



2025 SMALL GROUP PLANS



SIHO SMART

Experience **refined** solutions, **responsive** management, and **reliable** healthcare access with SIHO Insurance Services.



7 Employer Clinics available



1 Employer Clinic available



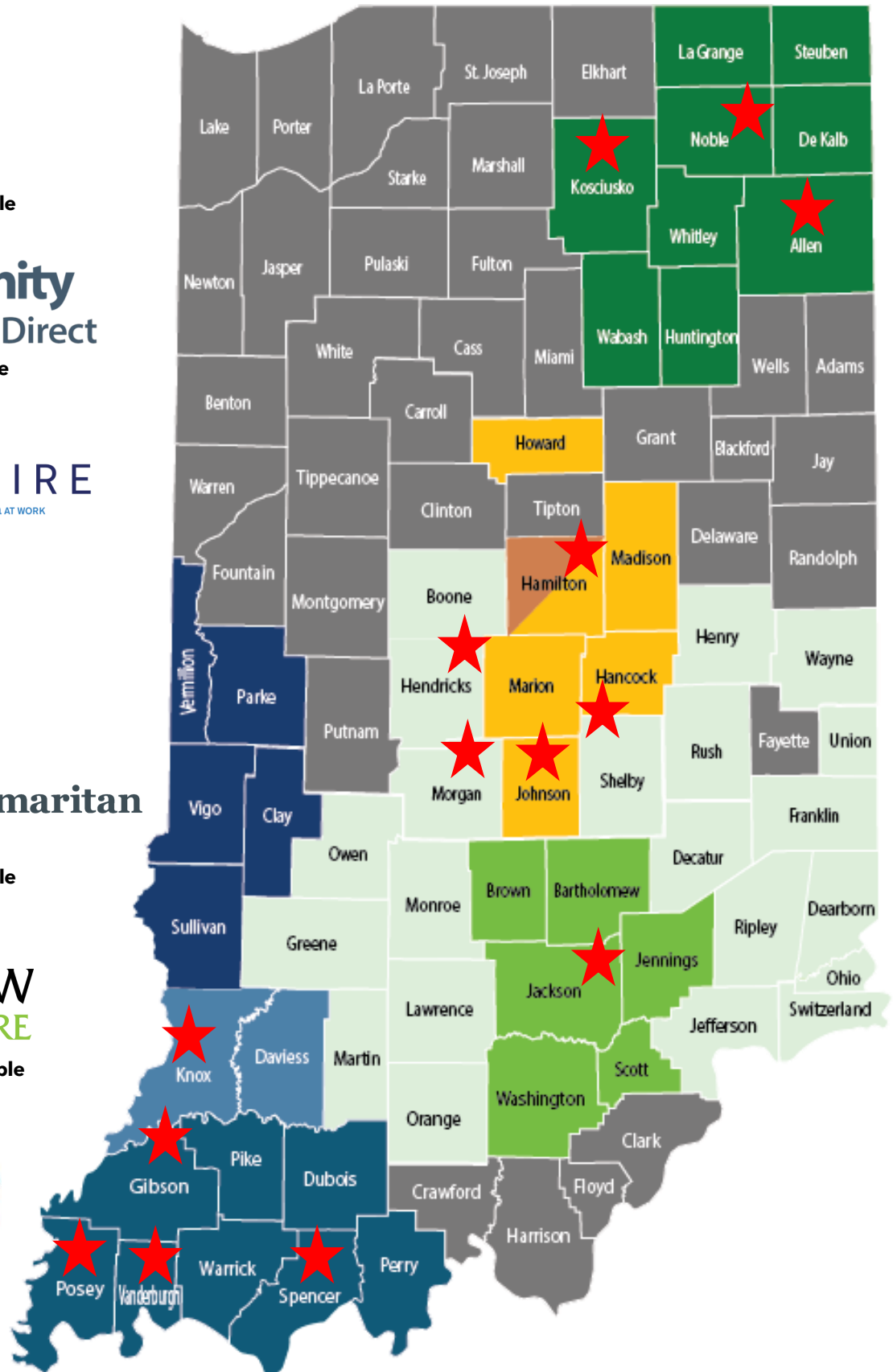
9 Employer Clinics available



1 Employer Clinic available







3 Employer Clinics available



CHOOSE YOUR NETWORK

 OneCare	Pages 8–24	
 SIHO NETWORK <i>Plus</i>	Pages 25–41	
 Community Health Direct	Pages 42–58	
 SAPPHIRE <small>by Riverview Health at work</small>	Pages 59–65	

 UNION HEALTH <small>AN INTEGRATED HEALTH PLAN</small>	Pages 66–72	
 Good Samaritan Direct Health	Pages 73–80	
 PARKVIEW SELECT CARE	Pages 81–88	
 encore COMBINED	Pages 89–93	

YOUR PLAN OPTIONS

Plan Type & Deductible	OneCare *		SIHO Plus **		Community Health *		Sapphire by Riverview Health		Union Health- An Integrated Health Plan		Good Samaritan Direct Health **		Parkview Select Care *		Encore Combined	
	2 Tier	3 Tier	2 Tier	3 Tier	2 Tier	3 Tier	2 Tier	3 Tier	2 Tier	3 Tier	2 Tier	3 Tier	2 Tier	3 Tier	2 Tier	3 Tier
PPO 1500	✓	✓	✓	✓	✓	✓		✓		✓		✓		✓	✓	✓
PPO 2500	✓		✓		✓										✓	
PPO 3000		✓		✓		✓		✓		✓		✓		✓		✓
PPO 4000	✓		✓		✓											
PPO 4100															✓	
PPO 5000		✓		✓		✓		✓		✓		✓		✓		✓
PPO 6000	✓		✓		✓										✓	
PPO 7000	✓	✓	✓	✓	✓	✓		✓		✓		✓		✓	✓	✓
PPO 9200	✓		✓		✓										✓	
HSA 3300	✓	✓	✓	✓	✓	✓		✓		✓		✓		✓	✓	✓
HSA 5000	✓	✓	✓	✓	✓	✓		✓		✓		✓		✓		✓
HSA 5500															✓	
HSA 7000	✓	✓	✓	✓	✓	✓		✓		✓		✓		✓	✓	



= Employer Clinic Included (Clinic details included where applicable)



= Chamber Endorsed Plan

PEDIATRIC DENTAL OPTION

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



Pediatric Dental Plan

(Dependents under age 19)

