



## 2016 Small Group Plans SIHO Choice/HSA



**ACCREDITED**  
Health Utilization  
Management  
Expires 03/01/2017

Information about your  
health benefits

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**For questions about plan  
information in this brochure,  
please contact our  
Account Coordinator:**

**Carolyn Dailey 812.378.7071  
Carolyn.Dailey@siho.org**

# About SIHO

You demand more choices and more value from your health plan. SIHO can meet this demand by providing a wide range of health plans specifically designed for your business.

In addition to our comprehensive health plans, SIHO also provides other employee benefit programs such as Flexible Spending Account administration, COBRA administration, Dental, Vision and Life Insurance. We are committed to meeting the needs of our customers through the quality of our products and the services we deliver.

## About SIHO Insurance Services

SIHO Insurance Services was formed in 1987 by employers, hospitals and physicians to provide a solution to rising health care costs for businesses in Columbus, Indiana. Today SIHO is a regional leader, serving clients in several mid-western states. SIHO administers fully-insured and self-funded health plans for more than 100,000 members and nearly 600 companies of all sizes.

SIHO offers coordinated health insurance coverage and related services to businesses. You can choose from a broad range of cost-effective and flexible health plans for your employees.

Working with brokers and consultants, SIHO is dedicated to servicing all aspects of an employer's group health plan. Managing complex administrative requirements while simultaneously providing first-class service to our customers is the SIHO advantage.

# Choice and HSA Plans

SIHO Insurance Services offers an employee benefits package that will provide your employees with quality insurance coverage. Our SIHO Choice and HSA product features comprehensive coverage including:

- Physician Services
- Primary Care Physician Office Visits covered with only a copayment (not available on HSA Plans)
- Preventive Health Benefit
- Inpatient and Outpatient Hospital Services
- Maternity Coverage
- Radiology and Laboratory Services
- Disease and Case Management Programs
- Prescription Coverage—*Including Mail Order Service*
- Access to SOLUTIONS Mental Health and Substance Abuse Services (not available on HSA Plans)
- SIHO's Network of more than 30,000 doctors, hospitals and other providers
- Life Insurance
- Coverage While Traveling
- Emergency and Urgent Care Coverage

## Serving You

SIHO provides friendly and professional customer service with a personal touch to all our clients. SIHO's Client Service Representatives are trained to answer questions pertaining to the health plans, including benefit coverage and claim inquiries. With offices located in Columbus, Bloomington, Evansville, Indianapolis and Seymour, SIHO is able to provide local, reliable customer service to all of our members.

SIHO's employees are highly trained with access to the latest technology to provide fast and accurate administration of claims payment and issuance of ID cards and policies.

## Extensive Provider Network

SIHO's Provider Network plays a key role in SIHO's health plans. SIHO has one of the most comprehensive networks of hospitals and physicians. As a result, our clients benefit from the most competitive discounts in the marketplace.

SIHO's proprietary network consists of more than 30,000 health care providers and hospital facilities. SIHO also has access to physicians and hospital networks throughout the United States for employees outside our primary coverage area and for groups with multiple locations.

# What We Offer

## Effective Medical Management

The SIHO Medical Management program creates cost savings for our employers through chronic disease management, case management and utilization review. These services are performed in-house by SIHO's medical staff and are integrated into all benefit plans.

SIHO's staff of Physicians, Nurse Practitioners and Registered Nurses ensure medical services are clinically appropriate, meet the standards of care in the community and are done in the most cost-effective manner. SIHO's medical staff provides expert medical opinions and information to improve the quality of care for SIHO members. SIHO also provides follow-up contacts, when needed, to ensure proper care is being followed.

### Precertification

Some benefits require precertification from SIHO Medical Management. Benefits which require precertification include\*:

- All hospital inpatient treatments and certain outpatient procedures
- Speech Therapy
- Durable Medical Equipment (DME) purchases over \$200 and all DME rentals
- Specialty Drugs, except for insulin
- Radiation Therapy, Chemotherapy and Dialysis

Failure to obtain precertification could result in a reduction of benefits for that service or procedure up to a penalty of fifty percent (50%) of the Prevailing Rate. Members are responsible for obtaining precertification for services from a non-network provider.

**\*For a list of all services requiring precertification, please see page 8**

## Preventive Health Benefit

A core benefit of Landmark Choice plans is wellness coverage. SIHO understands the importance of keeping you, your employees and their families healthy. Preventive care is covered for all members, which includes well baby care for our youngest members. SIHO has enhanced its Preventive Health Benefit to include physicals every year for all of our members, as well as adding coverage for Cholesterol Screenings, Lipid Panel, Blood Glucose Testing and Osteoporosis Screenings. A full listing of SIHO's Preventive Health Benefit can be found on pages 16-17 of this booklet.

SIHO uses many national health care criteria to create our Preventive Health Benefit standards and recommendations. Our Quality Management Committee reviews preventive care services every year and updates these guidelines as needed.

With its emphasis on wellness, Landmark Plans are an investment in your employees' health.

## Maternity Coverage

A healthy start is important for both the expectant mother and the newest addition to the family. SIHO provides coverage to expectant mothers before and after delivery. Covered services include: office visits, services prior to birth, delivery and follow-up care. Newborns receive coverage for the first 30 days after birth. Parents must notify SIHO of the new addition to the family within those 30 days to ensure continued coverage.

# What We Offer

## Office Visits

SIHO encourages members to establish a relationship with a primary care physician (family practice, pediatrics and internal medicine). When members see their primary care physician, they pay an office copay (or deductible and coinsurance on HSA Plans) and the physician then files the claim directly with SIHO. We make the process simple for you and your employees.

When members need to see a specialist physician, they pay an office copay (or deductible and coinsurance on HSA Plans) to cover the office visit. Any ancillary services provided during the visit, such as radiology or laboratory tests, are subject to coinsurance.

To find a participating Provider, go to [www.siho.org](http://www.siho.org) and click on the blue 'Provider Directory' link. You can also call SIHO Member Services at 812.378.7070 within the Columbus, Indiana calling area, or toll-free 800.443.2980.

## Allergy Injections

SIHO Choice members pay a \$5 copay for allergy injections from an in-network provider. This benefit will help control out-of-pocket expenses for members. HSA plans pay deductible and coinsurance.

## Emergencies

The last thing you should think about during a medical emergency is if your insurance will cover the cost of an emergency room visit. SIHO Plans cover emergency and urgent care services. If hospital admission is required, SIHO must be notified within 48 hours or as soon as reasonably possible. Copays (or deductible and coinsurance) are waived if you are admitted to the hospital

## Travel Coverage

If you are traveling and require emergency care outside the SIHO network, covered services are paid at in-network levels. If you are traveling or attend school outside the SIHO network and are in need of routine medical care, covered services are paid at out-of-network levels; in most cases you would benefit from a network discount.

