



## Health Benefits Simplified

### Pink Jeep Tennessee Medical Benefits Overview

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Effective 3/1/2019 | 855-290-1414 | [www.PinkJeepBenefits.com](http://www.PinkJeepBenefits.com)



## Welcome!

HealthEZ is proud to continue to serve as your benefit administrator. We help companies all over the US provide custom, personalized benefits, and we're here to make your life easier! We are a family-owned business serving families like yours for over 35 years.

Your employer selected HealthEZ because we are truly a different kind of health care company. We understand health insurance can be very complicated, and it's our goal to help you navigate the health care maze. **We are here to serve you!**

We start by answering our phones with human beings – if you're sick or just have a simple question about your benefits, we are here to listen and help you. You have one dedicated phone number to call no matter what you need.

We provide you with a simple online statement once a month if we have processed any claims – making it easy for you to understand what your doctor billed, what your insurance paid and what you owe. You can even pay your part of the bill online!

HealthEZ doesn't serve clients; we serve people. **We are here to take care of you.**



## Personalized Customer Service

Pink Jeep has a dedicated phone number 855-290-1414 that is answered by humans between the hours of 8 a.m. and 7 p.m. Central Time. No phone trees! After business hours, you simply press “3” to reach our 24/7 nurseline.

## Care Management and Nurseline

You have 24/7 access to HealthEZ’s team of experienced nurses and doctors. Have a health-related question or need help finding the right doctor? Give us a call at 855-290-1414. We would love to help you!

## One Simple Statement

HealthEZ provides all of your expenses in one document. The consolidated monthly statement provides a level of straight forward convenience unique in the industry.



## HEALTHezpay

### The EZ Way to Pay Your Medical Bills

Pay your medical bills the easy and accurate way.

- Safe
- Secure
- Easy
- You click, we pay!

## Your Personal Benefits Website

Once you receive your ID card, you’ll be able to set up your online account to view all your information related to your benefits, including your statements, account balances, recently processed claims, and access your EZpay accounts.

Benefit information, your plan overview, forms and education, access to customer service is also available on the custom website - everything you need, all in one place.

Visit [www.PinkJeepBenefits.com](http://www.PinkJeepBenefits.com)



Your primary medical network is PHCS.

Get maximum coverage with the smallest bill possible by ensuring the provider you select is part of your provider network(s). To find a doctor, visit [www.PinkJeepBenefits.com](http://www.PinkJeepBenefits.com).



Your travel network continues to be PHCS. PHCS is the nation's oldest and largest supplier of independent, network-based cost management solutions, and has almost 900,000 healthcare providers under contract. On the web: [www.phcs.com](http://www.phcs.com) To find an in-network physician or facility go to [PinkJeepBenefits.com](http://PinkJeepBenefits.com) and click on "Find a Doctor."

 **HealthiestYou**

All members have unlimited access to doctor consultations with a licensed physician at \$0 cost through HealthiestYou telemedicine services. They can consult, diagnose and prescribe for things like allergies, upper respiratory infections, earaches, pink eye, urinary tract infections and more. You can speak to a licensed physician at any time or access via video chat or email no matter where you are. Visit [www.healthiestyou.com](http://www.healthiestyou.com) or call 866-703-1259.

 **Boost Your Baby**

Healthy moms, happy babies. Planning a family? Call us!

Boost Your Baby helps moms and dads during and after pregnancy to have healthy and happy babies. Our team includes Mommy Mentors, specialist nurses, doctors, and mothers committed to serve you.

Visit [www.boostyourbaby.com](http://www.boostyourbaby.com) for more information.





Your pharmacy benefit manager is CVS Caremark.

The same prescription rarely costs the same price. Be a savvy customer and price compare your prescriptions at different pharmacies to get the best price.

- Ask your doctor to start you on the lowest cost alternative
- Check out the “\$4 Prescriptions” at places like Wal-Mart
- Price Shop your prescriptions at Sam’s Club and Costco; you don’t have to be a member to access their pharmacy!

Go to [www.PinkJeepBenefits.com](http://www.PinkJeepBenefits.com) for more information on prescriptions that will save you money!

