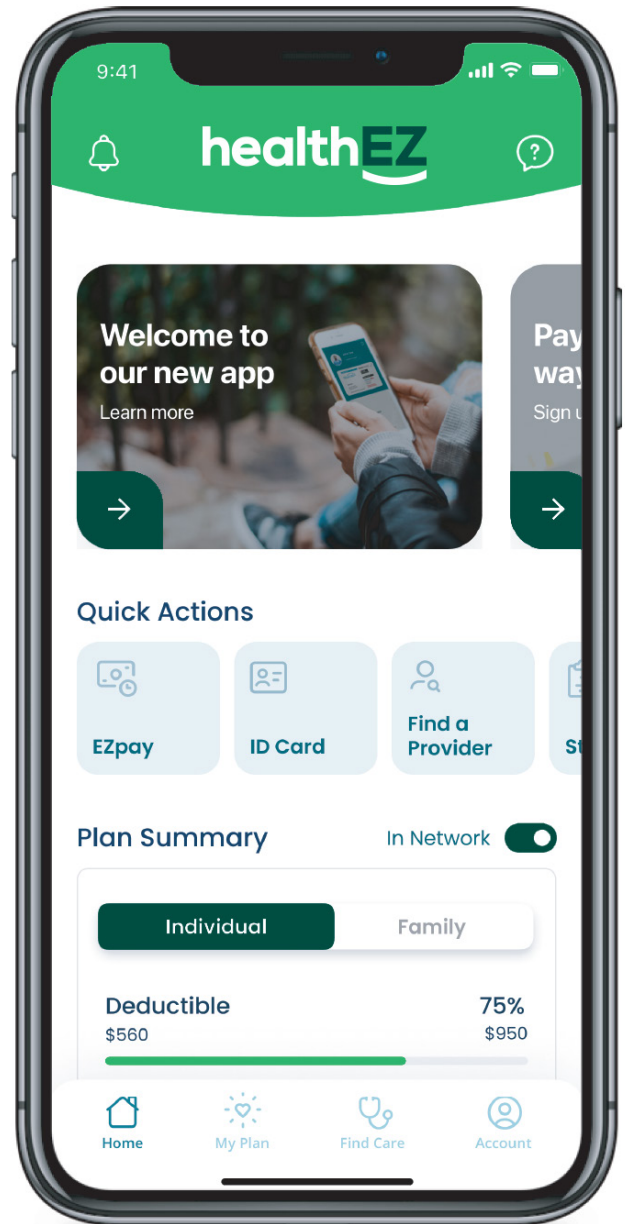
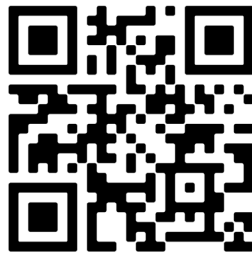
Tap. Pay. Done.

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.

