

Benefits Overview

Johnson Fitness & Wellness

Dedicated Website

JohnsonFitBenefits.com

Dedicated Phone Number

855-697-2027

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.



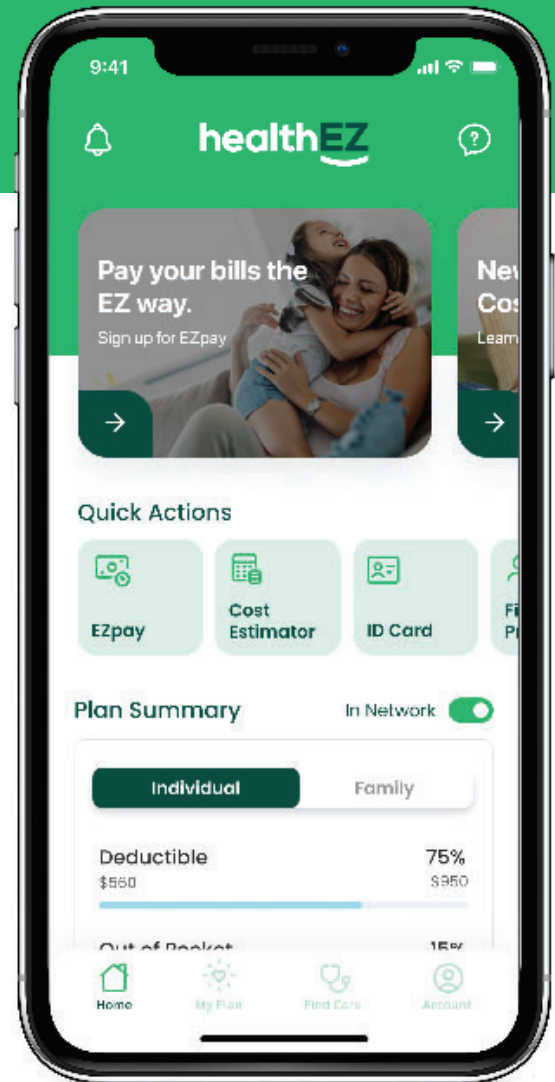
Find a provider

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



EZchoice

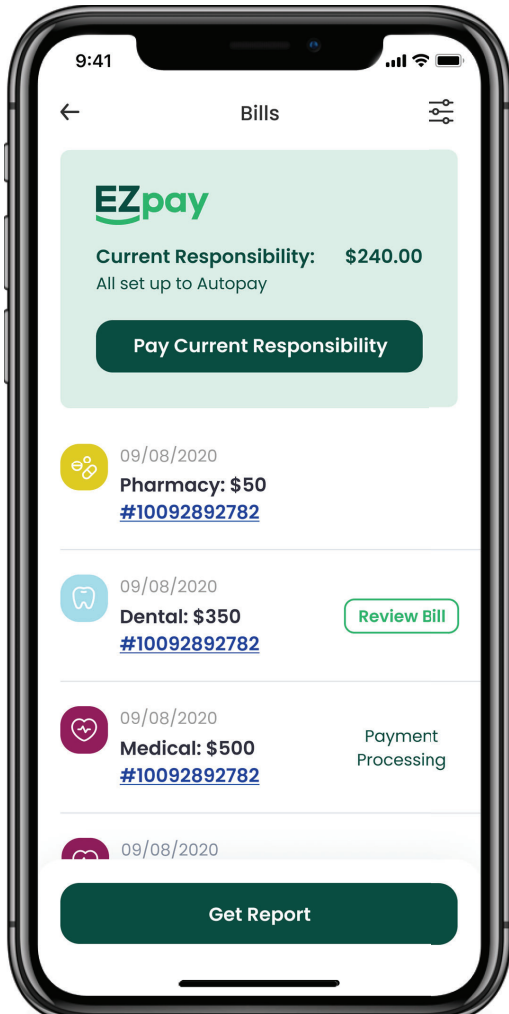
EZchoice makes provider choice easy and medical costs transparent so you can be confident that you are not overspending on your medical care.



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.



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 EHiM.



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 EHiM's mail order service, Alliance Rx Walgreens Prime. Visit EHIMRx.com for more information on how to get started and to download the Alliance Rx Walgreens Prime mail order forms.

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 EHIMRx.com.

Quantity Limits for Certain Medications

Certain medications under your program may be subject to quantity limits. Medications that are subject to quantity limits are to help ensure these medications are not utilized inappropriately or recommended maximum dosages are not exceeded. EHIM's Quantity Limitations are based on FDA-approved dosing recommendations, pharmaceutical guidelines and have been reviewed and approved by our licensed, clinical staff.