## GoodRx

GoodRx’s drug price search can compare prices for your prescription at pharmacies near you, and can tell you where you can get the best deal showing you prices, coupons, discounts and savings tips for your prescriptions.

Download GoodRx’s iPhone or Android app [www.goodrx.com/mobile](http://www.goodrx.com/mobile) to get the drug prices and coupons on the go. GoodRx is free for consumers, and requires no personal information to search drugs and receive discounts.

\* If you choose to use a GoodRx coupon it will not be run through the health plan. Members must send their prescription receipt to HealthEZ for it to be applied to your OOP max.

## Summary of Medical Benefits

### Tennessee Silver Plan

|   | In-Network                  | Out-of-Network                  |
|---|-----------------------------|---------------------------------|
| <b>Calendar Year Deductible</b>                                 |                             |                                 |
| Employee Only   | \$2,000                     | \$4,000                         |
| Family  | \$4,000                     | \$8,000                         |
| <b>Out-of-Pocket Maximum (Includes Deductible &amp; copays)</b> |                             |                                 |
| Employee Only   | \$6,350                     | \$14,000                        |
| Family  | \$12,700                    | \$28,000                        |
| <b>Monthly Premiums</b>   |                             |                                 |
| Employee Only   |                             | \$103.54                        |
| Employee + Spouse   |                             | \$637.81                        |
| Employee + Child(ren)   |                             | \$571.35                        |
| Family  |                             | \$1,066.40                      |
| <b>Preventative Care</b>  |                             |                                 |
| Routine Physical Exams  | No Member Responsibility    | 50%*                            |
| Immunizations & Well Child                                      | No Member Responsibility    | 50%*                            |
| Routine Mammograms & Breast Exams                               | No Member Responsibility    | 50%*                            |
| Routine Pelvic Exams & Pap Test                                 | No Member Responsibility    | 50%*                            |
| Routine PSA Test & Prostate Exams                               | No Member Responsibility    | 50%*                            |
| Routine Colonoscopy & Sigmoidoscopy                             | No Member Responsibility    | 50%*                            |
| Routine Hearing Exams   | No Member Responsibility    | 50%*                            |
| <b>Office Visits</b>  |                             |                                 |
| HealthiestYou   | No Member Responsibility    | 50%*                            |
| Primary & Specialist ^  | \$35 Copay                  | 50%*                            |
| Chiropractic  | \$35 Copay                  | 50%*                            |
| Physical, Occupational & Speech Therapy                         | \$35 Copay                  | 50%*                            |
| Mental Health & Substance Abuse ^                               | \$35 Copay                  | 50%*                            |
| <b>Inpatient &amp; Outpatient Hospital Services</b>             | 20%*                        | 50%*                            |
| <b>Emergency Services</b>                                       |                             |                                 |
| Urgent Care   | \$50 Copay                  | 50%*                            |
| Emergency Room  | \$250 Copay                 | \$250 Copay                     |
| Emergency Medical Transportation                                | 20%*                        | 20%*                            |
| <b>Durable Medical Equipment</b>                                | 20%*                        | 50%*                            |
| <b>Testing &amp; Imaging</b>                                    |                             |                                 |
| Diagnostic Lab & X-ray ^  | No Member Responsibility    | 50%*                            |
| CT, MRI, & PET  | 20%*                        | 50%*                            |
| <b>Prescription Drug Coverage</b>                               | <b>Retail 30 Day Supply</b> | <b>Mail Order 90 Day Supply</b> |
| Generic   | \$10 Copay                  | \$30 Copay                      |
| Preferred Brand   | \$35 Copay                  | \$105 Copay                     |
| Non-Preferred Brand   | \$60 Copay                  | \$180 Copay                     |
| Specialty   | \$80 Copay                  | Not Available                   |

NOTES: This serves as a summary of your benefit plan only.

