

# Benefits Overview

**Robbinsdale Area Schools**

**Dedicated Website**

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

**Dedicated Phone Number**

**888-284-7196**

**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.



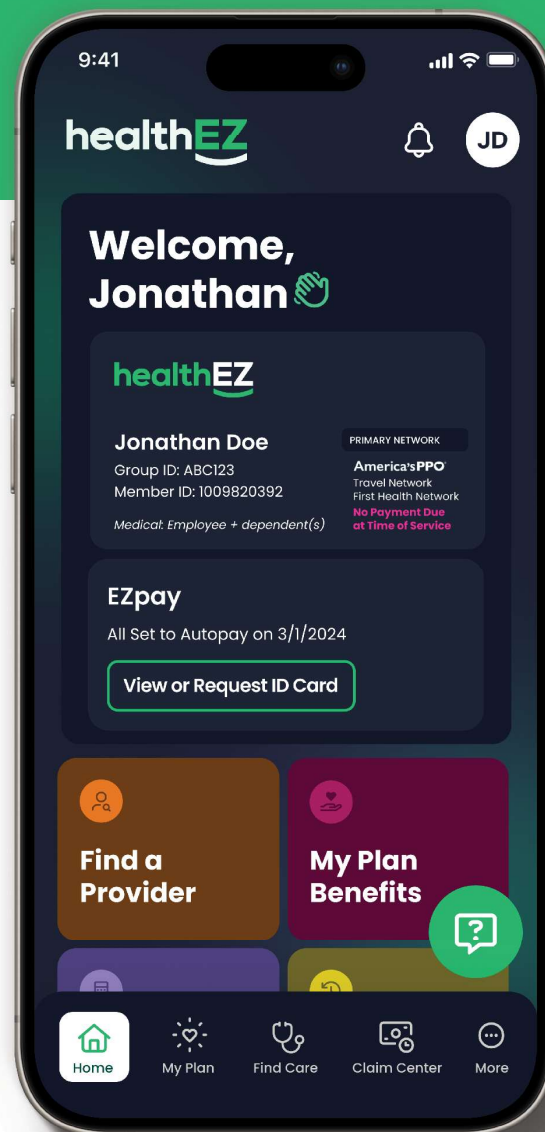
## Find a provider

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



## EZchoice

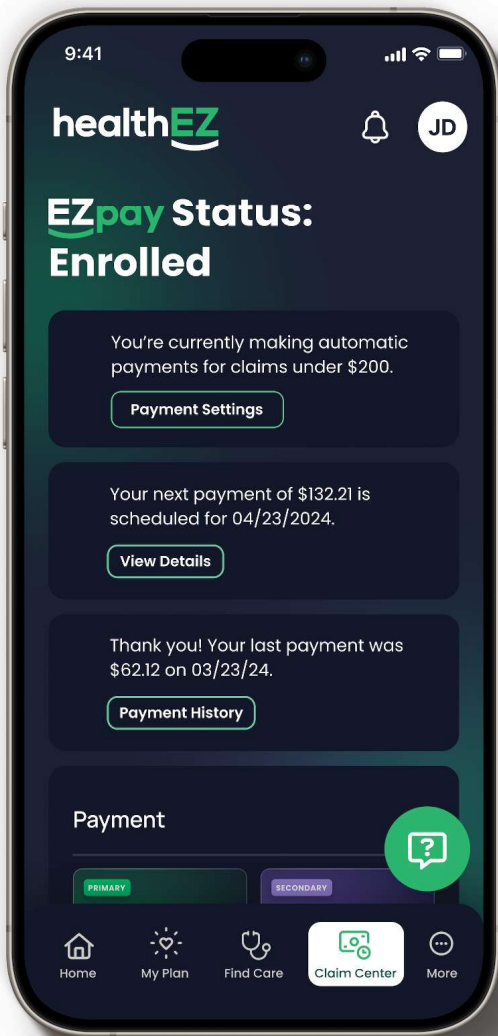
EZchoice makes provider choice easy and medical costs transparent so you can be confident that you are not overspending on your medical care.



## 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



# Diabetes management, *your way*

Get an advanced blood glucose meter and as many strips and lancets as you need. Best of all, it is paid for by your plan sponsor—all at no cost to you.

## Discover tools and techniques that work for you



Personalized tips with each blood sugar check  
One-on-one health coaching



Real-time support when you're out of



Strip re-ordering right from your meter

## Get started

Join by visiting [Join.Livongo.com](https://Join.Livongo.com)  
or call 800-945-4355

Program includes trends and support on your secure Livongo account and mobile app but does not include a phone, tablet or smartwatch.

