

# Benefits Overview

**Andrus Transportation  
Services, Inc.**

**Dedicated Website**

**[AndrusBenefits.com](http://AndrusBenefits.com)**

**Dedicated Phone Number**

**844-855-0617**

**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.



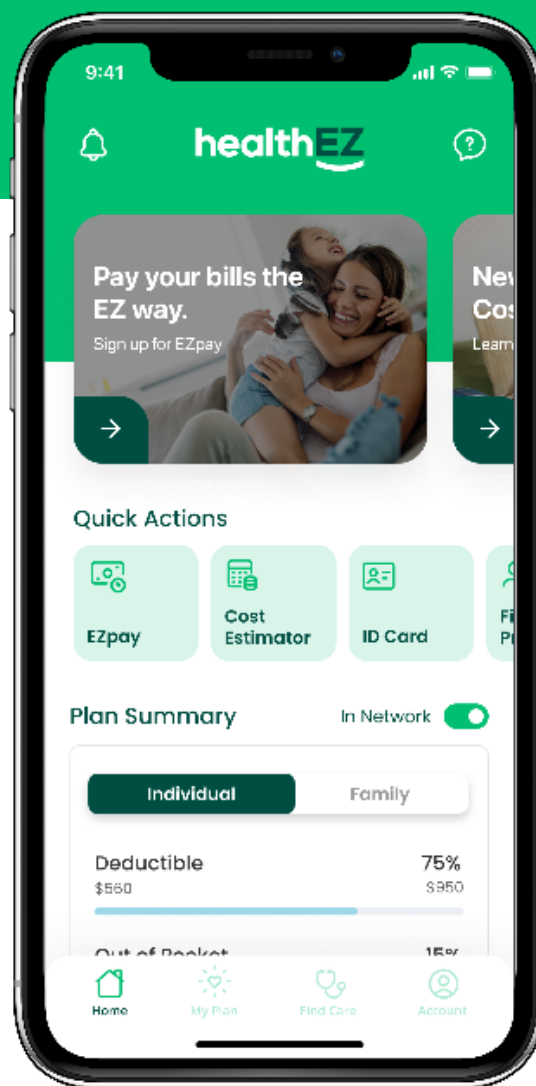
## Find a provider

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



## EZchoice

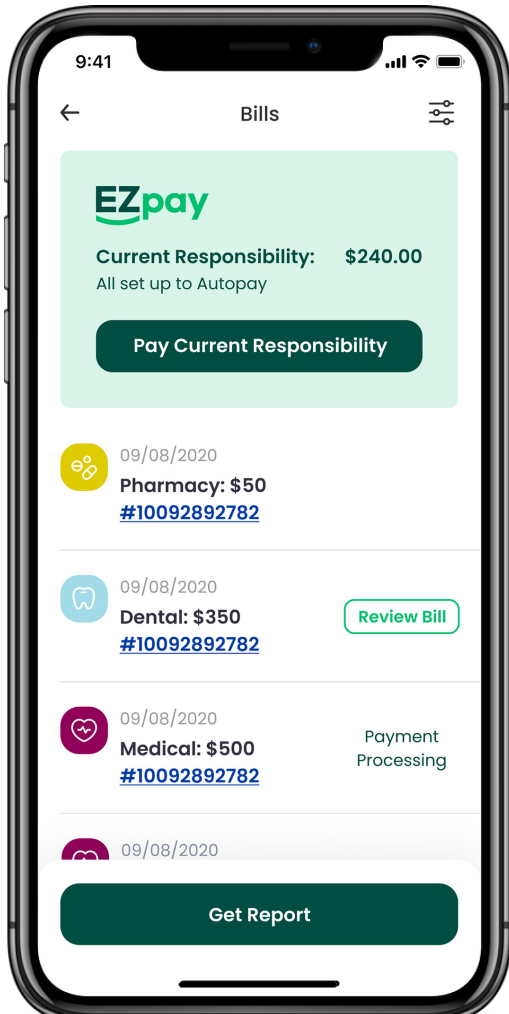
EZchoice makes provider choice easy and medical costs transparent so you can be confident that you are not overspending on your medical care.



## 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



## Chronic Conditions Management

Our Livongo programs offer a whole-person approach to chronic condition management. Livongo's digital health platform provides actionable, personalized and timely support that make it easier to stay healthy, including:

- Lifestyle behavior change tools
- Medication optimization
- Expert health coaching
- Provider coordination
- Cellular-connected devices
- Personalized plans for reaching health goals

The program is offered at no cost to you and all family members with coverage through your health plan.

Register at [be.livongo.com/HEALTHEZ/register](https://be.livongo.com/HEALTHEZ/register) or call [\(800\) 945-4355](tel:8009454355) with code: [HEALTHEZ](https://be.livongo.com/HEALTHEZ/register)

### LIVONGO FOR DIABETES



Connected blood glucose meter, unlimited testing strips, personalized insights, 24/7 expert support and custom alerts.

### LIVONGO FOR HYPERTENSION



Connected blood pressure monitor, personalized insights, shareable reports and access to expert health coaches.

### LIVONGO FOR WEIGHT MANAGEMENT AND DIABETES PREVENTION



Connected smart scale, automatic weight and steps tracking, food logging, CDC-approved lessons and access to expert health coaches.



## 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.



**Your medical network is Cigna for members enrolled in the PPO Plan.**



**Your medical network is PHCS for members enrolled in the MVP 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 medical network is PHCS Practitioner Only for members enrolled in the RBP Plan.**



### 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; you can choose any physician or facility, as long as they accept the terms of RBP.