\*After Deductible



## Summary of Medical Benefits

### Tennessee Basic Plan

|   | In-Network                  | Out-of-Network                  |
|---|-----------------------------|---------------------------------|
| <b>Calendar Year Deductible</b>                                 |                             |                                 |
| Employee Only   | \$6,350                     | \$12,700                        |
| Family  | \$12,700                    | \$25,400                        |
| <b>Out-of-Pocket Maximum (Includes Deductible &amp; copays)</b> |                             |                                 |
| Employee Only   | \$6,350                     | \$25,400                        |
| Family  | \$12,700                    | \$50,800                        |
| <b>Monthly Premiums</b>   |                             |                                 |
| Employee Only   |                             | \$44.55                         |
| Employee + Spouse   |                             | \$538.00                        |
| Employee + Child(ren)   |                             | \$377.96                        |
| Family  |                             | \$858.07                        |
| <b>Preventative Care</b>  |                             |                                 |
| Routine Physical Exams  | No Member Responsibility    | 50%*                            |
| Immunizations & Well Child                                      | No Member Responsibility    | 50%*                            |
| Routine Mammograms & Breast Exams                               | No Member Responsibility    | 50%*                            |
| Routine Pelvic Exams & Pap Test                                 | No Member Responsibility    | 50%*                            |
| Routine PSA Test & Prostate Exams                               | No Member Responsibility    | 50%*                            |
| Routine Colonoscopy & Sigmoidoscopy                             | No Member Responsibility    | 50%*                            |
| Routine Hearing Exams   | No Member Responsibility    | 50%*                            |
| <b>Office Visits</b>  |                             |                                 |
| HealthiestYou   | No Member Responsibility    | 50%*                            |
| Primary & Specialist ^  | \$35 Copay                  | 50%*                            |
| Chiropractic  | 0%*                         | 50%*                            |
| Physical, Occupational & Speech Therapy                         | 0%*                         | 50%*                            |
| Mental Health & Substance Abuse ^                               | \$35 Copay                  | 50%*                            |
| <b>Inpatient &amp; Outpatient Hospital Services</b>             | 0%*                         | 50%*                            |
| <b>Emergency Services</b>                                       |                             |                                 |
| Urgent Care   | \$50 Copay                  | 50%*                            |
| Emergency Room  | \$250 Copay                 | \$250 Copay                     |
| Emergency Medical Transportation                                | 20%*                        | 20%*                            |
| <b>Durable Medical Equipment</b>                                | \$35 Copay                  | 50%*                            |
| <b>Testing &amp; Imaging</b>                                    |                             |                                 |
| Diagnostic Lab & X-ray ^  | \$35 Copay                  | 50%*                            |
| CT, MRI, & PET  | 0%*                         | 50%*                            |
| <b>Prescription Drug Coverage</b>                               | <b>Retail 30 Day Supply</b> | <b>Mail Order 90 Day Supply</b> |
| Generic   | \$10 Copay                  | \$30 Copay                      |
| Preferred Brand   | \$35 Copay                  | \$105 Copay                     |
| Non-Preferred Brand   | \$60 Copay                  | \$180 Copay                     |
| Specialty   | \$80 Copay                  | Not Available                   |

NOTES: This serves as a summary of your benefit plan only.

\*After Deductible

^ Limit of 3 combined office visits for primary care, specialist, labs, or mental health at copay. Remaining visits apply to deductible.