Las comunicaciones del programa Livongo están disponibles en español. Al inscribirse, podrá configurar el idioma que prefiera para las comunicaciones provenientes del medidor y del programa. Para inscribirse en español, llame al 800-945-4355 o visite [Hola.Livongo.com](https://Hola.Livongo.com)

Livongo is now part of Teladoc Health, and we are in a brand transition phase. You may receive Livongo-branded and Teladoc Health-branded products during this transition. Other than brand name, there is no difference between products.

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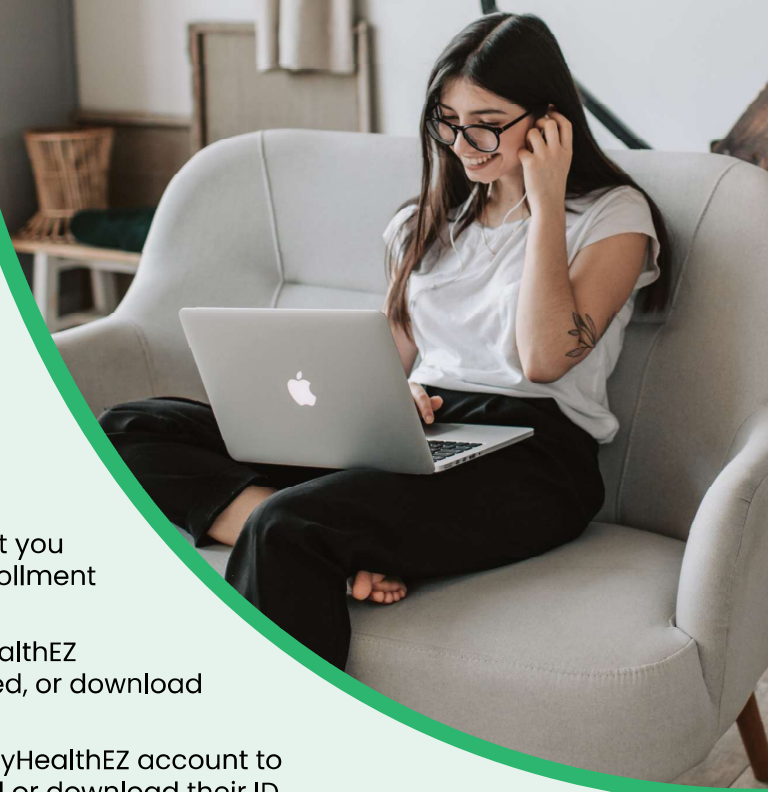
## Medical ID cards

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 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.



**Employees and dependents residing in Minnesota, your primary medical network is America's PPO.**



**Employees and dependents traveling outside of Minnesota, your travel network is Aetna.**



**Employees and dependents residing in all other states, your primary and travel medical network is 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 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 your dedicated Benefits Website and click "Find Care."

### What does the Rdale Health Clinic offer?

The Rdale Health Clinic is available to employees, their dependents, retirees, and former employees. The clinic is a partnership between the district and Everside Health, and provides onsite clinical health care at the New Hope Learning Center. For a full list of services, please visit [RDale.org/discover/human-resources](https://RDale.org/discover/human-resources)

## Your Pharmacy Benefit Manager is CVS Caremark.



### 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 CVS Caremark's mail service pharmacy. Visit your dedicated Benefits website for more information on how to get started and to download the CVS Caremark mail service forms.

### What is Step Therapy and Prior Authorization?

Step Therapy is a program that requires members to initially try preferred, medically proven and less expensive prescription drugs before "stepping up" to more expensive drugs.

Prior Authorizations promote the use of safe, effective and reasonably-priced drug therapy. Your healthcare provider is required to provide medical information to determine coverage.

For questions on Step Therapy or your Prior Authorization, contact CVS Caremark at 866-818-6911.

### 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 [Caremark.com](http://Caremark.com).

### CVS Caremark 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 [Caremark.com](http://Caremark.com).

To register, fill out the registration form. Click on confirmation link sent to the email you registered with within 24 hours (*if you don't click on the link within 24 hours you will need to re-register*). The link will take you to the member login page and will complete your registration.

# Summary of Medical Benefits

## Copay \$500/\$1000 Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
<b>Deductible</b>		
Individual Coverage	\$500	\$1,000
Family Coverage	\$1,000	\$2,000
<b>Out-of-Pocket Maximum</b>		
Individual Coverage	\$1,500	\$3,000
Family Coverage	\$3,000	\$6,000
Preventive Care Services	No Charge	40%*
Onsite Clinic Office Visit	No Charge	Not Covered
Primary Office Visit	\$25 Copay	40%*
Specialist Office Visit	\$25 Copay	40%*
Chiropractic Visit	\$25 Copay	40%*
Urgent Care Services	\$25 Copay	40%*
Complex Imaging: MRI/CT/PET Scans	20%*	40%*
Inpatient Hospital Care Facility Fee Physician Fee	20%* 20%*	40%* 40%*
Outpatient Procedures Facility Fee Physician Fee	20%* 20%*	40%* 40%*
Emergency Room Services	\$250 Copay	40%*
Emergency Medical Transportation**	20%*	40%*
Mental Health/Chemical Dependency - Inpatient	20%*	40%*
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>
Preventive	No Charge	No Charge
Medications dispensed at On-Site Clinic	No Charge	Not Available
Generic	\$10 Copay	\$20 Copay
Preferred Brand	\$50 Copay	\$100 Copay
Non-Preferred Brand	\$50 Copay	\$100 Copay
Specialty (Generic/Brand)	\$10/\$50 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