HealthEZ partners with Payer Compass and their Patient Advocates for things like referrals to facilities, education for members and providers, and advocacy on your behalf between you and your physicians and facilities. **Payer Compass Patient Advocacy: 855-719-3763, 7 a.m. - 5 p.m. CST, Mon - Fri.**

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.

## Your Pharmacy Benefit Manager is Liviniti.



### 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 you could save money with Southern Scripts 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.

### 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 [liviniti.com/members](http://liviniti.com/members).

## Your Specialty Medications are administered through PaydHealth.



Your Prescription Plan has been enhanced to reduce your cost paid for specialty drugs through a program called the Select Drugs and Products Program. Participation is required of those members seeking coverage for products included on the Select Drugs and Products List. All products included in the program require prior authorization.

If you are currently taking a specialty medication, please contact the Specialty Contact Center to enroll in the Select Drugs and Products Program at (877) 869-7772.



# Summary of Medical Benefits

## PPO Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
<b>Deductible</b>		
Individual Coverage	\$3,500	\$7,000
Family Coverage	\$7,000	\$14,000
<b>Out-of-Pocket Maximum</b>		
Individual Coverage	\$6,250	\$21,000
Family Coverage	\$12,500	\$42,000
Preventive Care Services	No Charge	50%*
Primary Office Visit	\$30 Copay	50%*
Specialist Office Visit	\$60 Copay	50%*
Chiropractic Visit	\$30 Copay	50%*
Urgent Care Services	\$75 Copay	50%*
Complex Imaging: MRI/CT/PET Scans	30%*	50%*
Inpatient Hospital Care Facility Fee Physician Fee	30%* 30%*	50%* 50%*
Outpatient Procedures Facility Fee Physician Fee	30%* 30%*	50%* 50%*
Emergency Room Services**	\$250 Copay	50%*
Emergency Medical Transportation**	30%	50%
Mental Health/Chemical Dependency - Inpatient	30%*	50%*
Mental Health/Chemical Dependency - Office Visit	\$60 Copay	50%*

## Summary of Pharmacy Benefits

Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	\$15 Copay	\$30 Copay
Preferred Brand	\$50 Copay	\$100 Copay
Non-Preferred Brand	\$100 Copay	\$200 Copay
Specialty	\$250 Copay	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

# Summary of Medical Benefits

## MVP Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
<b>Deductible</b>		
Individual Coverage	None	\$500
Individual Under Family Coverage	None	\$500
Family Coverage	None	\$1,000
<b>Out-of-Pocket Maximum</b>		
Individual Coverage	\$1,850	Unlimited
Individual Under Family Coverage	\$1,850	Unlimited
Family Coverage	\$12,700	Unlimited
<b>Preventive Care Services</b>		
Preventive Care Services	No Charge	40%*
Primary Office Visit	\$15 Copay	40%*
Specialist Office Visit	\$25 Copay	40%*
Chiropractic Visit	20%*	40%*
Urgent Care Services	\$50 Copay	40%*
<b>Complex Imaging: MRI/CT/PET Scans</b>		
Complex Imaging: MRI/CT/PET Scans	\$400 Copay	40%*
<b>Inpatient Hospital Care</b>		
Inpatient Hospital Care Facility Fee Physician Fee	Not Covered Not Covered	
<b>Outpatient Procedures</b>		
Outpatient Procedures Facility Fee Physician Fee	Not Covered Not Covered	
<b>Emergency Room Services**</b>		
Emergency Room Services**	\$400 Copay	40%*
<b>Emergency Medical Transportation</b>		
Emergency Medical Transportation	Not Covered	
<b>Mental Health/Chemical Dependency - Inpatient</b>		
Mental Health/Chemical Dependency - Inpatient	Not Covered	
<b>Mental Health/Chemical Dependency - Office Visit</b>		
Mental Health/Chemical Dependency - Office Visit	\$25 Copay	40%*
<b>Summary of Pharmacy Benefits</b>		
<b>Prescription Drug Coverage</b>	<b>Retail 30 Day Supply</b>	<b>Mail Order 90 Day Supply</b>
Generic	\$25 Copay	\$50 Copay
Preferred Brand	\$60 Copay	\$120 Copay
Non-Preferred Brand	\$125 Copay	\$250 Copay
Specialty	Not Covered	

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

## RBP Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
<b>Deductible</b>		
Individual Coverage	\$5,500	\$11,000
Individual Under Family Coverage	\$5,500	\$11,000
Family Coverage	\$11,000	\$22,000
<b>Out-of-Pocket Maximum</b>		
Individual Coverage	\$7,000	\$20,000
Individual Under Family Coverage	\$7,000	\$20,000
Family Coverage	\$14,000	\$40,000
Preventive Care Services	No Charge	50%*
Primary Office Visit	\$50 Copay	50%*
Specialist Office Visit	\$100 Copay	50%*
Chiropractic Visit	0%*	50%*
Urgent Care Services	\$100 Copay	50%*
Complex Imaging: MRI/CT/PET Scans	0%*	
Inpatient Hospital Care Facility Fee Physician Fee	0%* 0%*	
Outpatient Procedures Facility Fee Physician Fee	0%* 0%*	
Emergency Room Services	0%*	
Emergency Medical Transportation	0%*	
Mental Health/Chemical Dependency - Inpatient	0%*	
Mental Health/Chemical Dependency - Office Visit	\$100 Copay	50%*
<b>Summary of Pharmacy Benefits</b>		
<b>Prescription Drug Coverage</b>	<b>Retail 30 Day Supply</b>	<b>Mail Order 90 Day Supply</b>
Generic	\$15 Copay	\$30 Copay
Preferred Brand	\$50 Copay	\$100 Copay
Non-Preferred Brand	\$100 Copay	\$200 Copay
Specialty	\$250 Copay	Not Available

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

\* Coinsurance after deductible

