FAQs

01 What is LifeX?

LifeX Research Corporation improves global well- being by providing actionable health insights and wellness statistics. You, as a Research Associate (RA), share health and consumer data through activities, earning guaranteed payments.

02 How do I know if a medical provider is in- network?

Refer to the information provided on yourID card or your member packet for checking provider participation for your chosen network.

03 What pharmacies can I use for my prescriptions?

Your plan uses preferred pharmacies that include Walgreens, Walmart, CVS, and many others. Members pay less when they use preferred pharmacies to fill prescriptions. Please see pharmacy information on your ID card.

04 Should I use Telemedicine or go to Urgent Care or the Emergency Room?

Many medical conditions can be treated through your no-cost, $0 copay Telemedicine benefit. If you prefer an in-person visit, most conditions can be addressed at an Urgent Care facility, often at a lower cost. For serious or life-threatening emergencies, always go to the nearest ER. Refer to your ID card and Member Packet for more information.

Administered By:

Benefit Health Plan, Inc
ADMINISTRATORS

Contact Information

TELEMEDICINE

OurLiveDoc

(940) 548-3362

https://ourlivedoc.com/about-us

BENEFITS, CLAIMS, ELIGIBILITY, PRECERTIFICATION AND CUSTOMER SERVICE

Benefit Health Plan, Inc. (BHPI)

(844) 580-2474

customersupport@benefithealthplan.com

https://benefithealthplan.com

PHARMACY

ProAct Rx

888-250-8032

https://proactrx.com

EMPLOYEE WELLNESS HUB (EWH)

LifeX

(866) 357-4856

help@lifexresearch.com

https://employeewellnesshub.app/login

WELCOME

To Your New Employee Benefits!

LIFEX
RESEARCH CORP

ABOUT YOUR
EMPLOYEE WELLNESS HUB (EWH)

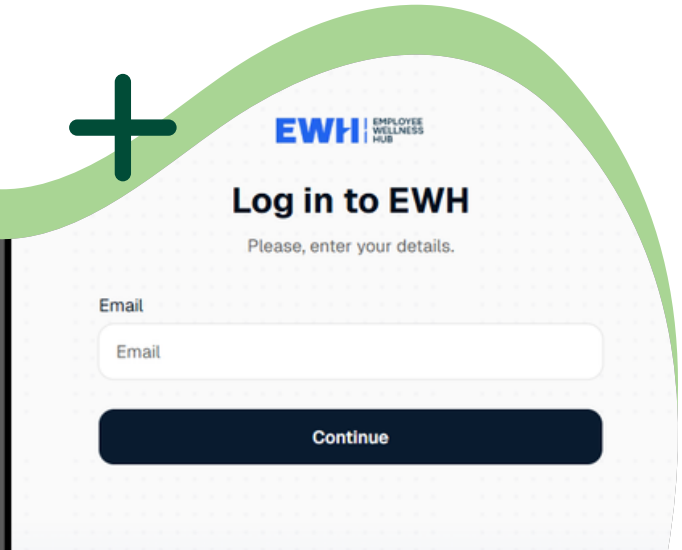
Your Employee Wellness Hub (EWH) is a secure, personalized online portal available anytime from any device. It offers access to your Digital ID Cards, a range of health tools like health trackers and videos, and provides links to all your benefits on the Benefit Page.

ACTIVATING YOUR EWH

Visit https://employeewellnesshub.app/login

1. Visit the website above
2. Enter your email address.

   This portal all Employees have access to, to view their ID cards, plan information, and complete wellness activities. Your employee portal will be active beginning on your start date.



ID CARDS

GLOSSARY

Benefit: A general term referring to any service (such as an office visit, laboratory test, or surgical procedure) or supply (such as prescription drugs or brace) covered by a health insurance plan.

Copay: A fixed amount you pay at the time covered services are provided, such as a doctor's office visit. The amount can vary based on the type of covered health care service provided.

Deductible: In general, the deductible applies to inpatient and outpatient hospitalization and expenses associated with an MRI, or similar scans. This is an amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. If your plan has copays for doctor office visits, and prescriptions, normally, the deductible does not apply before these expenses. An overall deductible applies to all or almost all covered items and services. For example, if your deductible is $2,500, your plan will not pay anything until you have met your $2,500 deductible for services subject to the deductible.

Co-insurance: Your share of the costs of a covered health care service, calculated as a percentage of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe.

In-Network Provider: A group of physicians, dentists, hospitals, pharmacies, and other providers who contract with the insurance plan to provide health care services to the members of the plan. You will pay less if you see a provider in the network. Also called "Preferred Provider" or "Participating Provider."

Out-of-Network Provider: Doctors, dentists, pharmacies, and other providers who do not contract with the insurance plan to participate in their network. Using out-of-network providers generally requires higher out-of-pocket costs for you. Your policy will explain what those costs may be. May also be called "non-preferred" or "non-participating" instead of "out-of-network provider.