**Delta Dental
PPO™ Dentist**

**Delta Dental
Premier® Dentist**

**Non Participating
Dentist**

Plan Pays

Plan Pays

Plan Pays

Diagnostic & Preventive Services

Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers

90%

80%

80%

Emergency Palliative Treatment- to temporarily relieve pain

90%

80%

80%

Radiographs- X-Rays

90%

80%

80%

Sealants- to prevent decay of permanent teeth

90%

80%

80%

Basic Services

Minor Restorative Services- fillings and crown repair

50%

50%

50%

Oral Surgery Services- extractions and dental surgery

50%

50%

50%

Endodontic Services- root canals

50%

50%

50%

Periodontics Services- to treat gum diseases

50%

50%

50%

Relines and Repairs- to bridges and dentures

50%

50%

50%

Other basic services- misc. services

50%

50%

50%

Major Services

Major Restorative Services- crowns

50%

50%

50%

Prosthodontic Services- bridges, dentures, and implants

50%

50%

50%

Orthodontic Services

Orthodontic Services- Braces (when medically necessary)

50%

50%

50%

Orthodontic Age Limit

19

19

19

Lifetime maximum on Orthodontic Services

N/A

N/A

N/A

Maximum Payment-per person per calendar year

N/A

Maximum out of Pocket: per person/per family/per calendar year. The Maximum applies for all EHB covered services provided by a Delta Dental PPO™ (Point-of-Service) or Delta Dental Premier® Dentist.

\$425 / \$850

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.

\$50 / \$150

VOLUNTARY DENTAL OPTIONS

Offered through Health Resources Inc. | HRI Network

Services	Paramount	Preferred	Standard	Value
Calendar Year Deductible	NONE	NONE	NONE	NONE
Plan Year Benefit	\$1,500	\$1,250	\$1,000	\$750
Lifetime Orthodontia Maximum	\$1,000	\$1,250	\$1,000	N/A
Preventive Services <ul style="list-style-type: none"> Oral Exam (once every 6 months) Routine Cleanings (once every 6 months) Fluoride Treatment for Children up to age 14 (once every 6 months) Space Maintainers for Children Topical Sealants for Children up to age 15 	100%	100%	100%	100%
Diagnostic Services <ul style="list-style-type: none"> Bitewing X-Rays (once every year) Full Mouth (one every 4 years) 	100%	100%	80%	60%
Diagnostic Services <ul style="list-style-type: none"> Amalgam, Silicate & Composite Fillings Simple Extractions Repairs of dentures, bridgework, and crowns Endodontic Therapy (Paramount and Preferred Plans only) 	80%	80%	60%	50%
Major Services <ul style="list-style-type: none"> Oral Surgery & Complex Extractions Periodontal Therapy Endodontic Therapy (Standard and Value Plans only) Full & Partial Dentures Implants as an Alternate Procedure (Covered at 50% on all plans) Crowns Bridges 	50%	80%	50%	50%
Orthodontia (for children under age 19)	50%	50%	50%	Not Covered
Employee Only:	\$34.29	\$35.17	\$29.91	\$27.08
Employee + Spouse:	\$72.01	\$73.88	\$62.79	\$56.86
Employee + Child(ren):	\$89.98	\$92.26	\$78.43	\$71.00
Employee + Family:	\$126.50	\$129.82	\$110.35	\$99.90

Minimum of 2 employees to offer. Rates effective 12/1/24.

Disclaimer: The rates noted on this page may be subject to change.

For more information on the dental plan including OON benefits, please contact sales.quotes@siho.org.

PEDIATRIC VISION OPTION

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 to find a doctor who's right for your child and one who carries children's frames from our exclusive Otis & Piper™ Eyewear Collection.

VSP Doctor Network: VSP Advantage



Benefit	Description	Copay	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"> Single vision, lined bifocal, lined trifocal, or lenticular lenses Polycarbonate, scratch-resistant coating, and UV protection 	\$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 within 12 months of your last WellVision Exam
	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.

VOLUNTARY VISION OPTIONS

Offered through EyeMed Vision | Insight Network

Services	12/12 Plan	12/24 Plan
Eye Exam Frequency	Once every 12 Months	Once every 12 Months
Eye Exam Copay	\$10	\$10
Eyeglass Lens Frequency	Once every 12 Months	Once every 12 Months
Eyeglass Lens Copay	\$25 Additional charge for Progressive	\$25 Additional charge for Progressive
Eyeglass Frame Frequency	Once every 12 Months	Once every 24 Months
Eyeglass Frame Allowance	\$180 - 20% off balance over the \$180	\$150 - 20% off balance over the \$150
Eyeglass Frame Copay	\$0	\$0
Contact Lens Frequency	Once every 12 Months	Once every 12 Months
Contact Lens Allowance	\$180	\$150
Contact Lens Copay	\$0 - 15% off balance over the \$180	\$0 - 15% off balance over the \$150
Network	EyeMed	EyeMed
Employee Only:	\$9.62	\$6.30
Employee + Spouse:	\$18.28	\$11.97
Employee + Child(ren):	\$19.24	\$12.60
Employee + Family:	\$28.28	\$18.52



Minimum of 2 employees to offer.

Disclaimer: The rates noted on this page will be subject to change.

For more information on the dental plan including OON benefits, please contact sales.quotes@siho.org.

Three Tier PPO



PPO \$1,500	OneCare	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$1,500	\$3,000	\$6,000
Annual Family Deductible	\$3,000	\$6,000	\$12,000
Annual OOP max-single (inc ded, copay, coinsurance)	\$5,000	\$7,500	\$26,100
Annual OOP max-family (inc ded, copay, coinsurance)	\$10,000	\$15,000	\$52,200
PCP Office	\$0	\$55	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$60	\$110	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	\$500	\$500	\$500
Urgent Care	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	\$60	Ded, 20%	Ded, 50%
Chiropractic (12 visits annual max)	\$60	\$110	Ded, 50%
DME	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavior	\$0	\$55	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy			
Generic Drug	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

Disclaimer: This is a draft of product offerings. The intention of this document is to provide an overview of the plans and does not include plan exclusions and limitations.