Copay \$1,750/\$3,500 HRA/VEBA Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
<b>Deductible</b>		
Individual Coverage	\$1,750	\$3,500
Individual under Family Coverage	\$1,750	\$3,500
Family Coverage	\$3,500	\$7,000
<b>Out-of-Pocket Maximum</b>		
Individual Coverage	\$2,500	\$5,000
Individual under Family Coverage	\$2,500	\$5,000
Family Coverage	\$5,000	\$10,000
<b>Preventive Care Services</b>		
Preventive Care Services	No Charge	40%*
Primary Office Visit	\$25 Copay	40%*
Onsite Clinic Office Visit	No Charge	Not Covered
Specialist Office Visit	\$25 Copay	40%*
Chiropractic Visit	\$25 Copay	40%*
Urgent Care Services	\$25 Copay	40%*
<b>Complex Imaging: MRI/CT/PET Scans</b>		
Complex Imaging: MRI/CT/PET Scans	20%*	40%*
<b>Inpatient Hospital Care</b>		
Inpatient Hospital Care Facility Fee	20%*	40%*
Physician Fee	20%*	40%*
<b>Outpatient Procedures</b>		
Outpatient Procedures Facility Fee	20%*	40%*
Physician Fee	20%*	40%*
<b>Emergency Room Services</b>		
Emergency Room Services	\$250 Copay	40%*
<b>Emergency Medical Transportation**</b>		
Emergency Medical Transportation**	20%*	40%*
<b>Mental Health/Chemical Dependency - Inpatient</b>		
Mental Health/Chemical Dependency - Inpatient	20%*	40%*
<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>
Preventive	No Charge	No Charge
Medications dispensed at On-Site Clinic	No Charge	Not Available
Generic	\$10 Copay	\$20 Copay
Preferred Brand	\$50 Copay	\$100 Copay
Non-Preferred Brand	\$50 Copay	\$100 Copay
Specialty (Generic/Brand)	\$10/\$50 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

## \$1,700/\$4,500 HSA Plan

Non-Embedded Deductible Non-Embedded Out-of-Pocket Maximum	In-Network	Out of Network
<b>Deductible</b>		
Individual Coverage	\$1,700	\$5,000
Individual under Family Coverage	\$4,500	\$10,000
Family Coverage	\$4,500	\$10,000
<b>Out-of-Pocket Maximum</b>		
Individual Coverage	\$3,200	\$8,000
Individual under Family Coverage	\$9,000	\$16,000
Family Coverage	\$9,000	\$16,000
<b>Preventive Care Services</b>		
Preventive Care Services	No Charge	40%*
Onsite Clinic Office Visit	\$50 Copay	Not Covered
Primary Office Visit	20%*	40%*
Specialist Office Visit	20%*	40%*
Chiropractic Visit	20%*	40%*
Urgent Care Services	20%*	40%*
<b>Complex Imaging: MRI/CT/PET Scans</b>		
Complex Imaging: MRI/CT/PET Scans	20%*	40%*
<b>Inpatient Hospital Care</b>		
Facility Fee	20%*	40%*
Physician Fee	20%*	40%*
<b>Outpatient Procedures</b>		
Facility Fee	20%*	40%*
Physician Fee	20%*	40%*
<b>Emergency Room Services</b>		
Emergency Room Services	20%*	40%*
<b>Emergency Medical Transportation**</b>		
Emergency Medical Transportation**	20%*	40%*
<b>Mental Health/Chemical Dependency - Inpatient</b>		
Mental Health/Chemical Dependency - Inpatient	20%*	40%*
<b>Mental Health/Chemical Dependency - Office Visit</b>		
Mental Health/Chemical Dependency - Office Visit	20%*	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>
Preventive	No Charge	No Charge
Medications dispensed at On-Site Clinic	20%*	Not Available
Generic	20%*	20%*
Preferred Brand	20%*	20%*
Non-Preferred Brand	20%*	20%*
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

