

Benefits Overview

**Bothwell Regional Health
Center**

Dedicated Website

BRHCBenefits.com

Dedicated Phone Number

844-610-7872

healthEZ



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.



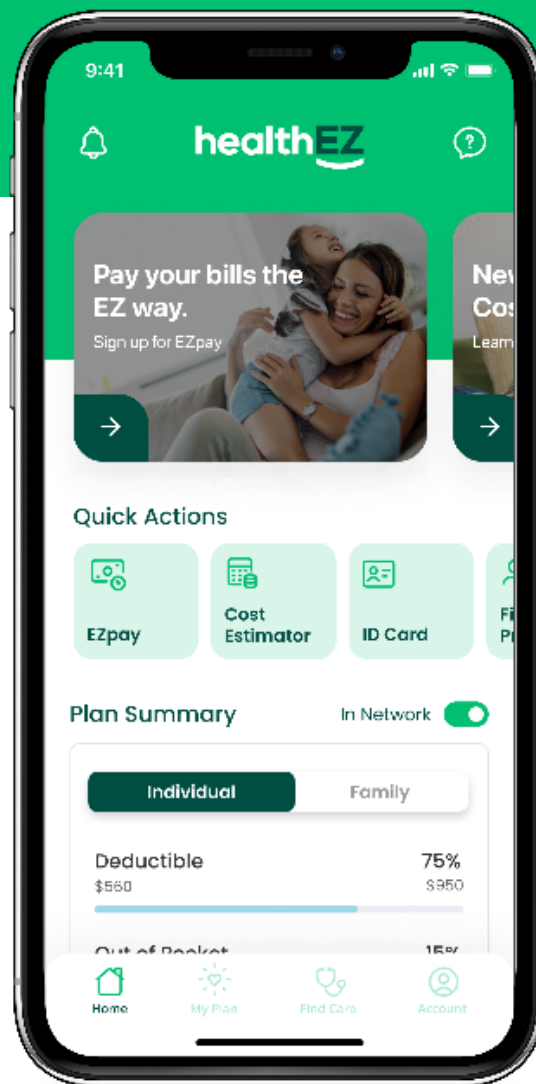
Find a provider

Search local healthcare professionals and filter results by location and specialty to find the right care provider for you and your family.



EZchoice

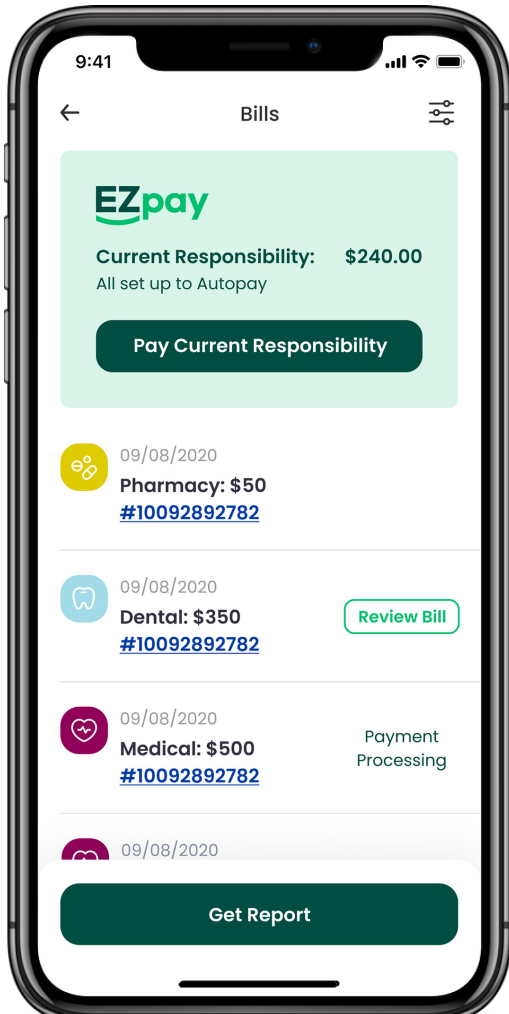
EZchoice makes provider choice easy and medical costs transparent so you can be confident that you are not overspending on your medical care.