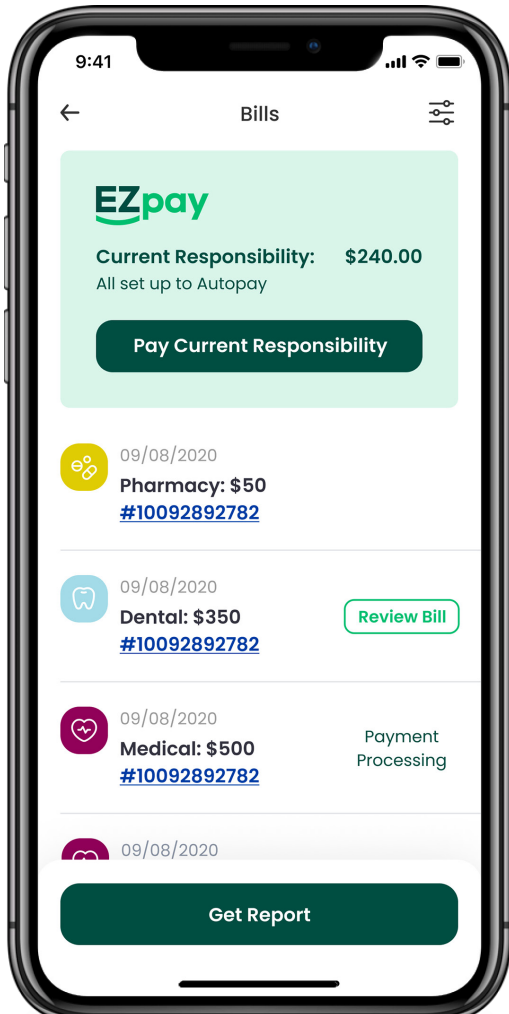


myHealthEZ Account

With or without the myHealthEZ app, you can manage your HealthEZ benefits on your preferred web browser as well. Visit myHealthEZ.com or VWHSBenefits.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 a 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 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.



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 VWHSBenefits.com, and click "Find Care."

Your Pharmacy Benefit Manager is Southern Scripts.



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 Postal Prescription Services, Southern Scripts mail service pharmacy. Visit VWHSBenefits.com for more information on how to get started and to download the Postal Prescription Services mail service forms.

What is Step Therapy and Prior Authorization?

Step Therapy is a program that requires members to initially try preferred, medically proven and less expensive prescription drugs before “stepping up” to more expensive drugs.

Prior Authorizations promote the use of safe, effective and reasonably-priced drug therapy. Your healthcare provider is required to provide medical information to determine coverage.

For questions on Step Therapy or your Prior Authorization, contact Southern Scripts at 800-710-9341.

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 SouthernScripts.net.

Southern Scripts Member Portal

Your member portal is a great resource for tools – such as a pharmacy locator, drug price check, formulary list, and more. Your custom member page is tailored to the specifics of your prescription benefit plan. To get the most out of your prescription benefit, visit SouthernScripts.net/members.

To register, fill out the registration form. Click on confirmation link sent to the email you registered with within 24 hours (*if you don't click on the link within 24 hours you will need to re-register*). The link will take you to the member login page and will complete your registration.



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 877-241-6310 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.

Summary of Medical Benefits

Gold Plan

	In-Network	Out-of-Network
Plan Year Deductible		
Employee only	\$2,000	\$10,000
Family	\$3,500	\$20,000
Coinsurance	10%	50%
Out-of-Pocket Maximum		
Employee only	\$7,000	\$20,000
Family	\$13,000	\$40,000
Preventive Care	100% Covered	50%*
Office Visits		
Primary Services	\$25 Copay	50%*
Specialist Services	\$45 Copay	50%*
Hospital Services	10%*	50%*
Emergency Services		
Emergency Room		10%*
Emergency Medical Transportation		10%*
Urgent Care Services	\$55 Copay	50%*
Chiropractic Services	\$45 Copay	50%*
Mental Health/Chemical Dependency		
Inpatient	10%*	50%*
Outpatient	\$25 Copay	50%*

Summary of Pharmacy Benefits

Gold Full Rx Plan

	Retail 30 Day Supply	Mail Order 90 Day Supply
Prescription Drug Coverage		
Generic	\$10 Copay	\$20 Copay
Preferred brand	\$35 Copay	\$70 Copay
Non-preferred brand	\$55 Copay	\$110 Copay
Specialty	20% Coinsurance up to \$200	Not Available

Summary of Pharmacy Benefits

Gold Generic Only Plan

	Retail 30 Day Supply	Mail Order 90 Day Supply
Prescription Drug Coverage		
Generic	\$15 Copay	\$30 Copay
Preferred brand	Not Available	Not Available
Non-preferred brand	Not Available	Not Available
Specialty	Not Available	Not Available