EHIM Maintenance List (Three Month Supplies)

EHIM has a list of commonly used medications that are eligible to be filled in higher quantities (three month supplies) This list of medications approved to be filled in three month supplies is known as EHIM's Maintenance List. This list is extensive, yet does NOT include every single medication. Types of medications found on the maintenance list are: Insulin, Blood Pressure medications, Heart medications, Cholesterol medications, and Thyroid medications. Your physician must write for a three month supply of medication to be dispensed at one time. You may pick up your three month supply at any participating retail pharmacy. To determine whether or not your medication is on the Maintenance List, please contact our Pharmacy Help Desk at 800-311-3446.

AllianceRx Walgreens Prime Mail Order

EHIM offers a mail order program through AllianceRx Walgreens Prime Mail Order which allows you to receive a three month supply (61-90 days maximum) for the plan's designated number of copays. The program includes maintenance medications covered under the Prescription Plan. Prescriptions can be ordered through the AllianceRx Walgreens Prime website (alliancerxwp.com) or by completing a hard copy prescription order form. You must complete a registration form for AllianceRx Walgreens Prime prior to your prescription being filled. Included in the mail order brochure are step by step instructions on how to fill your first prescription. You may contact EHIM at 800-311-3446 for assistance with registering with AllianceRx Walgreens Prime, or you may contact AllianceRx Walgreens Prime directly at 800-345-1985.

Non-Preferred Drug List

Some medications under this program are classified as "Non-Preferred". This means there are alternative medications which are therapeutically equivalent. If your physician writes for a medication that is part of our Non-Preferred List, you may want to discuss alternative medications that are just as effective.

EHIM Pharmacy Network

EHIM has over 62,000 participating pharmacies across the country including all of the major chain pharmacies, regional pharmacies and most independent pharmacies. You may visit our website at www.ehimrx.com for our National Pharmacy Directory and Pharmacy Locator tool.

EHIM Pharmacy Help Desk

EHIM's Pharmacy Help Desk is available for your convenience 24 hours a day, 7 days per week, 365 days per year. Our toll free number is (800) 311-3446 and will be printed on the back of your ID card and on all of our communication pieces. If you have any questions regarding your benefits or just need help finding a participating pharmacy, please contact our Pharmacy Help Desk. You may also contact our helpdesk through our website at www.ehimrx.com.



Pharmacy Benefits. *Managed.*

Generic Drug Facts

26711 Northwestern Highway, Suite 400 :: Southfield, MI 48033-2154 :: 800-311-3446 :: 248-948-9900 :: www.ehimrx.com

FREQUENTLY ASKED QUESTIONS

What is a generic drug?

A generic drug is a lower cost version of a brand-name medication. They are **just as safe and effective as the brand-name**, but they are more affordable.

How are generic drugs different from brand-name drugs?

The biggest difference between a generic and brand-name drug is the price. **Most generics cost 70-90% less than the brand-name version.** Generics drugs may also have a different shape, color or package. But these differences only affect how the medicine looks, not how it works.

How many people use generic drugs?

Millions of people use generic drugs every day. In fact, about 2 out of 3 prescriptions are for generic drugs. But there are still many people taking expensive brand-name drugs who could save a lot of money by switching to the generic version.

Are generics really the same as the brand-name?

Yes. Generic drugs have the same medicine as the brand-name, and the FDA will not approve them unless they are just as safe and effective as the brand-name drug. There are a few special medical conditions where a generic drug might have a small difference in how it works, but that is very rare.

Why are generic drugs so much cheaper than brand-name drugs?

Most drugs cost pennies to make. Brand-name drugs are more expensive because they don't have any competition to drive the price down. Also the companies that make brand-name drugs spend billions on advertising and must make a profit to succeed as a company and justify their spending.

Why did my doctor prescribe a generic drug?

Doctors know that generic drugs are just as effective as brand-name medicines and a lot more affordable. Doctors know that generics have a longer safety record, and therefore prescribe generics because they want their patient to have a drug that is safe, effective, and affordable.

Do generic drugs cause more side effects than brand-name drugs?

No. Brand-name drugs and a generic drug have the same rates of side effects. Each medication can affect each person in a different way. If your medicine is causing side effects that you are worried about, call your doctor.

If generic drugs are so good, why are brand-name drugs still prescribed?

Several reasons exist. For newer medicines, brand-names are prescribed because generic equivalents are not available yet. Generic drugs cannot be sold until the brand-name drug's patent ends, which may be 10 years or more. Some people insist on using expensive brand-name drugs because they do not understand that generics are just as safe and effective. They think that "you get what you pay for" so a brand-name drug must be "better" because they cost more. However, this is not true – generics have the same medicine as the brand-name, and the reason generics cost less is because they only cost pennies to make. Advertising is another reason why people continue to use brand-name drugs over a more affordable generic. Brand-name drug companies spend billions on advertising every year to convince patients and doctors that their drugs are "better" than more affordable generic drugs. Generic drugs are not advertised, which helps keep their prices low.