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.





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



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 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 enrolled in the Premier Access Standard Plan/Copay 1 Plan or the Premier Access Premium Plan/Copay 2 Plan your Tier 1 medial networks are Bothwell Health Center and Health Cooperative of Missouri.



If you are enrolled in the Premier Access Standard Plan/Copay 1 Plan or the Premier Access Premium Plan/Copay 2 Plan your Tier 2 medial networks are Health Link & Freedom Select.



Your medical network is Cigna if you are enrolled in the Cigna PPO Plan or Cigna HSA Plan.



Your medical travel network is First Health for members enrolled in the Premier Access Standard Plan/Copay 1 Plan and Premier Access Premium Plan/Copay 2 Plan.



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.

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 SmithRx. **SmithRx**

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 SmithRx's mail order service.

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 [SmithRx.com](https://www.smithrx.com).

Summary of Medical Benefits

Premier Access Standard (Copay 1) Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	Tier 1		Tier 2	Tier 3
	Bothwell <i>*Services at Bothwell are not subject to the deductible</i>	Health Cooperative of Missouri	Health Link Freedom Select	Out-of-Network
Deductible				
Individual Coverage	\$2,000		\$5,000	\$10,000
Family Coverage	\$4,000		\$10,000	\$20,000
Medical and Rx Combined Out-of-Pocket Maximum				
Individual Coverage	\$4,000		\$10,000	\$20,000
Family Coverage	\$8,000		\$20,000	\$40,000
Preventive Care Services				
Preventive Care Services	No Charge		30%*	50%*
Primary Office Visit	\$20 Copay	\$45 Copay	30%*	50%*
Specialist Office Visit	\$35 Copay	\$75 Copay	30%*	50%*
Chiropractic Visit	Not Available	\$60 Copay	30%*	50%*
Urgent Care Services	Not Available	\$150 Copay, then 10%*	30%*	50%*
Complex Imaging: MRI/CT/PET Scans				
Complex Imaging: MRI/CT/PET Scans	No Charge	10%*	30%*	50%*
Inpatient Hospital Care				
Inpatient Hospital Care Facility Fee	No Charge	10%*	30%*	50%*
Inpatient Hospital Care Physician Fee	No Charge	10%*	30%*	50%*
Outpatient Procedures				
Outpatient Procedures Facility Fee	No Charge	10%*	30%*	50%*
Outpatient Procedures Physician Fee	No Charge	10%*	30%*	50%*
Emergency Room Services				
Emergency Room Services	\$150 Copay	\$150 Copay, then 10%*	\$150 Copay, then 30%*	50%*
Emergency Medical Transportation				
Emergency Medical Transportation	Not Available	10%*	30%*	50%*
Mental Health/Chemical Dependency - Inpatient				
Mental Health/Chemical Dependency - Inpatient	Not Available	10%*	30%*	50%*
Mental Health/Chemical Dependency - Office Visit				
Mental Health/Chemical Dependency - Office Visit	\$20 Copay	\$20 Copay	30%*	50%*
Summary of Pharmacy Benefits				
Medical & Rx Combined Out-of-Pocket Maximum	Bothwell Pharmacy		Any Other Pharmacy	
	Retail 30 Day Supply	Mail Order 90 Day Supply	Retail 90 Day Supply	Mail Order 90 Day Supply
Employee Only	\$4,000		\$4,000	
Family	\$8,000		\$8,000	
Generic	\$5 Copay	\$10 Copay	Greater of \$40 Copay or 20%	Greater of \$80 Copay or 20%
Preferred Brand	\$20 Copay	\$40 Copay	Greater of \$80 Copay or 50%	Greater of \$160 Copay or 50%
Non-Preferred Brand	\$40 Copay	\$80 Copay	Greater of \$150 or 60%	Greater of \$300 Copay or 60%
Specialty	20%	Not Available	40%	Not Available

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

Tiers 1, 2, and 3 accumulate towards all tiers, so that you can get the right care at the right place. 90 Day Supply of Maintenance Medications must be filled at Bothwell On-Site Clinic. Your most cost-effective option is to fill all medications at Bothwell On-Site Clinic.