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

* After deductible

Summary of Medical Benefits

Silver Plan

	In-Network	Out-of-Network
Plan Year Deductible		
Employee only	\$3,500	\$10,000
Family	\$6,500	\$20,000
Coinsurance	20%	50%
Out-of-Pocket Maximum		
Employee only	\$8,000	\$20,000
Family	\$15,000	\$40,000
Preventive Care	100% Covered	50%*
Office Visits		
Primary Services	\$30 Copay	50%*
Specialist Services	\$50 Copay	50%*
Hospital Services	20%*	50%*
Emergency Services		
Emergency Room	20%*	
Emergency Medical Transportation	20%*	
Urgent Care Services	\$80 Copay	50%*
Chiropractic Services	\$50 Copay	50%*
Mental Health/Chemical Dependency		
Inpatient	20%*	50%*
Outpatient	\$30 Copay	50%*

Summary of Pharmacy Benefits

Silver Full Rx Plan

	Retail 30 Day Supply	Mail Order 90 Day Supply
Prescription Drug Coverage		
Generic	\$15 Copay	\$30 Copay
Preferred brand	\$40 Copay	\$80 Copay
Non-preferred brand	\$60 Copay	\$120 Copay
Specialty	20% Coinsurance up to \$250	Not Available

Summary of Pharmacy Benefits

Silver Generic Only Plan

	Retail 30 Day Supply	Mail Order 90 Day Supply
Prescription Drug Coverage		
Generic	\$20 Copay	\$40 Copay
Preferred brand	Not Available	Not Available
Non-preferred brand	Not Available	Not Available
Specialty	Not Available	Not Available

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

* After deductible

Summary of Medical Benefits

Bronze Plan

	In-Network	Out-of-Network
Plan Year Deductible		
Employee only	\$5,500	\$10,000
Family	\$10,500	\$20,000
Coinsurance	30%	50%
Out-of-Pocket Maximum		
Employee only	\$9,000	\$20,000
Family	\$17,000	\$40,000
Preventive Care	100% Covered	50%*
Office Visits		
Primary Services	\$40 Copay	50%*
Specialist Services	\$55 Copay	50%*
Hospital Services	30%*	50%*
Emergency Services		
Emergency Room		30%*
Emergency Medical Transportation		30%*
Urgent Care Services	30%*	50%*
Chiropractic Services	\$55 Copay	50%*
Mental Health/Chemical Dependency		
Inpatient	30%*	50%*
Outpatient	\$40 Copay	50%*

Summary of Pharmacy Benefits

Bronze Full Rx Plan

	Retail 30 Day Supply	Mail Order 90 Day Supply
Prescription Drug Coverage		
Generic	\$25 Copay	\$50 Copay
Preferred brand	\$45 Copay	\$90 Copay
Non-preferred brand	\$65 Copay	\$130 Copay
Specialty	30% Coinsurance up to \$350	Not Available

Summary of Pharmacy Benefits

Bronze Generic Only Plan

	Retail 30 Day Supply	Mail Order 90 Day Supply
Prescription Drug Coverage		
Generic	\$25 Copay	\$50 Copay
Preferred brand	Not Available	Not Available
Non-preferred brand	Not Available	Not Available
Specialty	Not Available	Not Available

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

* After deductible



Preventive services

Your health plan covers preventive services at no charge to you. These include routine healthcare screenings and check-ups. Some examples are listed, but please see the link below for a full list of preventive services:

www.healthcare.gov/preventive-care-benefits

Preventive services for adults

- Screenings for blood pressure, cholesterol, depression, diabetes, Hepatitis B and C, Lung cancer
- Counseling for alcohol misuse, STD prevention, tobacco cessation
- Immunizations for Hepatitis A and B, Herpes Zoster, HPV, Influenza, Measles, Meningococcal, Mumps

Preventive services for women

- Screenings for anemia, breast cancer, cervical cancer, chlamydia, gestational diabetes, Osteoporosis
- Folic acid supplements for women who may become pregnant
- Contraception and sterilization procedures

Preventive services for children

- Screenings for blood pressure, depression, hearing, Hepatitis B, HIV, obesity, vision
- Immunizations for Hepatitis A and B, Human Papillomavirus, Influenza, Measles, Rotovirus, Tetanus
- Assessments for alcohol and drug use, behavior, height, weight, body mass and oral health

Connect with us



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VWHSBenefits.com



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