## \$1,700/\$4,500 HRA/VEBA Plan

Non-Embedded Deductible Non-Embedded Out-of-Pocket Maximum	In-Network	Out of Network
<b>Deductible</b>		
Individual Coverage	\$1,700	\$5,000
Individual under Family Coverage	\$4,500	\$10,000
Family Coverage	\$4,500	\$10,000
<b>Out-of-Pocket Maximum</b>		
Individual Coverage	\$3,200	\$8,000
Individual under Family Coverage	\$9,000	\$16,000
Family Coverage	\$9,000	\$16,000
<b>Preventive Care Services</b>		
Preventive Care Services	No Charge	40%*
Onsite Clinic Office Visit	No Charge	Not Covered
Primary Office Visit	20%*	40%*
Specialist Office Visit	20%*	40%*
Chiropractic Visit	20%*	40%*
Urgent Care Services	20%*	40%*
<b>Complex Imaging: MRI/CT/PET Scans</b>		
Complex Imaging: MRI/CT/PET Scans	20%*	40%*
<b>Inpatient Hospital Care</b>		
Inpatient Hospital Care Facility Fee	20%*	40%*
Physician Fee	20%*	40%*
<b>Outpatient Procedures</b>		
Outpatient Procedures Facility Fee	20%*	40%*
Physician Fee	20%*	40%*
<b>Emergency Room Services</b>		
Emergency Room Services	20%*	40%*
<b>Emergency Medical Transportation**</b>		
Emergency Medical Transportation**	20%*	40%*
<b>Mental Health/Chemical Dependency - Inpatient</b>		
Mental Health/Chemical Dependency - Inpatient	20%*	40%*
<b>Mental Health/Chemical Dependency - Office Visit</b>		
Mental Health/Chemical Dependency - Office Visit	20%*	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>
Preventive	No Charge	No Charge
Medications dispensed at On-Site Clinic	20%*	Not Available
Generic	20%*	20%*
Preferred Brand	20%*	20%*
Non-Preferred Brand	20%*	20%*
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

## \$4,500/\$7,000 HSA Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
<b>Deductible</b>		
Individual Coverage	\$4,500	\$6,000
Individual under Family Coverage	\$4,500	\$6,000
Family Coverage	\$7,000	\$12,000
<b>Out-of-Pocket Maximum</b>		
Individual Coverage	\$4,500	\$8,000
Individual under Family Coverage	\$4,500	\$8,000
Family Coverage	\$7,000	\$16,000
Preventive Care Services	No Charge	40%*
Onsite Clinic Office Visit	\$50 Copay	Not Covered
Primary Office Visit	0%*	20%*
Specialist Office Visit	0%*	20%*
Chiropractic Visit	0%*	20%*
Urgent Care Services	0%*	20%*
Complex Imaging: MRI/CT/PET Scans	0%*	20%*
Inpatient Hospital Care Facility Fee Physician Fee	0%* 0%*	20%* 20%*
Outpatient Procedures Facility Fee Physician Fee	0%* 0%*	20%* 20%*
Emergency Room Services	0%*	20%*
Emergency Medical Transportation**	0%*	20%*
Mental Health/Chemical Dependency - Inpatient	0%*	20%*
Mental Health/Chemical Dependency - Office Visit	0%*	20%*
<b>Summary of Pharmacy Benefits</b>		
Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Preventive	No Charge	No Charge
Medications dispensed at On-Site Clinic	0%*	Not Available
Generic	0%*	0%*
Preferred Brand	0%*	0%*
Non-Preferred Brand	0%*	0%*
Specialty	0%*	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

## \$4,500/\$7,000 HRA/VEBA Plan

Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
<b>Deductible</b>		
Individual Coverage	\$4,500	\$6,000
Individual under Family Coverage	\$4,500	\$6,000
Family Coverage	\$7,000	\$12,000
<b>Out-of-Pocket Maximum</b>		
Individual Coverage	\$4,500	\$8,000
Individual under Family Coverage	\$4,500	\$8,000
Family Coverage	\$7,000	\$16,000
Preventive Care Services	No Charge	40%*
Onsite Clinic Office Visit	No Charge	Not Covered
Primary Office Visit	0%*	20%*
Specialist Office Visit	0%*	20%*
Chiropractic Visit	0%*	20%*
Urgent Care Services	0%*	20%*
Complex Imaging: MRI/CT/PET Scans	0%*	20%*
Inpatient Hospital Care Facility Fee Physician Fee	0%* 0%*	20%* 20%*
Outpatient Procedures Facility Fee Physician Fee	0%* 0%*	20%* 20%*
Emergency Room Services	0%*	20%*
Emergency Medical Transportation**	0%*	20%*
Mental Health/Chemical Dependency - Inpatient	0%*	20%*
Mental Health/Chemical Dependency - Office Visit	0%*	20%*
<b>Summary of Pharmacy Benefits</b>		
Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Preventive	No Charge	No Charge
Medications dispensed at On-Site Clinic	0%*	Not Available
Generic	0%*	0%*
Preferred Brand	0%*	0%*
Non-Preferred Brand	0%*	0%*
Specialty	0%*	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