* Coinsurance after deductible

Summary of Medical Benefits

Premier Access Premium (Copay 2) Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	Tier 1		Tier 2	Tier 3
	Bothwell <i>*Services at Bothwell are not subject to the deductible</i>	Health Cooperative of Missouri	Health Link Freedom Select	Out-of-Network
Deductible				
Individual Coverage	\$1,500		\$5,000	\$10,000
Family Coverage	\$3,000		\$10,000	\$20,000
Medical and Rx Combined Out-of-Pocket Maximum				
Individual Coverage	\$3,500		\$7,000	\$15,000
Family Coverage	\$7,000		\$14,000	\$30,000
Preventive Care Services				
Preventive Care Services	No Charge		30%*	50%*
Primary Office Visit	No Charge	\$45 Copay	30%*	50%*
Specialist Office Visit	No Charge	\$75 Copay	30%*	50%*
Chiropractic Visit	Not Available	\$60 Copay	30%*	50%*
Urgent Care Services	Not Available	\$150 Copay, then 10%*	30%*	50%*
Complex Imaging: MRI/CT/PET Scans				
Complex Imaging: MRI/CT/PET Scans	No Charge	10%*	30%*	50%*
Inpatient Hospital Care				
Inpatient Hospital Care Facility Fee	No Charge	10%*	30%*	50%*
Inpatient Hospital Care Physician Fee	No Charge	10%*	30%*	50%*
Outpatient Procedures				
Outpatient Procedures Facility Fee	No Charge	10%*	30%*	50%*
Outpatient Procedures Physician Fee	No Charge	10%*	30%*	50%*
Emergency Room Services				
Emergency Room Services	\$75 Copay	\$150 Copay, then 10%*	\$300 Copay, then 30%*	50%*
Emergency Medical Transportation				
Emergency Medical Transportation	Not Available	10%*	30%*	50%*
Mental Health/Chemical Dependency - Inpatient				
Mental Health/Chemical Dependency - Inpatient	Not Available	10%*	30%*	50%*
Mental Health/Chemical Dependency - Office Visit				
Mental Health/Chemical Dependency - Office Visit	No Charge	No Charge	30%*	50%*
Summary of Pharmacy Benefits				
Medical & Rx Combined Out-of-Pocket Maximum	Bothwell Pharmacy		Any Other Pharmacy	
	Retail 30 Day Supply	Mail Order 90 Day Supply	Retail 90 Day Supply	Mail Order 90 Day Supply
Employee Only	\$3,500			
Family	\$7,000			
Generic	\$5 Copay	\$10 Copay	Greater of \$40 Copay or 20%	Greater of \$80 Copay or 20%
Preferred Brand	\$20 Copay	\$40 Copay	Greater of \$80 Copay or 50%	Greater of \$160 Copay or 50%
Non-Preferred Brand	\$40 Copay	\$80 Copay	Greater of \$150 or 60%	Greater of \$300 Copay or 60%
Specialty	20%	Not Available	40%	Not Available

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

Tiers 1, 2, and 3 accumulate towards all tiers, so that you can get the right care at the right place. 90 Day Supply of Maintenance Medications must be filled at Bothwell On-Site Clinic. Your most cost-effective option is to fill all medications at Bothwell On-Site Clinic.