## Mental Health Benefits

Even everyday obstacles can become too much to bear for some people. SIHO has included mental health and substance abuse benefits in our SIHO Choice plans through SOLUTIONS, an employee assistance program. SOLUTIONS is a service of Quinco Behavioral Health Systems, which is a private, not-for-profit behavioral health organization.

The enhanced mental health and substance abuse benefit offers behavioral health care assistance in the identification and resolution of problems that members face in their everyday lives, including marital, family, drug abuse, work and school-related, depression, stress and anxiety (HSA plans use the SIHO Network, instead of the Solutions Network for Mental Health Benefits).

## Life Insurance and Accidental Death & Dismemberment Insurance (AD&D)

Group life insurance coverage is included in all plans with less than 50 employees and is offered as an option for groups over 50 employees. The standard benefit is \$15,000 for each employee plus \$15,000 AD&D coverage. Dependent life insurance is also available upon the employer's request.

# Prescription Coverage

**Prescription Drug** coverage is an important part of any health plan. SIHO plans allow members to purchase prescription medications at a local retail pharmacy, as well as through the mail order service.

## Retail Services

A great way to get short-term medications is through your local pharmacy. Most national drugstore chains and independently owned pharmacies are contracted with SIHO.

## Mail Order Service

Another way to receive your medications is through our mail order program. Utilizing the Mail Order Service saves you time and money by receiving 90 days of medication for approximately the same cost as 75 days of medication from a participating retail pharmacy. More importantly, mail order service is the most convenient method of receiving maintenance medications. Once set up, your medicine will arrive automatically, saving you time and the inconvenience of visits to the pharmacy.

## Birth Control

All birth control prescribed by your physician, including oral medication, injectables and other prescribed forms are covered under Choice plans; most forms are covered by the Preventive Health Benefits (PHB) at no cost.

## Chantix™ Smoking Cessation Prescription

Chantix (varenicline) is non-nicotine prescription medicine specifically developed to help adults quit smoking. Chantix contains no nicotine, but targets the same receptors that nicotine does. Chantix is believed to block nicotine from these receptors. It is the only prescription treatment of its kind. At the end of 12 weeks of using Chantix, 44% of those using the drug were able to quit smoking. It has also been shown to help reduce the urge to smoke.

If you are ready to quit smoking, please contact your physician and ask about Chantix. Chantix is covered under the PHB at no cost.

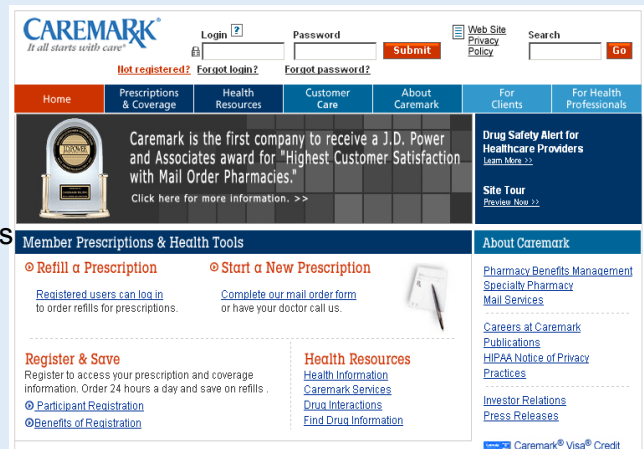
The grid below shows prescription drug coverage offered by plan type. The **column heading**, represents the dollar amount owed for filling a prescription drug from a pharmacy. The **rows** below represent the amount owed for filling a prescription drug through our mail order pharmacy.

SIHO Choice	All Plans: 15/35/70	SIHO HSA	\$2,000, \$3,500 and \$6,300 Plans	\$1,300 Plan	\$2,000 and \$3,000 Plans	\$5,000 Plan	\$4,000 Plan
Mail Order Copays (up to a 90-day supply)		Mail Order Copays (up to a 90-day supply)					
Generic	\$37.50	Generic	Ded, 0%	Ded, 10%	Ded, 20%	Ded, 30%	Ded, 50%
Brand Formulary*	\$87.50	Brand Formulary*	Ded, 0%	Ded, 10%	Ded, 20%	Ded, 30%	Ded, 50%
Brand Non- Formulary	\$175	Brand Non -Formulary	Ded, 0%	Ded, 10%	Ded, 20%	Ded, 30%	Ded, 50%
Specialty Drugs	30% of Total RX	Specialty Drugs	Ded, 0%	Ded, 10%	Ded, 20%	Ded, 30%	Ded, 50%

# Prescription Coverage

**www.caremark.com**

SIHO's prescription drug coverage is managed by Caremark, the recognized leader in pharmacy benefit management (PBM). Members can review their prescription drug activity and cost, learn about various health conditions and access self-care centers. Members can also check drug prices at any participating pharmacy.



## Precertification

SIHO requires that the following services be precertified:

- 1 Any inpatient admission (long term acute/sub-acute/rehab/skilled nursing facilities)
- 2 Mental health and substance abuse, intensive outpatient programs or partial hospitalizations
- 3 Home health care
- 4 Durable Medical Equipment (purchase over \$200 and all rentals)
- 5 Hospice care
- 6 Transplant evaluations and procedures
- 7 Specialty drugs, excluding insulin
- 8 Oncology services (chemotherapy and radiation)
- 9 Applied Behavioral Analysis therapy
- 10 Dialysis
- 11 Speech therapy
- 12 Procedures performed with a letter of necessity from a physician

Members are responsible for obtaining precertification for services from a non-network provider. Failure to obtain precertification could result in a reduction of benefits for that service or procedure up to a penalty of fifty percent (50%) of the Prevailing Rate.

# SIHO HSA Overview

## How the SIHO HSA Works

The SIHO HSA is designed to be easy for both the member and employer. SIHO offers several HSA design variations to meet the needs of most employers. They each have differences in deductibles, coinsurance and suggested HSA funding amounts by the employer.

An employer may choose to offer their employees only an HSA plan design. Alternatively, the employer may offer an HSA plan together with a more traditional plan to better meet the needs of all employees.

Due to the HSA plans having higher deductible levels than more traditional plans, the premium or expected claims for these plans are typically much less. Employers are strongly encouraged to use a large percentage of these savings to help fund each employee's HSA.

Over the long run, HSAs save money by getting people engaged as health care consumers, not through simple cost-shifting. This can only be achieved if the employees have money in their HSAs that they are trying to conserve and accumulate.

A **Health Savings Account (HSA)** can be viewed much like a medical IRA. It is a tax advantaged savings account that individuals can use to pay for qualified health care expenses, both now and in the future. As employers continue to migrate to ever higher deductible plans, it makes sense to consider structuring the **High Deductible Health Plan (HDHP)** so that employees can benefit from the advantages of an HSA.

HSAs are physical accounts established at a bank, credit union or insurance company. In order to establish the HSA, the consumer must be covered by a federally qualified HDHP. The structure of the HDHP is set by the U.S. Treasury with minimum deductibles and limits on out-of-pocket maximums.