Three Tier PPO



PPO \$3,000	OneCare	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$3,000	\$6,000	\$12,000
Annual Family Deductible	\$6,000	\$12,000	\$24,000
Annual OOP max-single (inc ded, copay, coinsurance)	\$5,250	\$8,250	\$26,100
Annual OOP max-family (inc ded, copay, coinsurance)	\$10,500	\$16,500	\$52,200
PCP Office	\$0	\$55	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$55	\$110	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	\$500	\$500	\$500
Urgent Care	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	\$55	\$110	Ded, 50%
Chiropractic (12 visits annual max)	\$55	\$110	Ded, 50%
DME	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavior	\$0	\$55	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy			
Generic Drug	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier PPO



PPO \$5,000	OneCare	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$5,000	\$8,150	\$16,300
Annual Family Deductible	\$10,000	\$16,300	\$32,600
Annual OOP max-single (inc ded, copay, coinsurance)	\$8,500	\$9,100	\$26,100
Annual OOP max -family (inc ded, copay, coinsurance)	\$17,000	\$18,200	\$52,200
PCP Office	\$0	\$55	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$80	\$110	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	Ded, 10%	Ded, 10%	Ded, 10%
Urgent Care	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, \$80	Ded, 20%	Ded, 50%
Chiropractic (12 visits annual max)	\$80	\$110	Ded, 50%
DME	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavior	\$0	\$55	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy			
Generic Drug	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier PPO



PPO \$7,000	OneCare	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$7,000	\$8,500	\$16,300
Annual Family Deductible	\$14,000	\$17,000	\$32,600
Annual OOP max-single (inc ded, copay, coinsurance)	\$8,500	\$9,200	\$26,100
Annual OOP max -family (inc ded, copay, coinsurance)	\$17,000	\$18,400	\$52,200
PCP Office	\$0	\$55	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$80	\$110	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	Ded, 10%	Ded, 10%	Ded, 10%
Urgent Care	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, \$80	Ded, 20%	Ded, 50%
Chiropractic (12 visits annual max)	\$80	\$110	Ded, 50%
DME	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavior	\$0	\$55	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy			
Generic Drug	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier HSA



HSA \$3,300 - Embedded	OneCare	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$3,300	\$5,800	\$11,200
Annual Family Deductible	\$6,600	\$11,600	\$22,400
Annual OOP max-single (inc ded, copay, coinsurance)	\$7,000	\$7,500	\$21,150
Annual OOP max-family (inc ded, copay, coinsurance)	\$14,000	\$15,000	\$42,300
PCP Office	Ded, \$25	Ded, \$55	Ded, 50%
Specialist Office	Ded, \$60	Ded, \$110	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	Ded, \$625	Ded, \$625	Ded, \$625
Urgent Care	Ded, \$100	Ded, \$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, \$60	Ded, \$110	Ded, 50%
Chiropractic (12 visits annual max)	Ded, \$60	Ded, \$110	Ded, 50%
DME	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavior	Ded, \$25	Ded, \$55	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy			
Generic Drug	Ded, \$15	Ded, \$15	Ded, 50%
Brand Name Formulary	Ded, \$45	Ded, \$45	Ded, 50%
Brand Name Nonformulary	Ded, 10%	Ded, 10%	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier **HSA**



HSA \$5,000 - Embedded	OneCare	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$5,000	\$6,500	\$13,800
Annual Family Deductible	\$10,000	\$13,000	\$27,600
Annual OOP max-single (inc ded, copay, coinsurance)	\$6,400	\$7,500	\$21,150
Annual OOP max-family (inc ded, copay, coinsurance)	\$12,800	\$15,000	\$42,300
PCP Office	Ded, 10%	Ded, 20%	Ded, 50%
Specialist Office	Ded, 10%	Ded, 20%	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	Ded, \$500	Ded, \$500	Ded, \$500
Urgent Care	Ded, 10%	Ded, 20%	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, 10%	Ded, 20%	Ded, 50%
Chiropractic (12 visits annual max)	Ded, 10%	Ded, 20%	Ded, 50%
DME	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavior	Ded, 10%	Ded, 20%	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy			
Generic Drug	Ded, \$15	Ded, \$15	Ded, 50%
Brand Name Formulary	Ded, \$45	Ded, \$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier HSA



HSA \$7,000 - Embedded	OneCare	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$7,000	\$7,500	\$13,800
Annual Family Deductible	\$14,000	\$15,000	\$27,600
Annual OOP max-single (inc ded, copay, coinsurance)	\$7,500	\$8,000	\$21,150
Annual OOP max-family (inc ded, copay, coinsurance)	\$15,000	\$16,000	\$42,300
PCP Office	Ded, 10%	Ded, 20%	Ded, 50%
Specialist Office	Ded, 10%	Ded, 20%	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	Ded, \$500	Ded, \$500	Ded, \$500
Urgent Care	Ded, 10%	Ded, 20%	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, 10%	Ded, 20%	Ded, 50%
Chiropractic (12 visits annual max)	Ded, 10%	Ded, 20%	Ded, 50%
DME	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavior	Ded, 10%	Ded, 20%	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy			
Generic Drug	Ded, \$15	Ded, \$15	Ded, 50%
Brand Name Formulary	Ded, \$45	Ded, \$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Two Tier PPO



PPO \$1,500	OneCare	Out-of-Network
Benefit Category		
Annual Single Deductible	\$1,500	\$6,000
Annual Family Deductible	\$3,000	\$12,000
Annual OOP max - single (inc ded, copay, coinsurance)	\$5,000	\$27,300
Annual OOP max - family (inc ded, copay, coinsurance)	\$10,000	\$54,600
PCP Office	\$0	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$90	Ded, 50%
Preventive Care	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 50%
Emergency Room	\$500	\$500
Urgent Care	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	\$90	Ded, 50%
Chiropractic (12 visits annual max)	\$90	Ded, 50%
DME	Ded, 10%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 50%
Outpatient Behavior	\$0	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 50%
Hospice	Ded, 10%	Ded, 50%
Pharmacy		
Generic Drug	\$15	Ded, 50%
Brand Name Formulary	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Mail Order Only; Ded, 50%
Mail Order (90-day Supply)	2.5x	N/A

Disclaimer: This is a draft of product offerings. The intention of this document is to provide an overview of the plans and does not include plan exclusions and limitations.