* Coinsurance after deductible

Summary of Medical Benefits

Cigna PPO Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	Bothwell	Cigna PPO Network	Out of Network	
Deductible				
Individual Coverage	\$1,500	\$2,500	\$5,000	
Individual under Family Coverage	\$1,500	\$2,500	\$5,000	
Family Coverage	\$3,000	\$5,000	\$10,000	
Out-of-Pocket Maximum				
Individual Coverage	\$7,500	\$7,500	\$15,000	
Individual under Family Coverage	\$7,500	\$7,500	\$15,000	
Family Coverage	\$15,000	\$15,000	\$30,000	
Preventive Care Services				
Preventive Care Services	No Charge	No Charge	50%*	
Primary Office Visit	\$30 Copay	\$45 Copay	50%*	
Specialist Office Visit	\$60 Copay	\$75 Copay	50%*	
Chiropractic Visit	Not Available	\$60 Copay	50%*	
Urgent Care Services	Not Available	\$150 Copay, then 20%*	50%*	
Complex Imaging: MRI/CT/PET Scans				
Complex Imaging: MRI/CT/PET Scans	10%*	20%*	50%*	
Inpatient Hospital Care				
Facility Fee	10%*	20%*	50%*	
Physician Fee	10%*	20%*	50%*	
Outpatient Procedures				
Facility Fee	10%*	20%*	50%*	
Physician Fee	10%*	20%*	50%*	
Emergency Room Services				
Emergency Room Services	\$75 Copay	\$150 Copay, then 20%*	50%*	
Emergency Medical Transportation				
Emergency Medical Transportation	Not Available	20%*	50%*	
Mental Health/Chemical Dependency - Inpatient				
Mental Health/Chemical Dependency - Inpatient	Not Available	20%*	50%*	
Mental Health/Chemical Dependency - Office Visit				
Mental Health/Chemical Dependency - Office Visit	\$30 Copay	\$50 Copay	50%*	
Summary of Pharmacy Benefits				
Medical & Rx Combined Out-of-Pocket Maximum	Bothwell Pharmacy		Any Other Pharmacy	
	Retail 30 Day Supply	Mail Order 90 Day Supply	Retail 90 Day Supply	Mail Order 90 Day Supply
Employee Only	\$7,500			
Family	\$15,000			
Generic	\$5 Copay	\$10 Copay	Greater of \$35 Copay or 20%	Greater of \$70 Copay or 20%
Preferred Brand	\$20 Copay	\$40 Copay	Greater of \$70 Copay or 50%	Greater of \$140 Copay or 50%
Non-Preferred Brand	\$40 Copay	\$80 Copay	Greater of \$125 or 60%	Greater of \$250 Copay or 60%
Specialty	20%	Not Available	40%	Not Available

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

* Coinsurance after deductible

Summary of Medical Benefits

Cigna HSA Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	Cigna PPO Network	Out of Network
Deductible		
Individual Coverage	\$5,000	\$7,500
Individual under Family Coverage	\$5,000	\$7,500
Family Coverage	\$10,000	\$15,000
Out-of-Pocket Maximum		
Individual Coverage	\$7,500	\$15,000
Individual under Family Coverage	\$7,500	\$15,000
Family Coverage	\$15,000	\$30,000
Preventive Care Services	No Charge	50%*
Primary Office Visit	20%*	50%*
Specialist Office Visit	20%*	50%*
Chiropractic Visit	20%*	50%*
Urgent Care Services	20%*	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	20%*	50%*

Summary of Pharmacy Benefits

Medical & Rx Combined Out-of-Pocket Maximum	Bothwell Pharmacy		Any Other Pharmacy	
	Retail 30 Day Supply	Mail Order 90 Day Supply	Retail 90 Day Supply	Mail Order 90 Day Supply
Employee Only Family	\$7,500 \$15,000			
Generic	20%*	20%*	40%*	40%*
Preferred Brand	20%*	20%*	40%*	40%*
Non-Preferred Brand	20%*	20%*	40%*	40%*
Specialty	20%*	20%*	40%*	40%*

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