Employees and/or employers can contribute to the HSA, subject to an annual maximum. The accounts are portable and remain with the employee, even if they change jobs. Withdrawals from the HSA can be made for any IRS qualified medical expense, the list of which is very broad and includes dental and vision care. This section can be found on page 14. The consumer does not need to submit claims or receipts to make a withdrawal; it is an honor system where the consumer needs to keep receipts, should they be audited by the IRS.

The SIHO HSA is part of popular movement towards Consumer Directed Health Plans (CDHPs). They include both HSAs and Health Reimbursement Arrangements (HRAs). Both combine a higher deductible health plan with a personal health care account that the member controls. Unused personal health care account dollars accumulate. Members have the financial incentive to be better health care consumers who will seek out information on health and wellness, as well as the cost and quality of healthcare services.

# SIHO Health Savings Account (HSA)-Overview

## The SIHO HSA consists of two parts:

- First, the employer offers the member an affordable health plan that provides comprehensive protection for the cost of more serious medical conditions. Preventive care services are covered 100% for all family members!
- Second, the member establishes a Health Savings Account that can be used to pay for services that are the responsibility of the member, i.e., subject to deductible and coinsurance. If the member does not use any or all of their HSA dollars, they roll over to the next year and will accumulate to provide greater financial protection! Both the employee and employer can contribute to the HSA. The HSA can also be used to pay for other qualified medical expenses that are not covered by the HDHP. Some common examples are eye care, dental services and over-the-counter medications. In this way, the HSA functions much like a medical Flexible Spending Account, but without the need to submit claims.

## Receiving Medical Services

When members need to receive services from a physician or hospital they should present their SIHO Identification Card just as they would with a traditional plan.

Use of the ID Card ensures that the claim will be submitted to SIHO and that a provider network discount will be applied. This saves money for both the member and the health plan.

Most providers will not require payment from the member at the time of service; they will bill SIHO and wait for our payment determination before billing the member for any amounts due.

**Remember that the cost is always lower  
when members use a participating provider.**

# SIHO Health Savings Account (HSA)- Eligibility Guidelines for HSA

## Eligibility Guidelines

1. To open or make contributions to a Health Savings Account, the account holder must be enrolled in a federally qualified High Deductible Health Plan (HDHP).
2. An HDHP must meet the following requirements to be federally qualified for 2016:

Policy Type	Minimum Deductible (In-Network)	Maximum Out-of-Pocket (In-Network)
Individual Policies 2016	\$1,300	\$6,550
Family Policies 2016	\$2,600	\$13,100

3. An important characteristic of HDHPs is that with the exception of Preventive Care, all services are applied to the deductible and out-of-pocket (OOP) maximum, including prescription drugs.
4. The account holder cannot be covered by any other health plan unless it is also a qualified HDHP. Exceptions are permitted for limited benefit plans that cover specific diseases, illnesses, accidents and disabilities, or for dental, vision and long-term care policies.
5. The account holder may not participate in medical Flexible Spending Accounts (FSAs) or Health Reimbursement Arrangements (HRAs) unless they are **limited purpose** (dental, vision or preventive care) or **post-deductible** (only cover expenses after the plan deductible is met.)
6. The account holder cannot be **enrolled** in Medicare or Medicaid. Medicare eligible persons who do not enroll in Medicare may have an HSA if they are covered by an HDHP.

# SIHO Health Savings Account (HSA)- Contributions and Spending

## Contributions to the HSA

1. One of the significant benefits of an HSA is that contributions into the account and any interest earned is not subject to taxes. This can be accomplished through “pre-tax” payroll contributions, or if “after-tax” dollars are contributed, through an income tax deduction.
2. Contributions can be made by the employer or the employee. For the employer, contributions are deductible as a business expense similar to a traditional health benefit expense.
  - Additionally, anyone can contribute to another person’s HSA. The HSA holder receives the tax benefit, not the person making the contribution.
3. SIHO has partnered with several banks that can provide custodial services for the individual HSAs. While the account holder is free to choose whatever bank they would like, it is administratively easier for the employer to work with only one partner bank.
4. Because of the tax advantages of HSAs, there is an annual limit to the amount that can be contributed (by all parties) to the account:

### **2016 Contribution Limits:**

Individual Policies	\$3,350
Family Policies	\$6,750

5. Individuals age 55 and older may make additional “catch-up” contributions to their HSA, over the limits listed above. The allowable amount of catch-up contributions is up to \$1,000 per year.

**Each spouse may make a catch-up contribution, if each has a separate HSA**

## Spending from the HSA

1. Another important benefit of an HSA is that as long as funds withdrawn are used to pay for qualified medical expenses they are not subject to any income tax.
2. The list of qualified medical expenses is long and broad and is defined by IRS code Section 213(d). The list includes all services that are covered benefits of the SIHO HDHP in addition to many services that are not covered. Some examples are over-the-counter medications, braces, eyeglasses, Lasik surgery and weight-loss programs. A summarized list of qualified and non qualified medical expenses can be found on page 13.
3. Unlike contributions into an HSA, an individual need not be covered by an HDHP to make withdrawals from the HSA. With this feature a person who opts-out of an HDHP with a balance remaining in their HSA can still use those funds to pay for qualified medical expenses, even if they are covered by a traditional health plan.
4. There is no substantiation required for a person to make an HSA withdrawal. It is an honor system under which receipts need to be kept should the account holder be audited by the IRS.
5. With a SIHO partner bank, the HSA can be accessed via a debit card, paper check or through online tools.

## 2016 IRS Qualifying Medical Expenses

Eligible medical expenses are defined as those expenses paid for care as described in **Section 213(d)** of the Internal Revenue Code. Additionally, the IRS has allowed some over-the-counter drugs to qualify as eligible medical expenses.<sup>1</sup>

Your health plan has created these lists to help you determine whether an expense is eligible or not. We provide them with the understanding that your health plan is not engaged in rendering tax advice. These lists are to serve as a quick reference. For more detailed information, please refer to **IRS Publication 502** or contact a tax professional.

