



Health Benefits Simplified

Pauls Valley General Hospital Medical Benefits Overview

Effective 10/1/2018 | 844-839-6735 | www.pvghbenefits.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

Pauls Valley General Hospital has a dedicated phone number 844-839-6735 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 844-839-6735. 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.pvghbenefits.com



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.pvghbenefits.com.



Your pharmacy benefit manager is MagellanRx.

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



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 for more information.

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		
\$1,500 HSA Plan		
Calendar Year Deductible	In-Network	Out-of-Network
Employee Only	\$1,500	\$3,000
Family	\$3,000	\$6,000
Coinsurance	0%	50%
Out-of-Pocket Maximum		
Employee Only	\$1,500	\$6,000
Family	\$3,000	\$12,000
Preventative 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

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		
\$3,000 Copay Plan		
Calendar Year Deductible	In-Network	Out-of-Network
Employee Only	\$3,000	\$6,000
Family	\$6,000	\$12,000
Coinsurance	0%	50%*
Out-of-Pocket Maximum		
Employee Only	\$6,000	\$12,000
Family	\$12,000	\$24,000
Preventative 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	\$10 Copay	\$20 Copay
Preferred Brand	\$35 Copay	\$70 Copay
Non-Preferred Brand	\$100 Copay	\$200 Copay
Specialty	\$150 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		
\$5,000 HSA Plan		
Calendar Year Deductible	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	\$15,000
Family	\$10,000	\$30,000
Preventative 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

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.

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