## Benefit Enrollment / Change Form

|                                      |   |   |  |  |   |   |                                |
|--------------------------------------|---|---|--|--|---|---|--------------------------------|
| <b>Employee</b>                      | <b>First Name:</b>  | <b>M.I.</b>                                 | <b>Last Name:</b>  |  | <b>SSN:</b>   | <b>Gender:</b><br><input type="checkbox"/> Male <input type="checkbox"/> Female |                                |
|                                      | <b>Mailing/Street Address:</b>  | <b>Apt./Ste.</b>                            | <b>City:</b>   |  | <b>State:</b>   | <b>Zip Code:</b>  |                                |
|                                      | <b>Birth Date:</b>  | <b>Hire Date:</b>                           | <b>Marital Status:</b><br><input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced |  | <b>Phone Number:</b>  | <b>Email:</b>   |                                |
| <b>Enrollment</b>                    | <b>Enrollment Type:</b>   | <input type="checkbox"/> New Hire           | <input type="checkbox"/> Open Enrollment   | <input type="checkbox"/> Qualifying Event      | <input type="checkbox"/> Decline ( <i>See Decline Section</i> ) |   |                                |
|                                      | <b>Qualifying Event Type:</b><br>( <i>If applicable</i> )   | <input type="checkbox"/> Marriage / Divorce |  | <input type="checkbox"/> Birth / Death         |   | <input type="checkbox"/> Court Order  |                                |
|                                      |   | <input type="checkbox"/> Loss of Coverage   |  | <input type="checkbox"/> Reduction in Hours    |   | <input type="checkbox"/> Change Name / Address                                  |                                |
|                                      |   | <input type="checkbox"/> COBRA              |  | <input type="checkbox"/>                       |   | <input type="checkbox"/>  |                                |
| <b>Medical</b>                       | <b>Medical Plan Election:</b>   | <input type="checkbox"/> Basic Plan         |  | <input type="checkbox"/> Silver Plan           |   | <input type="checkbox"/> Decline ( <i>Complete Decline Section</i> )            |                                |
|                                      | <b>Medical Plan Coverage:</b>   | <input type="checkbox"/> Employee Only      |  | <input type="checkbox"/> Employee + Child(ren) |   | <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Family      |                                |
| <b>Dependents</b>                    | <b>Name</b>   | <b>SSN</b>                                  | <b>DOB</b>   | <b>Relationship</b>                            | <b>Sex (M/F)</b>  | <b>Disabled (Y/N)</b>   | <b>Include on Medical Plan</b> |
|                                      |   |   |  |  |   |   |                                |
|                                      |   |   |  |  |   |   |                                |
|                                      |   |   |  |  |   |   |                                |
| <b>Decline</b>                       | <input type="checkbox"/> I understand the benefits provided by the Group Insurance Contract under ERISA regulations include Health and/or Dental coverages. I have reviewed and understand the benefit options and requirements presented herein. I understand that I may not be eligible to enroll myself and dependents if I desire to apply for coverage at a later date, unless I qualify to enroll at a later date in accordance with the special enrollment conditions.   |   |  |  |   |   |                                |
| <b>Other Insurance</b>               | <input type="checkbox"/> I do not have other insurance coverage   |   | <input type="checkbox"/> I have enrolled thru the state or federal Marketplace   |  |   |   |                                |
|                                      | <input type="checkbox"/> I have other insurance coverage  |   | <input type="checkbox"/> I have other insurance coverage, but intend to cancel that coverage                                 |  |   |   |                                |
|                                      | <b>Policy Holder Name:</b>  |   |  | <b>Policy Holder Date of Birth:</b>            |   |   |                                |
|                                      | <b>Insurance Company Name:</b>  |   |  | <b>Insurance Company Address:</b>              |   |   |                                |
|                                      | <b>Policy Number:</b>   |   |  | <b>Group Number:</b>                           |   |   |                                |
| <b>Names of Covered Individuals:</b> |   |   |  |  |   |   |                                |
| <b>Employee Authorization</b>        | <input type="checkbox"/> I understand I have the option to pay the premiums for my employer-sponsored health plan through a before-tax reduction of my salary. I understand that if this amount increases or decreases during the plan year, my salary reduction will be adjusted to reflect that increase or decrease. I hereby apply for the coverage for which I am now or may be eligible under this group policy. I hereby authorize the deduction from my earnings of the required contribution, if any, toward the cost of such coverage. I authorize payment of medical benefits to all providers, where applicable, for those charges covered by my group insurance benefits. I authorize release to or by HealthEZ of any medical information including copies of medical records or insurance information as necessary for claims adjudication, utilization review, or coordination of benefits. |   |  |  |   |   |                                |
|                                      | <input type="checkbox"/> To the best of my knowledge and belief, the information I have provided on this form is complete and correct. I acknowledge that the terms of the Summary Plan Description govern all payments made by the Plans.  |   |  |  |   |   |                                |

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date