### Eligible Medical Expenses (For Health Savings Account [HSA] Distributions)

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>Abdominal supports</li> <li>Abortion</li> <li>Acupuncture</li> <li>Air conditioner (when necessary for relief from difficulty in breathing)</li> <li>Alcoholism treatment</li> <li>Ambulance</li> <li>Anesthetist</li> <li>Arch supports</li> <li>Artificial limbs</li> <li>Autoette (when used for relief of sickness/disability)</li> <li>Birth control pills (by prescription)</li> <li>Blood tests</li> <li>Blood transfusions</li> <li>Braces</li> <li>Cardiographs</li> <li>Chiropractor</li> <li>Christian Science practitioner</li> <li>Contact lenses</li> <li>Contraceptive devices (by prescription)</li> <li>Convalescent home (for medical treatment only)</li> <li>Crutches</li> <li>Dental treatment</li> <li>Dental x-rays</li> <li>Dentures</li> <li>Dermatologist</li> <li>Diagnostic fees</li> <li>Drug addiction therapy</li> <li>Drugs (prescription)</li> </ul> | <ul style="list-style-type: none"> <li>Elastic hosiery (prescription)</li> <li>Eyeglasses</li> <li>Fees paid to health institute prescribed by a doctor</li> <li>FICA and FUTA tax paid for medical care service</li> <li>Fluoridation unit</li> <li>Guide dog</li> <li>Gum treatment</li> <li>Gynecologist</li> <li>Hearing aids and batteries</li> <li>Hospital bills</li> <li>Hydrotherapy</li> <li>Insulin treatment</li> <li>Lab tests</li> <li>Lead paint removal</li> <li>Legal fees</li> <li>Lodging (away from home for outpatient care)</li> <li>Metabolism tests</li> <li>Neurologist</li> <li>Nursing (including board and meals)</li> <li>Obstetrician</li> <li>Operating room costs</li> <li>Ophthalmologist</li> <li>Optician</li> <li>Optometrist</li> <li>Oral surgery</li> <li>Organ transplant (including donor's expenses)</li> <li>Orthopedic shoes</li> <li>Orthopedist</li> <li>Osteopath</li> </ul> | <ul style="list-style-type: none"> <li>Oxygen and oxygen equipment</li> <li>Pediatrician</li> <li>Physician</li> <li>Physiotherapist</li> <li>Podiatrist</li> <li>Postnatal treatments</li> <li>Practical nurse for medical services</li> <li>Prenatal care</li> <li>Prescription medicines</li> <li>Psychiatrist</li> <li>Psychoanalyst</li> <li>Psychologist</li> <li>Psychotherapy</li> <li>Radium therapy</li> <li>Registered nurse</li> <li>Special school costs for the handicapped</li> <li>Spinal fluid test</li> <li>Splints</li> <li>Sterilization</li> <li>Surgeon</li> <li>Telephone or TV equipment to assist the hard-of-hearing</li> <li>Therapy equipment</li> <li>Transportation expenses (relative to health care)</li> <li>Ultra-violet ray treatment</li> <li>Vaccines</li> <li>Vasectomy</li> <li>Vitamins (if prescribed)</li> <li>Wheelchair</li> <li>X-rays</li> </ul> |
|--|---|--|

### Eligible Over-the Counter Drugs\* (for HSA Distribution) \*requires a physicians prescription

- |   |  |  |
|---|--|--|
| <ul style="list-style-type: none"> <li>Antacids</li> <li>Allergy medications</li> <li>Pain relievers</li> <li>Cold medicine</li> <li>Anti-diarrhea medicine</li> <li>Cough drops and throat lozenges</li> </ul> | <ul style="list-style-type: none"> <li>Sinus medications and nasal sprays</li> <li>Nicotine medications and nasal sprays</li> <li>Pedialyte</li> <li>First aid creams</li> <li>Calamine lotion</li> <li>Stop-smoking programs</li> </ul> | <ul style="list-style-type: none"> <li>Wart removal medication</li> <li>Antibiotic ointments</li> <li>Suppositories and creams for hemorrhoids</li> <li>Sleep aids</li> <li>Motion sickness pills</li> </ul> |
|---|--|--|

### Ineligible Medical Expenses

- |   |   |   |
|---|---|---|
| <ul style="list-style-type: none"> <li>Advance payment for services to be rendered next year</li> <li>Athletic club membership</li> <li>Automobile insurance premium allocable to medical coverage</li> <li>Boarding school fees</li> <li>Bottled water</li> <li>Commuting expenses of a disabled person</li> <li>Cosmetic surgery and procedures</li> <li>Cosmetics, hygiene products and similar items</li> </ul> | <ul style="list-style-type: none"> <li>Funeral, cremation or burial expenses</li> <li>Health programs offered by resort hotels, health clubs and gyms</li> <li>Illegal operations and treatments</li> <li>Illegally procured drugs</li> <li>Maternity clothes</li> <li>Premiums for life insurance, income protection, disability, loss of limbs, sight or similar benefits</li> <li>Scientology counseling</li> <li>Social activities</li> </ul> | <ul style="list-style-type: none"> <li>Special foods and beverages</li> <li>Specially designed car for the handicapped other than an autoette or special equipment</li> <li>Swimming pool</li> <li>Travel for general health improvement</li> <li>Tuition and travel expenses to send a child to a particular school</li> <li>Weight loss programs</li> </ul> |
|---|---|---|

### Ineligible Over-the-Counter Drugs

- |  |  |  |
|--|--|--|
| <ul style="list-style-type: none"> <li>Toiletries (including toothpaste)</li> <li>Acne treatments</li> <li>Lip balm (including Chapstick or Carmex)</li> <li>Cosmetics (including face cream and moisturizer)</li> </ul> | <ul style="list-style-type: none"> <li>Suntan lotion</li> <li>Medicated shampoos and soaps</li> <li>Vitamins (daily)</li> <li>Fiber supplements</li> </ul> | <ul style="list-style-type: none"> <li>Dietary supplements</li> <li>Weight loss drugs for general well being</li> <li>Herbs</li> </ul> |
|--|--|--|

# Eligibility Guidelines

## Group Size Eligibility and Participation Requirements

Groups with 2 or more employees are eligible for SIHO plan coverage.

For groups of 2 to 9 employees:

### Number of eligible employees | Minimum Participating

2 to 3 .....	2
4 .....	3
5 to 6 .....	4
7 .....	5
8 .....	6
9 .....	7

All medical and pharmacy quotes are issued contingent upon SIHO being the **only** medical coverage being offered by the employer unless prior agreement is granted by SIHO.

Only employees who waive coverage **and** provide proof of **creditable coverage in regard to eligibility** will be excluded from the number of eligible employees in order to verify that participation is met. For all groups, participation less than 50% of the total full-time employees, including those who waive coverage, will not be considered eligible.

## Employer Contributions

The employer must contribute a minimum of 50% of the employee only monthly premium. If the employer contributes 100% of the employee only monthly premium then 100% of the eligible employees must enroll and employees will not be able to waive coverage.

## Employee Eligibility

Employees who are full-time, working a minimum of 30 hours per week in the regular business of the employer, are eligible for coverage.

## Dependent Eligibility

An eligible dependent is a spouse or a child who is under the age of 26 and is a natural born or legally adopted son, daughter or stepchild.

## Effective Date of Coverage

### Initial Enrollees

Coverage will take effect on the participating employer group's effective date. Following the initial open enrollment period, an annual open enrollment shall be held each year starting 45 days prior to the anniversary date of the policy. Anyone wishing to join the plan at a time other than the effective date of the group is considered a late enrollee and must meet the criteria below to be covered under the employer's health plan. Anyone choosing not to enroll during the initial enrollment period must wait until the next open enrollment period to do so. Coverage will take effect on the participating employer's anniversary date.