Two Tier PPO



PPO \$2,500	OneCare	Out-of-Network
Benefit Category		
Annual Single Deductible	\$2,500	\$10,000
Annual Family Deductible	\$5,000	\$20,000
Annual OOP max - single (inc ded, copay, coinsurance)	\$5,500	\$26,100
Annual OOP max - family (inc ded, copay, coinsurance)	\$11,000	\$52,200
PCP Office	\$0	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$90	Ded, 50%
Preventive Care	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 50%
Emergency Room	\$500	\$500
Urgent Care	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	\$90	Ded, 50%
Chiropractic (12 visits annual max)	\$90	Ded, 50%
DME	Ded, 10%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 50%
Outpatient Behavior	\$0	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 50%
Hospice	Ded, 10%	Ded, 50%
Pharmacy		
Generic Drug	\$15	Ded, 50%
Brand Name Formulary	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Mail Order Only; Ded, 50%
Mail Order (90-day Supply)	2.5x	N/A

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Two Tier PPO



PPO \$4,000	OneCare	Out-of-Network
Benefit Category		
Annual Single Deductible	\$4,000	\$16,000
Annual Family Deductible	\$8,000	\$32,000
Annual OOP max - single (inc ded, copay, coinsurance)	\$6,000	\$26,100
Annual OOP max - family (inc ded, copay, coinsurance)	\$12,000	\$52,200
PCP Office	\$0	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$40	Ded, 50%
Preventive Care	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 50%
Emergency Room	Ded, 10%	Ded, 10%
Urgent Care	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	\$40	Ded, 50%
Chiropractic (12 visits annual max)	\$40	Ded, 50%
DME	Ded, 10%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 50%
Outpatient Behavior	\$0	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 50%
Hospice	Ded, 10%	Ded, 50%
Pharmacy		
Generic Drug	\$15	Ded, 50%
Brand Name Formulary	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Mail Order Only; Ded, 50%
Mail Order (90-day Supply)	2.5x	N/A

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Two Tier PPO



PPO \$6,000	OneCare	Out-of-Network
Benefit Category		
Annual Single Deductible	\$6,000	\$16,300
Annual Family Deductible	\$12,000	\$32,600
Annual OOP max - single (inc ded, copay, coinsurance)	\$6,950	\$26,100
Annual OOP max - family (inc ded, copay, coinsurance)	\$13,900	\$52,200
PCP Office	\$0	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$40	Ded, 50%
Preventive Care	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 50%
Emergency Room	\$500	\$500
Urgent Care	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	\$40	Ded, 50%
Chiropractic (12 visits annual max)	\$40	Ded, 50%
DME	Ded, 10%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 50%
Outpatient Behavior	\$0	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 50%
Hospice	Ded, 10%	Ded, 50%
Pharmacy		
Generic Drug	\$15	Ded, 50%
Brand Name Formulary	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Mail Order Only; Ded, 50%
Mail Order (90-day Supply)	2.5x	N/A

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Two Tier PPO



PPO \$7,000		OneCare	Out-of-Network
Benefit Category			
Annual Single Deductible	\$7,000		\$16,300
Annual Family Deductible	\$14,000		\$32,600
Annual OOP max - single (inc ded, copay, coinsurance)	\$9,200		\$26,100
Annual OOP max - family (inc ded, copay, coinsurance)	\$18,400		\$52,200
PCP Office	\$0		Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$90		Ded, 50%
Preventive Care	\$0		Not covered
Inpatient Hospital	Ded, 10%		Ded, 50%
Outpatient Hospital	Ded, 10%		Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%		Ded, 50%
Emergency Room	Ded, 10%		Ded, 10%
Urgent Care	\$100		Ded, 50%
Ambulance	Ded, 10%		Ded, 10%
PT/OT/Speech (20 visit annual max each)	\$90		Ded, 50%
Chiropractic (12 visits annual max)	\$90		Ded, 50%
DME	Ded, 10%		Ded, 50%
Inpatient Behavior	Ded, 10%		Ded, 50%
Outpatient Behavior	\$0		Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%		Ded, 50%
Acute Inpatient Rehab	Ded, 10%		Ded, 50%
Home Health (100 visits)	Ded, 10%		Ded, 50%
Hospice	Ded, 10%		Ded, 50%
Pharmacy			
Generic Drug	\$15		Ded, 50%
Brand Name Formulary	\$45		Ded, 50%
Brand Name Nonformulary	Ded, \$100		Ded, 50%
Specialty Drug	Ded, 30%		Mail Order Only; Ded, 50%
Mail Order (90-day Supply)	2.5x		N/A

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Two Tier PPO



PPO \$9,200	OneCare	Out-of-Network
Benefit Category		
Annual Single Deductible	\$9,200	\$17,000
Annual Family Deductible	\$18,400	\$34,000
Annual OOP max - single (inc ded, copay, coinsurance)	\$9,200	\$26,100
Annual OOP max - family (inc ded, copay, coinsurance)	\$18,400	\$52,200
PCP Office	Ded, 0%	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	Ded, 0%	Ded, 50%
Preventive Care	\$0	Not covered
Inpatient Hospital	Ded, 0%	Ded, 50%
Outpatient Hospital	Ded, 0%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 0%	Ded, 50%
Emergency Room	Ded, 0%	Ded, 0%
Urgent Care	Ded, 0%	Ded, 50%
Ambulance	Ded, 0%	Ded, 0%
PT/OT/Speech (20 visit annual max each)	Ded, 0%	Ded, 50%
Chiropractic (12 visits annual max)	Ded, 0%	Ded, 50%
DME	Ded, 0%	Ded, 50%
Inpatient Behavior	Ded, 0%	Ded, 50%
Outpatient Behavior	Ded, 0%	Ded, 50%
Skilled Nursing (90 visits)	Ded, 0%	Ded, 50%
Acute Inpatient Rehab	Ded, 0%	Ded, 50%
Home Health (100 visits)	Ded, 0%	Ded, 50%
Hospice	Ded, 0%	Ded, 50%
Pharmacy		
Generic Drug	Ded, 0%	Ded, 50%
Brand Name Formulary	Ded, 0%	Ded, 50%
Brand Name Nonformulary	Ded, 0%	Ded, 50%
Specialty Drug	Ded, 0%	Mail Order Only; Ded, 50%
Mail Order (90-day Supply)	2.5x	N/A

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Two Tier HSA



HSA \$3,300 - Embedded	OneCare	Out-of-Network
Benefit Category		
Annual Single Deductible	\$3,300	\$11,200
Annual Family Deductible	\$6,600	\$22,400
Annual OOP max - single (inc ded, copay, coinsurance)	\$7,000	\$21,150
Annual OOP max - family (inc ded, copay, coinsurance)	\$14,000	\$42,300
PCP Office	Ded, \$25	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	Ded, \$110	Ded, 50%
Preventive Care	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 50%
Emergency Room	Ded, \$625	Ded, \$625
Urgent Care	Ded, 10%	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, \$110	Ded, 50%
Chiropractic (12 visits annual max)	Ded, \$110	Ded, 50%
DME	Ded, 10%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 50%
Outpatient Behavior	Ded, \$25	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 50%
Hospice	Ded, 10%	Ded, 50%
Pharmacy		
Generic Drug	Ded, 10%	Ded, 50%
Brand Name Formulary	Ded, 10%	Ded, 50%
Brand Name Nonformulary	Ded, 10%	Ded, 50%
Specialty Drug	Ded, 30%	Mail Order Only; Ded, 50%
Mail Order (90-day Supply)	2.5x	N/A

