



Health Benefits Simplified

Valdosta Orthopedic Associates Medical Benefits Overview

Effective 3/1/2018 | 844-288-5707 | www.VOABenefits.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

Valdosta Orthopedic Associates has a dedicated phone number 844-288-5707 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 844-288-5707. We would love to help you!

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.VOABenefits.com

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.

HEALTHEZ
231 West 70th Street, Suite 110
Bloomington, WI 53119

THIS IS NOT A BILL. DO NOT PAY.

Statement Summary
Member ID: 30200000807
Statement Date: 3/25/18

Raw Transactions This Period
Paid by your HealthEZ account: \$41.48
Paid by your HealthEZ accounts: \$20.84
You owe Employer: \$0.00

Paid by Your Employer YTD:
Medical: \$41.48
Dental: \$17.30
Pharmacy: \$ 85.28

HealthEZ Account Summaries
Flexible Spending Account (FSA)
Claims Paid This Period: \$0.00
Available Amount: \$100.00
Health Savings Account (HSA)
Claims Paid This Period: \$223.92
Current Balance: \$278.07
Health Reimbursement Account (HRA)
Claims Paid This Period: NA
Current Balance: NA
Credit Card Accounts
Claims Paid This Period: \$71.91

Your Year-to-Date Summaries
Medical In-Network Deductible: \$301.84
Medical In-Network Out of Pocket: \$331.84
Dental Benefit: \$17.30
Used Year-to-Date: \$17.30
Information correct as of statement date. For detailed and up-to-date information, go to [www.voa.com](#)

Transactions for the Current Period

MEDICAL

Service Date	Patient	Provider	Billed Amount	Network Allowance	Employer Payment	You Have Paid	You Owe Provider
01/10/2018	Jana	Care Clinic	\$248.00	\$24.07	\$0.00	\$223.93	\$0.00
01/10/2018	Alex	County Hospital	\$311.00	\$301.85	\$41.48	\$71.91	\$0.00

DENTAL

Service Date	Patient	Provider	Billed Amount	Network Allowance	Employer Payment	You Have Paid	You Owe Provider
01/10/2018	Jana	Fanny Dentecare	\$138.00	\$301.79	\$17.30	\$0.00	\$0.00

PHARMACY

Service Date	Patient	Pharmacy	Drug Name	Retail Amount	You Have Paid
01/10/2018	Jana	Corner Pharmacy	ACTOBY/ACTOBY TAD 202MG	\$48.00	\$0.00
01/10/2018	Alex	Corner Pharmacy	NALTRAXONE CHW	\$48.00	\$8.28

For a copy of your detailed Explanation of Benefits (EOB), log in at [www.voa.com](#) and click on "Statements" in the left menu.





Your primary medical network is Cigna.

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.VOABenefits.com.



Your pharmacy benefit manager is Magellan Rx.

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.VOABenefits.com for more information on prescriptions that will save you money.

Health Savings Account

A Health Savings Account (HSA) provides you an easy way to save and pay for your qualified medical, dental, pharmacy, and vision expenses, 100% tax free! Unlike a Flexible Spending Account, you will not lose your HSA balance, as it rolls over from year to year. The money in an HSA belongs to the account holder, allowing your savings to grow and earn interest over time.

You can contribute up to \$3,450 for single coverage and \$6,900 for family coverage in 2018. Those that are age 55+ are allowed to contribute an additional \$1,000 per year.



Summary of Medical Benefits		
Copay Plan		
	In-Network	Out-of-Network
Calendar Year Deductible - Embedded		
Employee Only	\$3,000	\$6,000
Family	\$6,000	\$12,000
Coinsurance	30%	50%
Out-of-Pocket Maximum		
Employee Only	\$7,150	\$14,300
Family	\$14,300	\$28,600
Preventive Care	100% Covered	50%*
Physician Services	\$40 copay	50%*
Hospital Services – Inpatient & Outpatient Care	30%*	50%*
Emergency Services**	30%*	30%*
Urgent Care Services	\$75 copay	50%*
Chiropractic Services	30%*	50%*
Mental Health / Chemical Dependency		
Inpatient	30%*	50%*
Outpatient	\$60 copay	50%*
Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	\$20 copay	\$60 copay
Preferred Brand	\$50 copay	\$150 copay
Non-Preferred Brand	\$75 copay	\$225 copay
Specialty	\$500 copay	Not Available

NOTES: This serves as a summary of your benefit plan only. 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		
HSA Plan		
Calendar Year Deductible - Embedded	In-Network	Out-of-Network
Employee Only	\$5,000	\$10,000
Family	\$10,000	\$20,000
Coinsurance	0%	50%
Out-of-Pocket Maximum		
Employee Only	\$5,000	\$20,000
Family	\$10,000	\$40,000
Preventive Care	100% Covered	50%*
Physician Services	0%*	50%*
Hospital Services – Inpatient & Outpatient Care	0%*	50%*
Emergency Services**	0%*	50%*
Urgent Care Services	0%*	50%*
Chiropractic Services	0%*	50%*
Mental Health / Chemical Dependency		
Inpatient	0%*	50%*
Outpatient	0%*	50%*
Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	0%*	0%*
Preferred Brand	0%*	0%*
Non-Preferred Brand	0%*	0%*
Specialty	0%*	Not Available

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