### Late Enrollees

A member may be added as a late enrollee effective on a date other than the anniversary date if the member experiences a qualifying event. Qualifying events include (but are not limited to) marriage, birth, adoption or spousal loss of coverage.



# SIHO Insurance Services Comprehensive Preventive Health Benefit

These benefits are fully compliant with the Affordable Care Act (PPACA).

## Wellness Exam:

**Men** - One per year

## Childhood Immunizations

Vaccine	AGE >	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years	7-10 years	11-12 years	13-18 years
Diphtheria, Tetanus, Pertussis				DTap	DTap	DTap		DTap				DTap			TDap
Human Papillomavirus															HPV 3 Doses
Meningococcal											MCV				
Influenza							Influenza (yearly)								
Pneumococcal				PCV	PCV	PCV	PCV				PPSV				
Hepatitis A							Hep A 2 Doses				Hep A Series				
Hepatitis B		Hep B	Hep B				Hep B							Hep B Series	
Inactivated Poliovirus				IPV	IPV		IPV					IPV			
Measles, Mumps, Rubella							MMR					MMR			
Varicella*							Varicella					Varicella			
Rotavirus				RV	RV	RV									
Haemophilus Influenzae Type B				HIB	HIB	HIB	HIB								

**Note:** Preferred age for vaccine is indicated where specific vaccine is listed in **colored box**.

\*Varicella expanded for 2nd dose to age 65.

## Services for Children

<ul style="list-style-type: none"> <li>Gonorrhea preventative medication for eyes</li> <li>Hearing Screening</li> <li>Hemoglobinopathies (sickle cell)</li> <li>Congenital Hypothyroidism</li> <li>Phenylketonuria (PKU)</li> </ul>	Newborns	Developmental/ Behavioral Assessment/Autism	All Ages
Fluoride Supplement	Children without fluoride in water source	Hematocrit or Hemoglobin Screening	All Ages
Iron Screening and Supplementation	All Ages	Lead Screening	For children at risk of exposure
HIV Screening	Age 12 and above	Dyslipidemia Screening	All Ages
Visual Acuity	Up to Age 5	Height, Weight and Body Mass Index measurements	All Ages
Oral Dental Screening	During PHB visit	Medical History	All Children throughout development
Urinalysis	All Ages		

## Services for Pregnant Women

Aspirin	For Those At Risk
HIV	Screening
Bacteriuria	Lab test
Hepatitis B	Lab test
Iron Deficiency Anemia Screening	Lab test
Gestational Diabetes Screening (between 24 & 28 weeks)	Lab test
Rh Incompatibility	Lab test
Syphilis Screening	Lab test
Breast Feeding Interventions*	Counseling, Support & Supplies
Nicotine*	Counseling
Folic Acid	Women capable of becoming pregnant

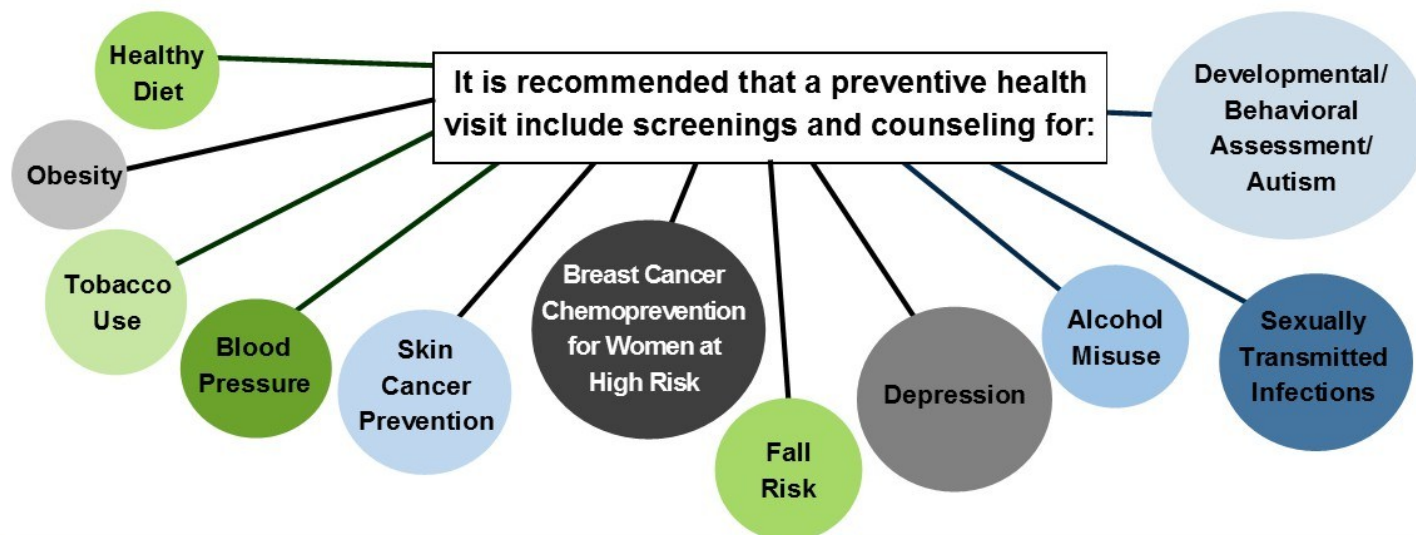
## Services for All Women

Domestic Violence Screening & Counseling	Annually
Contraceptive Methods*	Covered unless religious exemption applies

Adult Immunizations	
Tetanus, Diphtheria, Pertussis	Tdap once, then Td booster every 10 years after age 18
Human Papillomavirus	To age 26
Meningococcal	To age 65
Influenza	Every year
Pneumococcal	Ages 19 to 65
Hepatitis A	2 to 3 doses to age 65
Hepatitis B	3 doses to age 65
Shingles	Once after age 50
Measles, Mumps and Rubella*	Once after age 19 (up to two vaccinations per lifetime)
Tamoxifen/Raloxifene	At risk Women
Varicella	2 doses to age 65

Adult Procedures/Services	
Bone Density Scan	Every 2 years age 60 or older
Mammogram	Baseline - women, once between ages 35 - 39
Mammogram	Yearly for women over 40
BRCA (letter of medical necessity required)	Women genetically at high risk of breast cancer
Sigmoidoscopy	Every 3 years after age 50
Colonoscopy	Every 10 years after age 50
Abdominal Aortic Aneurysm Screening	For men who have smoked - one time between ages 65 - 75
Aspirin for Men	At risk Ages 45 - 79
Aspirin for Women	At risk Ages 55 - 79
Lung Cancer Screening	At risk Ages 55 - 80

Adult Labs	
Lipid Panel	Yearly
Total Serum Cholesterol	Yearly
PSA	Yearly Men over 50
Pap Smear/Thin Prep Pap Test	Yearly
Fecal Occult Testing	Yearly after age 50
Highly Sensitive Fecal Occult Blood Testing	Every three years after age 50
FBS (Fasting Blood Sugar)	Yearly
Hgb A1C	Yearly
HIV Testing	Yearly after age 15
Human Papillomavirus DNA Testing	Yearly
Syphilis Screening	At risk
Chlamydia Infection Screening	Yearly - All ages
Gonorrhea Screening	Yearly - All ages
Hepatitis B & Hepatitis C Screenings	Yearly
Urinalysis	Yearly



The **SIHO Preventive Health Benefit Guidelines** are developed and periodically reviewed by SIHO's Quality Management Committee, a group of local physicians and health care providers. The QMC reviews routine care services from the American Academy of Family Practice Standards, American College of OB/GYN Standards, Center for Disease Control Recommendations, American Cancer Society Recommendations, American Academy of Pediatric Standards and U.S. Preventive Services Task Force Recommendations.