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Two Tier HSA



HSA \$5,000 - Embedded	OneCare	Out-of-Network
Benefit Category		
Annual Single Deductible	\$5,000	\$13,800
Annual Family Deductible	\$10,000	\$27,600
Annual OOP max - single (inc ded, copay, coinsurance)	\$7,000	\$21,150
Annual OOP max - family (inc ded, copay, coinsurance)	\$14,000	\$42,300
PCP Office	Ded, 10%	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	Ded, 10%	Ded, 50%
Preventive Care	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 50%
Emergency Room	Ded, 10%	Ded, 10%
Urgent Care	Ded, 10%	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, 10%	Ded, 50%
Chiropractic (12 visits annual max)	Ded, 10%	Ded, 50%
DME	Ded, 10%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 50%
Outpatient Behavior	Ded, 10%	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 50%
Hospice	Ded, 10%	Ded, 50%
Pharmacy		
Generic Drug	Ded, 10%	Ded, 50%
Brand Name Formulary	Ded, 10%	Ded, 50%
Brand Name Nonformulary	Ded, 10%	Ded, 50%
Specialty Drug	Ded, 30%	Mail Order Only; Ded, 50%
Mail Order (90-day Supply)	2.5x	N/A

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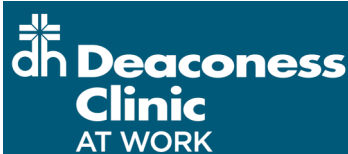
Two Tier HSA



HSA \$7,000 - Embedded	OneCare	Out-of-Network
Benefit Category		
Annual Single Deductible	\$7,000	\$13,800
Annual Family Deductible	\$14,000	\$27,600
Annual OOP max - single (inc ded, copay, coinsurance)	\$8,000	\$21,150
Annual OOP max - family (inc ded, copay, coinsurance)	\$16,000	\$42,300
PCP Office	Ded, 10%	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	Ded, 10%	Ded, 50%
Preventive Care	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 50%
Emergency Room	Ded, 10%	Ded, 10%
Urgent Care	Ded, 10%	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, 10%	Ded, 50%
Chiropractic (12 visits annual max)	Ded, 10%	Ded, 50%
DME	Ded, 10%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 50%
Outpatient Behavior	Ded, 10%	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 50%
Hospice	Ded, 10%	Ded, 50%
Pharmacy		
Generic Drug	Ded, 10%	Ded, 50%
Brand Name Formulary	Ded, 10%	Ded, 50%
Brand Name Nonformulary	Ded, 10%	Ded, 50%
Specialty Drug	Ded, 30%	Mail Order Only; Ded, 50%
Mail Order (90-day Supply)	2.5x	N/A

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CLINIC INFORMATION



Deaconess Clinic at Work is automatically included within Deaconess OneCare Small and Large Group Plans at no additional cost!

Clinic is available to members in Gibson, Posey, Spencer, Vanderburgh, and Warrick counties.

In your program, you'll find the following benefits available to you and your dependents:



Free Provider Visits*

Sick Visits, Annual Exams, Sports & Wellness Physicals, Chronic Disease Management, Basic In-Office Procedures, Stitches, EKGs.



Free Medications

Find a list of these medications at deaconess.com/dcawformulary.



Free Labs

Find a list at deaconess.com/dcawformulary.



Free DC Video Visits

8am–8pm, 365 days a year (age 2 and older)



Free 24-Hour Nurse Line

*Due to IRS Regulations, members on a High Deductible Health Plan will be subject to a \$30 Office Visit Charge.

Visit your company's Deaconess Clinic at Work web page for access to:

- Appointment Scheduling
- Medication Refills
- DC LIVE
- And More!

Locations

First Avenue– 812-450-4066

309 N. 1st Ave.,
Evansville, IN
Mon: 8am–Noon
Tue: 1–5pm
Wed: 9am–1pm
Thu: 8am–Noon
Fri: Noon–4pm

Lynch Road– 812-450-8720

4949 Healthy Way,
Suite A, Evansville, IN
Mon: 1pm–5pm
Tue: 8am–Noon
Wed: 2pm–6pm
Thu: 1pm–5pm
Fri: 7am–11am
Sat: 8am–Noon

Felstead– 812-490-0283

801 Felstead Rd.
Evansville, IN
Mon: 1pm–5pm
Tue: 8am–Noon
Wed: 2pm–6pm
Thu: 1pm–5pm
Fri: 7am–11am

Ft. Branch– 812-615-5019

7898 S. Professional Dr.,
Ft. Branch, IN
Mon: 8am–2pm
Tue: 1–6pm
Thu: Noon–5pm
Fri: 7am–11am
24

Mt. Vernon– 812-490-0813

813 E. 4th St.,
Mt. Vernon, IN
Mon: 8am–5pm
Wed: Noon–6pm
Fri: 8am–2pm

Reo– 812-492-5940

3434 W. IN-66,
Reo, IN
Mon: 7:30am–9:30am & 1–5pm
Tue: 7:30am–Noon
Thu: Noon–5pm
Fri: 7:30am–Noon

Henderson– 270-215-3150

340 Starlite Dr.,
Henderson, KY
Mon: 9am–6pm
Wed: 8am–Noon
Fri: 7am–4pm

Owensboro– 270-561-0140

2710 Heartland Crossing Blvd.,
Owensboro, KY
Mon: 7am–3pm
Wed: 11am–5pm
Fri: 8am–2pm

Marion– 618-861-0585

3329 W. DeYoung St.,
Marion, IL
Mon: 7am–4pm
Wed: 8am–5pm
Fri: 8am–Noon

Three Tier PPO



PPO \$1,500	SIHO Plus	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$1,500	\$3,000	\$6,000
Annual Family Deductible	\$3,000	\$6,000	\$12,000
Annual OOP max-single (inc ded, copay, coinsurance)	\$5,000	\$7,500	\$26,100
Annual OOP max-family (inc ded, copay, coinsurance)	\$10,000	\$15,000	\$52,200
PCP Office	\$0	\$55	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$60	\$110	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	\$500	\$500	\$500
Urgent Care	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	\$60	Ded, 20%	Ded, 50%
Chiropractic (12 visits annual max)	\$60	\$110	Ded, 50%
DME	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavior	\$0	\$55	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy			
Generic Drug	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier PPO



