Benefits Overview The Champion Group Inc. And Subsidiaries



EFFECTIVE 07.01.2022 | CHAMPIONGROUPBENEFITS.COM | 844-449-5552



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

The Champion Group Inc. And Subsidiaries has a dedicated phone number at 844-449-5552 that is answered by a real person between 7 a.m. and 7 p.m. CST. Outside of the hours listed, simply press "3" to reach our 24/7 help line.

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 844-449-5552. We are here to help you.

Dedicated benefits website

You can use The Champion Group Inc's dedicated benefits website at <u>ChampionGroupBenefits.com</u> 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.









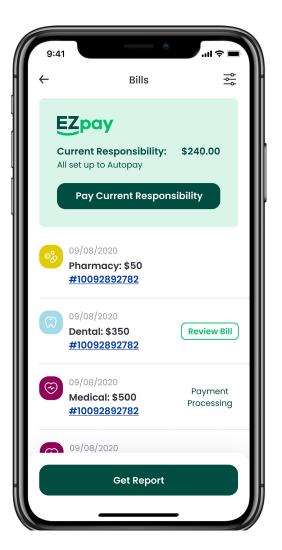
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myHealthEZ Account

With or without the myHealthEZ app, you can manage your HealthEZ benefits on your preferred web browser as well. Visit <u>myHealthEZ.com</u> or <u>ChampionGroupBenefits.com</u> 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.



EZpay

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.

healthEZ

OT A BILL DO NOT PAY

\$441.49

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.

\$223.93



Medical ID cards

If you are new to the HealthEZ plan, keep an eye out for your medical ID card. Once you recieve 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 ChampionGroupBenefits.com, and click "Find a Doctor."

Your Pharmacy Benefit Manager is MagellanRx.



What is a Pharmacy Benefit Manager?

Pharmacy Benefit Managers (PBMs) reduce prescription drug costs and improve convenience and safety for consumers.

What is Mail Order?

If you take maintenance medications for long-term conditions you could save money with Magellan's mail service pharmacy. Visit <u>ChampionGroupBenefits.com</u> 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.

Magellan Member Portal

Access your prescription history, schedule a refill and more! Visit <u>MagellanRx.com</u> and select Member Portal. If it's your first time on the site, you will need to complete the one-time registration process.

Your Specialty Medications are administered through Payer Matrix.



Your Prescription Plan has been enhanced to reduce your cost paid for specialty drugs through a program called the Specialty Cost Containment Solution. <u>All plan participants using specialty drugs</u> <u>are required to meet prior authorization criteria and administrative review under the Payer Matrix</u> <u>program. You must enroll in the Payer Matrix program or you will be responsible for 100%</u> <u>co-insurance or the full cost of your medication</u>

If you are currently taking a specialty medication, please contact a Payer Matrix Care Coordinator at (877) 305-6202 or email <u>customerservice@payermatrix.com</u>. Visit <u>ChampionGroupBenefits.com</u> to learn more about the program.



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 800-808-4848 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 **Copay Plan In-Network Out-of-Network** Calendar Year Deductible Employee only \$500 \$2,500 Family \$1,000 \$5,000 10% 30% Coinsurance Out-of-Pocket Maximum \$5,000 \$5,000 Employee only \$5,000 \$10,000 Family 100% Covered **Preventive Care** 30%* **Office Visits** Primary Services 30%* \$20 Copay Specialist Services 30%* \$20 Copay **Hospital Services** 10%* 30%* Emergency Services** Emergency Room \$300 Copay 30%* **Emergency Medical Transportation** 10%* 30%* **Urgent Care Services** 10%* 30%* 50%* up to \$500 per benefit per year **Chiropractic Services** Mental Health/Chemical Dependency 30%* 10%* Inpatient \$20 Copay 30%* Outpatient

Summary of Pharmacy Benefits

| Prescription Drug Coverage | Retail 30 Day Supply | Mail Order 90 Day Supply |
|----------------------------|----------------------|--------------------------|
| Generic | \$5 Copay | \$10 Copay |
| Preferred brand | \$30 Copay | \$60 Copay |
| Non-preferred brand | \$75 Copay | \$150 Copay |
| Specialty | \$150 Copay | Not available |

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

* After deductible

** Covered as in-network in true-emergency

| Summary of Medical Benefits | | | | |
|--|---------------------------------------|----------------------|--|--|
| Copay Plan 2 | | | | |
| | In-Network | Out-of-Network | | |
| Calendar Year Deductible Employee only Family | \$3,000 \$6,000 | \$6,000 \$12,000 | | |
| Coinsurance | 20% | 30% | | |
| Out-of-Pocket Maximum Employee only Family | \$6,000 \$12,000 | \$12,000 \$24,000 | | |
| Preventive Care | 100% Covered | 30%* | | |
| Office Visits Primary Services Specialist Services | \$30 Copay \$50 Copay | 30%* 30%* | | |
| Hospital Services | 20%* | 30%* | | |
| Emergency Services** Emergency Room Emergency Medical Transportation | \$300 Copay 20%* | 30%* 30%* | | |
| Urgent Care Services | 20%* | 30%* | | |
| Chiropractic Services | 50%* up to \$500 per benefit per year | | | |
| Mental Health/Chemical Dependency Inpatient Outpatient | 20%* \$50 Copay | 30%* 30%* | | |

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| Specialty | \$150 Copay | Not available |

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

* After deductible

** Covered as in-network in true-emergency

| Summary of Dental Benefits | | |
|---|---------------------|--|
| Dental Plan | | |
| Calendar Year Deductible | Open Network | |
| | \$50 per individual | |
| Calendar Year Maximum | \$1,200 | |
| Preventative Services Oral Exams, X-rays, Cleanings | 100% Covered | |
| Basic Services Fillings, Endodontics, Periodontics | 20%* | |
| Major Services Crowns, Bridges, Dentures | 50%* | |
| Lifetime Orthodontia (No maximum) | 50%* | |

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 Hepatits A and B, Herpes Zoster, HPV, Influenza, Measles, Meningococcal, Mumps

Preventive services for women

- Screenings for anemia, breast cancer, cervical cancer, chlamydia, gestational diabetes, Osteoperosis
- 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 Hepatits 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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