These recommendations were combined with input from local physicians and the standard Preventive Health Benefit was developed. These standards and recommendations are reviewed every one to two years, and the benefits are updated as needed.

Please note that your physician may recommend additional tests or screenings not included in this benefit. If you receive routine screenings that are not listed in this brochure you may have financial responsibility for those charges.

A screening procedure performed when there is a family history or personal history of a condition (and which does not fall within the listed age/ frequency criteria of the Preventive Health Benefit) will be covered under the major medical benefit.

# Pediatric Dental



The following benefits include the **Certified EHB Dental Benefits** covered by Delta Dental of Indiana

## Diagnostic & Preventive

**Diagnostic and Preventive Services** – exams, cleanings, fluoride, and space maintainers

**Emergency Palliative Treatment**– to temporarily relieve pain

**Radiographs**– X-Rays

**Sealants**– to prevent decay of permanent teeth

## Basic Services

**Minor Restorative Services**– fillings and crown repair

**Oral Surgery Services**– extractions and dental surgery

**Endodontic Services**– root canals

**Periodontics Services**– to treat gum diseases

**Relines and Repairs**– to bridges and dentures

**Other basic services**– misc. services

## Major Services

**Major Restorative Services**– crowns

**Prosthodontic Services**– bridges, dentures, and implants

## Orthodontic Services

**Orthodontic Services**– Braces (when medically necessary)

**Orthodontic Age Limit**

**Plan Maximum**

**Maximum out of Pocket:** per person/ per family per calendar year. The Maximum applies for all EHB covered services provided by the PPO or Premier Dentist

**Deductible**– per person/ per family per calendar year. The deductible does not apply to exams, cleanings, fluoride, space maintainers, emergency palliative, treatment, sealants, and orthodontics

## Pediatric Dental Plan

(under age 19)

Delta Dental PPO Dentist	Delta Dental Premier® Dentist	Non Participating Dentist
Plan Pays	Plan Pays	Plan Pays

90%	80%	80%
-----	-----	-----

90%	80%	80%
-----	-----	-----

90%	80%	80%
-----	-----	-----

90%	80%	80%
-----	-----	-----

50%	50%	50%
-----	-----	-----

50%	50%	50%
-----	-----	-----

50%	50%	50%
-----	-----	-----

50%	50%	50%
-----	-----	-----

50%	50%	50%
-----	-----	-----

50%	50%	50%
-----	-----	-----

50%	50%	50%
-----	-----	-----

50%	50%	50%
-----	-----	-----

50%	50%	50%
-----	-----	-----

Up to age 19

N/A

\$ 350 / \$700

\$ 50 / \$150

# Pediatric Vision

## PEDIATRIC VISION BENEFIT SUMMARY\* \*Pediatric Vision is only provided to subscribers under age 19

Taking care of your child's eyes with VSP includes a covered-in-full benefit outlined below. You'll have access to the highest quality vision care from a VSP doctor you can trust. Visit [vsp.com/advantage](https://vsp.com/advantage) to find a doctor who's right for your child an one who carries children's frames from our exclusive Otis & Piper™ Eyewear Collection.

### VSP Doctor Network: VSP Advantage



BENEFIT	DESCRIPTION	COPAY (Your cost)	FREQUENCY
Your Coverage with a VSP Advantage Doctor			
WellVision Exam ®	A thorough eye exam that tests for childhood eye health and vision issues, like nearsightedness, amblyopia (lazy eye), and strabismus (crossed eyes)	\$0	Every 12 months
Prescription Glasses			
Frames	Frames from our exclusive Otis & Piper Eyewear Collection	\$0	Every 12 months
Lenses	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, lined trifocal, or lenticular lenses</li> <li>Polycarbonate, scratch-resistant coating, and UV protection</li> </ul>	\$0 included in prescription glasses	Every 12 months
Lens Options	20% - 25% off other lens options	N/A	Every 12 months
Contacts (Instead of glasses)	Contact lens exam and a minimum three-month's supply of contact lenses are covered in full. Ask your VSP doctor which contacts qualify for your child's plan.	\$0	Every 12 months
Extra Savings and Discounts	Glasses and Sunglasses 20% off additional glasses and sunglasses, including lens options, from any VSP doctor		
	Laser Vision Correction Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		

VSP guarantees coverage from VSP doctors only. Coverage information is subject to change.

# Provider Directory

SIHO provides each member access through our website at [www.siho.org](http://www.siho.org). The online Provider Directory has the most up-to-date list of physicians, providers and hospitals that are part of the SIHO Network. The website also provides links to our most commonly used rental networks. Check your Member ID Card for your network.

The screenshot shows the SIHO Insurance Services website. A red arrow points to the 'Provider Directory' link in the top navigation bar. Another red arrow points to the 'Click on your Network Link.\*' box. A third red arrow points to the 'SIHO Family of Networks' section.

**www.siho.org**  
**Click on Provider Directory**

**Click on your Network Link.\***

**SIHO Family of Networks**

- \* Landmark \*  
SIHO INSURANCE SERVICES  
encore LANDMARK NETWORK  
Landmark Combined Network
- \* Landmark \*  
SIHO INSURANCE SERVICES  
encore LANDMARK NETWORK  
SIHO Landmark Network
- SIHO INSURANCE SERVICES  
SIHO Network  
This is NOT the SIHO "Landmark" network.  
Check the logo on your ID card.

Columbus Regional Health Physicians network

Decatur County

Type in the name of the Provider and address information where indicated.

## 1. What name or location details do you have?

First Name:   
Facility / Last Name:   
Practice Name:   
City:   
State:   
Zip:

## 2. Which network are you interested in?

Network:

You can also search by Specialty.

## 3. What type of provider are you looking for?

After selecting a Provider Type, the Sub-type dropdown list will populate.