PPO \$3,000	SIHO Plus	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$3,000	\$6,000	\$12,000
Annual Family Deductible	\$6,000	\$12,000	\$24,000
Annual OOP max-single (inc ded, copay, coinsurance)	\$5,250	\$8,250	\$26,100
Annual OOP max-family (inc ded, copay, coinsurance)	\$10,500	\$16,500	\$52,200
PCP Office	\$0	\$55	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$55	\$110	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	\$500	\$500	\$500
Urgent Care	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	\$55	\$110	Ded, 50%
Chiropractic (12 visits annual max)	\$55	\$110	Ded, 50%
DME	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavior	\$0	\$55	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy			
Generic Drug	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier PPO



PPO \$5,000	SIHO Plus	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$5,000	\$8,150	\$16,300
Annual Family Deductible	\$10,000	\$16,300	\$32,600
Annual OOP max-single (inc ded, copay, coinsurance)	\$8,500	\$9,100	\$26,100
Annual OOP max-family (inc ded, copay, coinsurance)	\$17,000	\$18,200	\$52,200
PCP Office	\$0	\$55	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$80	\$110	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	Ded, 10%	Ded, 10%	Ded, 10%
Urgent Care	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, \$80	Ded, 20%	Ded, 50%
Chiropractic (12 visits annual max)	\$80	\$110	Ded, 50%
DME	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavior	\$0	\$55	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy			
Generic Drug	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier PPO



PPO \$7,000	SIHO Plus	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$7,000	\$8,500	\$16,300
Annual Family Deductible	\$14,000	\$17,000	\$32,600
Annual OOP max-single (inc ded, copay, coinsurance)	\$8,500	\$9,200	\$26,100
Annual OOP max -family (inc ded, copay, coinsurance)	\$17,000	\$18,400	\$52,200
PCP Office	\$0	\$55	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$80	\$110	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	Ded, 10%	Ded, 10%	Ded, 10%
Urgent Care	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, \$80	Ded, 20%	Ded, 50%
Chiropractic (12 visits annual max)	\$80	\$110	Ded, 50%
DME	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavior	\$0	\$55	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy			
Generic Drug	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier **HSA**



HSA \$3,300 - Embedded	SIHO Plus	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$3,300	\$5,800	\$11,200
Annual Family Deductible	\$6,600	\$11,600	\$22,400
Annual OOP max-single (inc ded, copay, coinsurance)	\$7,000	\$7,500	\$21,150
Annual OOP max-family (inc ded, copay, coinsurance)	\$14,000	\$15,000	\$42,300
PCP Office	Ded, \$25	Ded, \$55	Ded, 50%
Specialist Office	Ded, \$60	Ded, \$110	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	Ded, \$625	Ded, \$625	Ded, \$625
Urgent Care	Ded, \$100	Ded, \$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, \$60	Ded, \$110	Ded, 50%
Chiropractic (12 visits annual max)	Ded, \$60	Ded, \$110	Ded, 50%
DME	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavior	Ded, \$25	Ded, \$55	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy			
Generic Drug	Ded, \$15	Ded, \$15	Ded, 50%
Brand Name Formulary	Ded, \$45	Ded, \$45	Ded, 50%
Brand Name Nonformulary	Ded, 10%	Ded, 10%	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier **HSA**



HSA \$5,000 - Embedded	SIHO Plus	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$5,000	\$6,500	\$13,800
Annual Family Deductible	\$10,000	\$13,000	\$27,600
Annual OOP max-single (inc ded, copay, coinsurance)	\$6,400	\$7,500	\$21,150
Annual OOP max-family (inc ded, copay, coinsurance)	\$12,800	\$15,000	\$42,300
PCP Office	Ded, 10%	Ded, 20%	Ded, 50%
Specialist Office	Ded, 10%	Ded, 20%	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	Ded, \$500	Ded, \$500	Ded, \$500
Urgent Care	Ded, 10%	Ded, 20%	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, 10%	Ded, 20%	Ded, 50%
Chiropractic (12 visits annual max)	Ded, 10%	Ded, 20%	Ded, 50%
DME	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavior	Ded, 10%	Ded, 20%	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy			
Generic Drug	Ded, \$15	Ded, \$15	Ded, 50%
Brand Name Formulary	Ded, \$45	Ded, \$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier **HSA**



HSA \$7,000 - Embedded	SIHO Plus	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$7,000	\$7,500	\$13,800
Annual Family Deductible	\$14,000	\$15,000	\$27,600
Annual OOP max-single (inc ded, copay, coinsurance)	\$7,500	\$8,000	\$21,150
Annual OOP max-family (inc ded, copay, coinsurance)	\$15,000	\$16,000	\$42,300
PCP Office	Ded, 10%	Ded, 20%	Ded, 50%
Specialist Office	Ded, 10%	Ded, 20%	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	Ded, \$500	Ded, \$500	Ded, \$500
Urgent Care	Ded, 10%	Ded, 20%	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, 10%	Ded, 20%	Ded, 50%
Chiropractic (12 visits annual max)	Ded, 10%	Ded, 20%	Ded, 50%
DME	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavior	Ded, 10%	Ded, 20%	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy			
Generic Drug	Ded, \$15	Ded, \$15	Ded, 50%
Brand Name Formulary	Ded, \$45	Ded, \$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Two Tier PPO



PPO \$1,500	SIHO Plus	Out-of-Network
Benefit Category		
Annual Single Deductible	\$1,500	\$6,000
Annual Family Deductible	\$3,000	\$12,000
Annual OOP max - single (inc ded, copay, coinsurance)	\$5,000	\$27,300
Annual OOP max - family (inc ded, copay, coinsurance)	\$10,000	\$54,600
PCP Office	\$0	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$90	Ded, 50%
Preventive Care	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 50%
Emergency Room	\$500	\$500
Urgent Care	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	\$90	Ded, 50%
Chiropractic (12 visits annual max)	\$90	Ded, 50%
DME	Ded, 10%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 50%
Outpatient Behavior	\$0	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 50%
Hospice	Ded, 10%	Ded, 50%
Pharmacy		
Generic Drug	\$15	Ded, 50%
Brand Name Formulary	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Mail Order Only; Ded, 50%
Mail Order (90-day Supply)	2.5x	N/A