Why should I take a generic drug if my doctor offers me free samples of brand name drugs?

Generic drugs are usually the most affordable option in the long-run. Some doctors offer free samples to patients to let them try a new medicine. Nonetheless, doctors can usually give free samples for a short period of time. It is usually better to start on a generic drug, which are often available for as little as \$4 a month, than to start on a brand-name and later have to pay a much higher price.

Why should I take generic drugs?

Because they are safe, effective, and affordable. If your medications cost too much, it is likely because of brand-name drugs. Many patients skip important medications rather than pay these high prices, putting their health at risk. With generic drugs, you can get the same health benefits at a lower cost.

What can I do to make sure that I get a generic drug?

- When your doctor talks to you about your medications, tell your doctor that you prefer generic drugs if they are available.
- If no generic exists for your particular drug, ask your doctor if there is another drug that is available as a generic that treats the same condition. Often, many drugs do the same thing – such as lowering cholesterol or preventing heart burn – but some will have generics while others will not.
- Ask your pharmacist whether generic drugs are available for your medicines. The pharmacist can check with your doctor, if necessary.

Prescriptions that deliver in every way.

Alliance Rx Walgreens Prime

As a member of EHIM, you are eligible to enroll in Alliance Rx Walgreens Prime, offering you convenient delivery of your ongoing maintenance medications from Walgreens to the location of your choice.

It's easy to register and order prescriptions, just have the following ready:

- **Member ID Number** (Located on ID Card)
- **Group Number**
- **Payment Information**

Select the option that works for you and follow the steps to get started.

	Online	Fax	Mail	Phone
1 REGISTER	Register or Sign In at Walgreens.com/MailService. Follow the prompts to complete enrollment.	Not available	Send completed <i>Registration and Prescription Order Form</i> to: Alliance Rx Walgreens Prime P.O. Box 29061 Phoenix, AZ 85038	Call 800-345-1985 and ask to be registered for Walgreens mail service. Please have your insurance information handy.
2 ORDER your first prescription.	Ask your doctor if he or she can prescribe your medications electronically. If he or she is unable, select an alternative option.	Have your doctor complete and fax the <i>Prescriber Fax Form</i> to: 800-332-9581*	Send completed <i>Registration and Prescription Order Form</i> along with your original prescription to: Alliance Rx Walgreens Prime P.O. Box 29061 Phoenix, AZ 85038	Call 800-345-1985 and request that Walgreens reach out to your doctor for a new prescription.†
3 REFILL‡	Prescriptions eligible for refills are listed in your member profile at Walgreens.com/MailService.	Not available	Send completed <i>Preprinted Refill Order Form</i> enclosed with your last order to: Alliance Rx Walgreens Prime P.O. Box 29061 Phoenix, AZ 85038	Call 800-345-1985 and select “refill a prescription” or ask to speak with a customer service representative.

*By law, prescriber fax forms and e-prescriptions are valid only if sent from a prescriber's office.

†You will need to provide your doctor's contact information as well as the name and dosage of your medication. Walgreens will notify you if your doctor doesn't respond.

‡To automatically receive refills of your medications, select the “Auto Refill” option in your online profile or on the Registration and Prescription Order Form.

§Scripts that cannot be transferred and require a new written prescription include: expired prescriptions, no refills remaining, controlled substances & compound medications.

Summary of Medical Benefits

PPO Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
Deductible		
Individual Coverage	\$1,500	\$4,500
Family Coverage	\$4,500	\$9,000
Out-of-Pocket Maximum		
Individual Coverage	\$3,750	\$13,500
Family Coverage	\$7,500	\$27,000
Preventive Care Services	No Charge	50%*
Primary Office Visit	\$50 Copay	50%*
Specialist Office Visit	\$100 Copay	50%*
Chiropractic Visit	30%*	50%*
Urgent Care Services	\$150 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	\$100 Copay	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% Coinsurance up to \$200	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

HSA 1 Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
Deductible		
Individual Coverage	\$2,500	\$5,000
Individual Under Family Coverage	\$3,200	\$5,000
Family Coverage	\$5,000	\$10,000
Out-of-Pocket Maximum		
Individual Coverage	\$5,000	\$10,000
Individual Under Family Coverage	\$5,000	\$10,000
Family Coverage	\$10,000	\$20,000
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		
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

Summary of Medical Benefits

HSA 2 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	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		
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% Coinsurance*	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