Provider Type:   
Sub-type:   
Specialty:

Search

# Information Available on the SIHO Website

## Provider Directory

The screenshot shows the SIHO Insurance Services website's Provider Directory page. The browser address bar displays [www.siho.org/ProviderDirectory/](http://www.siho.org/ProviderDirectory/). The page features the SIHO logo and a navigation menu with links to Home, Provider Directory, Login, Contact, and About Us. The main heading is "Provider Directory", followed by a breadcrumb trail: HOME / PROVIDER DIRECTORY. The text explains that SIHO accesses many provider networks across the country and provides information on how to find a network using a member ID card. It also mentions that members of SIHO Prime Care Choice, SIHO Care Plus, and SIHO HMO plans must contact SOLUTIONS at (812) 377-5074 or (800) 766-0068 for a listing on in-network mental health and substance abuse providers. A section titled "\* Important Information \*" states that the member ID card will show the networks for their plan, with the first logo being the Tier 1 network offering the best discounts. It also notes that if a physician or facility is not found in the Tier 1 list, a Tier 2 network can be selected, and that Tier 2 provider networks offer an expanded list of healthcare providers contracted at competitive rates.

## Forms

The screenshot shows the SIHO Insurance Services website's Forms page. The browser address bar displays [www.siho.org/Forms/](http://www.siho.org/Forms/). The page features the SIHO logo and a navigation menu with links to Home, Provider Directory, Login, Contact, and About Us. The main heading is "Forms", followed by a breadcrumb trail: HOME / FORMS. The text explains that SIHO respects personal health information and that a HIPAA authorization form is needed if anyone outside of the household is to be authorized to receive the member's or dependent's PHI. Below this, there are links to several forms: Medical Claim Form, Dental Claim Form, Security Life Dental Claim Form (for Fully Insured Accounts), Deaconess Out of Network Referral Request Form, and Flex Account Claim Form.

- Authorization to Release Information
- Employer Information
- Small Group Enrollment

- Dental Claim
- Flex Account Claim
- Pharmacy Claim

## Health Plans

The screenshot shows the SIHO Insurance Services website's Health Plans page. The browser address bar displays [www.siho.org/HealthPlans/FullyInsured/](http://www.siho.org/HealthPlans/FullyInsured/). The page features the SIHO logo and a navigation menu with links to Home, Provider Directory, Login, Contact, and About Us. The main heading is "Fully Insured", followed by a breadcrumb trail: HOME / HEALTH PLAN OPTIONS / FULLY INSURED / PRODUCTS. Below the heading, there are two tabs: "Fully Insured" (which is selected) and "Dental and Vision".

- Medical: brochures and information on plan designs available
- Dental: brochures and rates for voluntary coverage

- Vision: brochures and rates for voluntary coverage
- Life Insurance: brochures and rates for voluntary coverage

# Accolades



# SIHO 2016 Small Group Plan Designs - Prime Care Choice

	PC Choice \$500	PC Choice \$1,000	PC Choice \$1,500
	6AA	6AB	6AC
<b>Benefit Category</b>			
Annual Single Deductible	\$500	\$1,000	\$1,500
Annual Family Deductible	\$1,000	\$2,000	\$3,000
Annual OOP Max - Single (incl Deductible, copays, coinsurance)	\$6,000	\$4,500	\$3,500
Annual OOP Max - Family (incl Deductible, copays, coinsurance)	\$12,000	\$9,000	\$7,000
PCP Office Visit	\$20	\$10	\$30
Specialist Office Visit	\$30	\$40	\$50
Preventive Care	\$0	\$0	\$0
Inpatient Hospital Services Precert. required	Ded, 20%	Ded, 20%	Ded, 20%
Outpatient Hospital Services	Ded, 20%	Ded, 20%	Ded, 20%
Professional Services (In & Out)	Ded, 20%	Ded, 20%	Ded, 20%
Emergency Room	\$250	\$250	\$250
Urgent Care Facility	\$30	\$40	\$50
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%
PT/OT/Speech Therapy 20 visits each; Precert. required for Speech Therapy	\$30	\$40	\$50
Chiropractic Services 12 visits	\$30	\$40	\$50
DME/Orthotics & Prosthetic Devices Precert. required over \$200	Ded, 20%	Ded, 20%	Ded, 20%
Inpatient Behavioral Health Precert. required	Ded, 20%	Ded, 20%	Ded, 20%
Outpatient Behavioral Health 4 free visits- Solutions Network	\$20	\$10	\$30
Skilled Nursing Facility/LTACH 90 days	Ded, 20%	Ded, 20%	Ded, 20%
Acute Inpatient Rehabilitation 60 days	Ded, 20%	Ded, 20%	Ded, 20%
Home Health 90 days; Precert. required	Ded, 20%	Ded, 20%	Ded, 20%
Hospice 6 months of service; Precert. required	Ded, 20%	Ded, 20%	Ded, 20%
<b>Out of Network:</b>			
Annual Single Deductible	\$1,000	\$2,000	\$3,000
Annual Family Deductible	\$2,000	\$4,000	\$6,000
Coinsurance for All Services	40%	40%	40%
Annual OOP Max - Single	\$12,000	\$9,000	\$7,000
Annual OOP Max - Family	\$24,000	\$18,000	\$14,000
<b>Pharmacy:</b>			
Generic Drug	\$15	\$15	\$15
Brand Name Formulary	\$35	\$35	\$35
Brand Name Non-Formulary	\$70	\$70	\$70
Specialty Drugs * Precert. required	30%	30%	30%
Mail Order	2.5x	2.5x	2.5x

Peds. Dental: Diagnostic & Preventive, Basic Services, Major Services

Peds. Vision: Eye Exam, Lenses/Frames or Contacts Once a Calendar Year

\*Specialty Drug Benefit does not apply to orally administered cancer chemotherapy drugs, which are covered at the same level as chemotherapy administered intravenously or by injection

PC Choice \$2,300	PC Choice \$2,500	PC Choice \$3,500	PC Choice \$5,000
6AD	6AE	6AF	6AG
\$2,300	\$2,500	\$3,500	\$5,000
\$4,600	\$5,000	\$7,000	\$10,000
\$6,850	\$6,600	\$6,600	\$6,600
\$13,700	\$13,200	\$13,200	\$13,200
\$30	\$30	\$30	\$30
\$70	\$60	\$60	\$60
\$0	\$0	\$0	\$0
Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
\$250	\$250	\$250	\$250
\$70	\$60	\$60	\$60
Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
\$70	\$60	\$60	\$60
\$70	\$60	\$60	\$60
Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
\$30	\$30	\$30	\$30
Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
\$4,600	\$5,000	\$7,000	\$10,000
\$9,200	\$10,000	\$14,000	\$20,000
40%	40%	40%	40%
\$13,700	\$13,200	\$14,000	\$20,000
\$27,400	\$26,400	\$28,000	\$40,000
\$15	\$15	\$15	\$15
\$35	\$35	\$35	\$35
\$70	\$70	\$70	\$70
30%	30%	30%	30%
2.5x	2.5x	2.5x	2.5x