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Two Tier PPO



PPO \$2,500	SIHO Plus	Out-of-Network
Benefit Category		
Annual Single Deductible	\$2,500	\$10,000
Annual Family Deductible	\$5,000	\$20,000
Annual OOP max - single (inc ded, copay, coinsurance)	\$5,500	\$26,100
Annual OOP max - family (inc ded, copay, coinsurance)	\$11,000	\$52,200
PCP Office	\$0	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$90	Ded, 50%
Preventive Care	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 50%
Emergency Room	\$500	\$500
Urgent Care	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	\$90	Ded, 50%
Chiropractic (12 visits annual max)	\$90	Ded, 50%
DME	Ded, 10%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 50%
Outpatient Behavior	\$0	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 50%
Hospice	Ded, 10%	Ded, 50%
Pharmacy		
Generic Drug	\$15	Ded, 50%
Brand Name Formulary	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Mail Order Only; Ded, 50%
Mail Order (90-day Supply)	2.5x	N/A

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Two Tier PPO



PPO \$4,000	SIHO Plus	Out-of-Network
Benefit Category		
Annual Single Deductible	\$4,000	\$16,000
Annual Family Deductible	\$8,000	\$32,000
Annual OOP max - single (inc ded, copay, coinsurance)	\$6,000	\$26,100
Annual OOP max - family (inc ded, copay, coinsurance)	\$12,000	\$52,200
PCP Office	\$0	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$40	Ded, 50%
Preventive Care	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 50%
Emergency Room	Ded, 10%	Ded, 10%
Urgent Care	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	\$40	Ded, 50%
Chiropractic (12 visits annual max)	\$40	Ded, 50%
DME	Ded, 10%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 50%
Outpatient Behavior	\$0	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 50%
Hospice	Ded, 10%	Ded, 50%
Pharmacy		
Generic Drug	\$15	Ded, 50%
Brand Name Formulary	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Mail Order Only; Ded, 50%
Mail Order (90-day Supply)	2.5x	N/A

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Two Tier PPO



PPO \$6,000	SIHO Plus	Out-of-Network
Benefit Category		
Annual Single Deductible	\$6,000	\$16,300
Annual Family Deductible	\$12,000	\$32,600
Annual OOP max - single (inc ded, copay, coinsurance)	\$6,950	\$26,100
Annual OOP max - family (inc ded, copay, coinsurance)	\$13,900	\$52,200
PCP Office	\$0	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$40	Ded, 50%
Preventive Care	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 50%
Emergency Room	\$500	\$500
Urgent Care	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	\$40	Ded, 50%
Chiropractic (12 visits annual max)	\$40	Ded, 50%
DME	Ded, 10%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 50%
Outpatient Behavior	\$0	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 50%
Hospice	Ded, 10%	Ded, 50%
Pharmacy		
Generic Drug	\$15	Ded, 50%
Brand Name Formulary	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Mail Order Only; Ded, 50%
Mail Order (90-day Supply)	2.5x	N/A

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Two Tier PPO



PPO \$7,000	SIHO Plus	Out-of-Network
Benefit Category		
Annual Single Deductible	\$7,000	\$16,300
Annual Family Deductible	\$14,000	\$32,600
Annual OOP max - single (inc ded, copay, coinsurance)	\$9,200	\$26,100
Annual OOP max - family (inc ded, copay, coinsurance)	\$18,400	\$52,200
PCP Office	\$0	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$90	Ded, 50%
Preventive Care	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 50%
Emergency Room	Ded, 10%	Ded, 10%
Urgent Care	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	\$90	Ded, 50%
Chiropractic (12 visits annual max)	\$90	Ded, 50%
DME	Ded, 10%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 50%
Outpatient Behavior	\$0	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 50%
Hospice	Ded, 10%	Ded, 50%
Pharmacy		
Generic Drug	\$15	Ded, 50%
Brand Name Formulary	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Mail Order Only; Ded, 50%
Mail Order (90-day Supply)	2.5x	N/A

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Two Tier PPO



PPO \$9,200	SIHO Plus	Out-of-Network
Benefit Category		
Annual Single Deductible	\$9,200	\$17,000
Annual Family Deductible	\$18,400	\$34,000
Annual OOP max - single (inc ded, copay, coinsurance)	\$9,200	\$26,100
Annual OOP max - family (inc ded, copay, coinsurance)	\$18,400	\$52,200
PCP Office	Ded, 0%	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	Ded, 0%	Ded, 50%
Preventive Care	\$0	Not covered
Inpatient Hospital	Ded, 0%	Ded, 50%
Outpatient Hospital	Ded, 0%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 0%	Ded, 50%
Emergency Room	Ded, 0%	Ded, 0%
Urgent Care	Ded, 0%	Ded, 50%
Ambulance	Ded, 0%	Ded, 0%
PT/OT/Speech (20 visit annual max each)	Ded, 0%	Ded, 50%
Chiropractic (12 visits annual max)	Ded, 0%	Ded, 50%
DME	Ded, 0%	Ded, 50%
Inpatient Behavior	Ded, 0%	Ded, 50%
Outpatient Behavior	Ded, 0%	Ded, 50%
Skilled Nursing (90 visits)	Ded, 0%	Ded, 50%
Acute Inpatient Rehab	Ded, 0%	Ded, 50%
Home Health (100 visits)	Ded, 0%	Ded, 50%
Hospice	Ded, 0%	Ded, 50%
Pharmacy		
Generic Drug	Ded, 0%	Ded, 50%
Brand Name Formulary	Ded, 0%	Ded, 50%
Brand Name Nonformulary	Ded, 0%	Ded, 50%
Specialty Drug	Ded, 0%	Mail Order Only; Ded, 50%
Mail Order (90-day Supply)	2.5x	N/A

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Two Tier **HSA**



HSA \$3,300 - Embedded	SIHO Plus	Out-of-Network
Benefit Category		
Annual Single Deductible	\$3,300	\$11,200
Annual Family Deductible	\$6,600	\$22,400
Annual OOP max - single (inc ded, copay, coinsurance)	\$7,000	\$21,150
Annual OOP max - family (inc ded, copay, coinsurance)	\$14,000	\$42,300
PCP Office	Ded, \$25	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	Ded, \$110	Ded, 50%
Preventive Care	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 50%
Emergency Room	Ded, \$625	Ded, \$625
Urgent Care	Ded, 10%	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, \$110	Ded, 50%
Chiropractic (12 visits annual max)	Ded, \$110	Ded, 50%
DME	Ded, 10%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 50%
Outpatient Behavior	Ded, \$25	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 50%
Hospice	Ded, 10%	Ded, 50%
Pharmacy		
Generic Drug	Ded, 10%	Ded, 50%
Brand Name Formulary	Ded, 10%	Ded, 50%
Brand Name Nonformulary	Ded, 10%	Ded, 50%
Specialty Drug	Ded, 30%	Mail Order Only; Ded, 50%
Mail Order (90-day Supply)	2.5x	N/A