Peds. Dental: Diagnostic & Preventive, Basic Services, Major Services

Peds. Vision: Eye Exam, Lenses/Frames or Contacts Once a Calendar Year

\*Specialty Drug Benefit does not apply to orally administered cancer chemotherapy drugs, which are covered at the same level as chemotherapy administered intravenously or by injection

# SIHO 2016 Small Group Plan Designs - SIHO HSA

	HSA \$1,300/10%	HSA \$1,500/20%	HSA \$2,000/0%
	6YA	6YB	6YC
<b>Benefit Category</b>			
Annual Single Deductible	\$1,300	\$1,500	\$2,000
Annual Family Deductible	\$2,600	\$3,000	\$4,000
Annual OOP Max - Single (incl Deductible, copays, coinsurance)	\$6,000	\$2,500	\$2,000
Annual OOP Max - Family (incl Deductible, copays, coinsurance)	\$12,000	\$5,000	\$4,000
Family Deductible / OOP Max*	Non-Embedded	Embedded	Non-Embedded
Employer Contribution	None	None	None
PCP Office Visit	Ded, 10%	Ded, 20%	Ded, 0%
Specialist Office Visit	Ded, 10%	Ded, 20%	Ded, 0%
Preventive Care	\$ 0	\$ 0	\$ 0
Inpatient Hospital Services Precert. required	Ded, 10%	Ded, 20%	Ded, 0%
Outpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 0%
Professional Services (In & Out)	Ded, 10%	Ded, 20%	Ded, 0%
Emergency Room	Ded, 10%	Ded, 20%	Ded, 0%
Urgent Care Facility	Ded, 10%	Ded, 20%	Ded, 0%
Ambulance	Ded, 10%	Ded, 20%	Ded, 0%
PT/OT/Speech Therapy 20 visits each; Precert. required for Speech Therapy	Ded, 10%	Ded, 20%	Ded, 0%
Chiropractic Services 12 visits	Ded, 10%	Ded, 20%	Ded, 0%
DME/Orthotics & Prosthetic Devices Precert. required over \$200	Ded, 10%	Ded, 20%	Ded, 0%
Inpatient Behavioral Health Precert. required	Ded, 10%	Ded, 20%	Ded, 0%
Outpatient Behavioral Health	Ded, 10%	Ded, 20%	Ded, 0%
Skilled Nursing Facility/LTACH 90 days	Ded, 10%	Ded, 20%	Ded, 0%
Acute Inpatient Rehabilitation 60 days	Ded, 10%	Ded, 20%	Ded, 0%
Home Health 90 days; Precert. required	Ded, 10%	Ded, 20%	Ded, 0%
Hospice 6 months of service; Precert. required	Ded, 10%	Ded, 20%	Ded, 0%
<b>Out of Network:</b>			
Annual Single Deductible	\$ 2,600	\$ 3,000	\$ 4,000
Annual Family Deductible	\$ 5,200	\$ 6,000	\$ 8,000
Coinsurance for All Services	50%	50%	50%
Annual OOP Max - Single	\$ 12,000	\$ 6,000	\$ 8,000
Annual OOP Max - Family	\$ 24,000	\$ 12,000	\$ 16,000
<b>Prescription Drugs</b>	Ded, 10%	Ded, 20%	Ded, 0%

Peds. Dental: Diagnostic & Preventive, Basic Services, Major Services

Peds. Vision: Eye Exam, Lenses/Frames or Contacts Once a Calendar Year

\*Non-embedded plans do not have an individual deductible if more than 1 person is covered under the plan.

\*Specialty Drug Benefit does not apply to orally administered cancer chemotherapy drugs, which are covered at the same level as chemotherapy administered intravenously or by injection

HSA \$2,000/20%	HSA \$3,500/0%	HSA \$4,000/50%	HSA \$5,000/30%	HSA \$6,300/0%
6YD	6YE	6YF	6YG	6YH
\$2,000	\$3,500	\$4,000	\$5,000	\$6,300
\$4,000	\$7,000	\$8,000	\$10,000	\$12,600
\$6,450	\$3,500	\$6,450	\$6,450	\$6,300
\$12,900	\$7,000	\$12,900	\$12,900	\$12,600
Non-Embedded	Embedded	Embedded	Embedded	Embedded
None	None	None	None	None
Ded, 20%	Ded, 0%	Ded, 50%	Ded, 30%	Ded, 0%
Ded, 20%	Ded, 0%	Ded, 50%	Ded, 30%	Ded, 0%
\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Ded, 20%	Ded, 0%	Ded, 50%	Ded, 30%	Ded, 0%
Ded, 20%	Ded, 0%	Ded, 50%	Ded, 30%	Ded, 0%
Ded, 20%	Ded, 0%	Ded, 50%	Ded, 30%	Ded, 0%
Ded, 20%	Ded, 0%	Ded, 50%	Ded, 30%	Ded, 0%
Ded, 20%	Ded, 0%	Ded, 50%	Ded, 30%	Ded, 0%
Ded, 20%	Ded, 0%	Ded, 50%	Ded, 30%	Ded, 0%
Ded, 20%	Ded, 0%	Ded, 50%	Ded, 30%	Ded, 0%
Ded, 20%	Ded, 0%	Ded, 50%	Ded, 30%	Ded, 0%
Ded, 20%	Ded, 0%	Ded, 50%	Ded, 30%	Ded, 0%
Ded, 20%	Ded, 0%	Ded, 50%	Ded, 30%	Ded, 0%
Ded, 20%	Ded, 0%	Ded, 50%	Ded, 30%	Ded, 0%
Ded, 20%	Ded, 0%	Ded, 50%	Ded, 30%	Ded, 0%
Ded, 20%	Ded, 0%	Ded, 50%	Ded, 30%	Ded, 0%
\$ 4,000	\$ 7,000	\$ 8,000	\$ 10,000	\$ 12,600
\$ 8,000	\$ 14,000	\$ 16,000	\$ 20,000	\$ 25,200
50%	50%	50%	50%	50%
\$ 12,900	\$ 14,000	\$ 16,000	\$ 20,000	\$ 25,200
\$ 25,800	\$ 28,000	\$ 32,000	\$ 40,000	\$ 50,400
Ded, 20%	Ded, 0%	Ded, 50%	Ded, 30%	Ded, 0%

Peds. Dental: Diagnostic & Preventive, Basic Services, Major Services

Peds. Vision: Eye Exam, Lenses/Frames or Contacts Once a Calendar Year

\*Non-embedded plans do not have an individual deductible if more than 1 person is covered under the plan.

\*Specialty Drug Benefit does not apply to orally administered cancer chemotherapy drugs, which are covered at the same level as chemotherapy administered intravenously or by injection

## Notes

[illegible]

## Notes

[illegible]



[www.siho.org](http://www.siho.org)

800.443.2980

This document is only a brief description of benefits and services offered under these plans and is presented for informational purposes only. Our plans have exclusions, limitations and terms under which the contract may be continued in force or discontinued. For more information on these plans, contact your authorized SIHO agent/broker or contact or SIHO account coordinator.