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Two Tier **HSA**



HSA \$5,000 - Embedded	SIHO Plus	Out-of-Network
Benefit Category		
Annual Single Deductible	\$5,000	\$13,800
Annual Family Deductible	\$10,000	\$27,600
Annual OOP max - single (inc ded, copay, coinsurance)	\$7,000	\$21,150
Annual OOP max - family (inc ded, copay, coinsurance)	\$14,000	\$42,300
PCP Office	Ded, 10%	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	Ded, 10%	Ded, 50%
Preventive Care	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 50%
Emergency Room	Ded, 10%	Ded, 10%
Urgent Care	Ded, 10%	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, 10%	Ded, 50%
Chiropractic (12 visits annual max)	Ded, 10%	Ded, 50%
DME	Ded, 10%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 50%
Outpatient Behavior	Ded, 10%	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 50%
Hospice	Ded, 10%	Ded, 50%
Pharmacy		
Generic Drug	Ded, 10%	Ded, 50%
Brand Name Formulary	Ded, 10%	Ded, 50%
Brand Name Nonformulary	Ded, 10%	Ded, 50%
Specialty Drug	Ded, 30%	Mail Order Only; Ded, 50%
Mail Order (90-day Supply)	2.5x	N/A

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Two Tier HSA



HSA \$7,000 - Embedded	SIHO Plus	Out-of-Network
Benefit Category		
Annual Single Deductible	\$7,000	\$13,800
Annual Family Deductible	\$14,000	\$27,600
Annual OOP max - single (inc ded, copay, coinsurance)	\$8,000	\$21,150
Annual OOP max - family (inc ded, copay, coinsurance)	\$16,000	\$42,300
PCP Office	Ded, 10%	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	Ded, 10%	Ded, 50%
Preventive Care	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 50%
Emergency Room	Ded, 10%	Ded, 10%
Urgent Care	Ded, 10%	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, 10%	Ded, 50%
Chiropractic (12 visits annual max)	Ded, 10%	Ded, 50%
DME	Ded, 10%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 50%
Outpatient Behavior	Ded, 10%	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 50%
Hospice	Ded, 10%	Ded, 50%
Pharmacy		
Generic Drug	Ded, 10%	Ded, 50%
Brand Name Formulary	Ded, 10%	Ded, 50%
Brand Name Nonformulary	Ded, 10%	Ded, 50%
Specialty Drug	Ded, 30%	Mail Order Only; Ded, 50%
Mail Order (90-day Supply)	2.5x	N/A

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CLINIC INFORMATION



Plan members receive services at No Cost or Low Cost.

Clinic is available to Jackson, Jennings, Washington and Scott counties only.



Healthcare Services

- Treatment for minor medical problems (allergies, ear infections, flu, strep, minor infections and rashes, etc.)
- Respiratory conditions
- Digestive and urinary conditions
- Chronic disease management
- Blood pressure checks
- Annual physical exams
- On-site wellness coaching
- Health screenings
- Sports Physicals
- And More...



Prescriptions

Original prescriptions will be provided by WellLife. Refills of prescriptions can be filled with your local pharmacy or a mail-order pharmacy. Original prescriptions will be provided at no cost to most members. Members with high-deductible health plans will pay \$5.00 for prescriptions.*



Lab Work

Lab work ordered by WellLife will be drawn at the clinic. A list of labs available through the clinic is available. Labs ordered that are not available through WellLife will be processed through member's health plan. Labs will be provided at no cost to most members. Members with high-deductible health plans will pay \$15 per lab test performed at WellLife.*



High Deductible Health Plans

High-deductible health plans do not allow members to receive first-dollar coverage. To remain compliant & avoid tax penalties, it's necessary to charge a small fee for reasonable & customary services. Preventive services can be provided at no charge.

Hours:

Monday/Wednesday 8am–6pm
Tuesday/Thursday 7am–6pm
Friday 8am–4pm

Phone:

812-523-5185
Call to schedule
an appointment

Location:

100 North Walnut Street
Seymour, Indiana
47274

Three Tier PPO



PPO \$1,500	Community	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$1,500	\$3,000	\$6,000
Annual Family Deductible	\$3,000	\$6,000	\$12,000
Annual OOP max-single (inc ded, copay, coinsurance)	\$5,000	\$7,500	\$26,100
Annual OOP max-family (inc ded, copay, coinsurance)	\$10,000	\$15,000	\$52,200
PCP Office	\$0	\$55	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$60	\$110	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 30%	Ded, 50%
Emergency Room	\$500	\$500	\$500
Urgent Care	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	\$60	Ded, 30%	Ded, 50%
Chiropractic (12 visits annual max)	\$60	\$110	Ded, 50%
DME	Ded, 10%	Ded, 30%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Behavior	\$0	\$55	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 30%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Hospice	Ded, 10%	Ded, 30%	Ded, 50%
Pharmacy			
Generic Drug	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier PPO



PPO \$3,000	Community	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$3,000	\$6,000	\$12,000
Annual Family Deductible	\$6,000	\$12,000	\$24,000
Annual OOP max-single (inc ded, copay, coinsurance)	\$6,000	\$8,700	\$26,100
Annual OOP max-family (inc ded, copay, coinsurance)	\$12,000	\$17,400	\$52,200
PCP Office	\$0	\$55	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$60	\$110	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 30%	Ded, 50%
Emergency Room	\$500	\$500	\$500
Urgent Care	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	\$60	\$110	Ded, 50%
Chiropractic (12 visits annual max)	\$60	\$110	Ded, 50%
DME	Ded, 10%	Ded, 30%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Behavior	\$0	\$55	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 30%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Hospice	Ded, 10%	Ded, 30%	Ded, 50%
Pharmacy			
Generic Drug	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier PPO



PPO \$5,000	Community	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$5,000	\$8,150	\$16,300
Annual Family Deductible	\$10,000	\$16,300	\$32,600
Annual OOP max-single (inc ded, copay, coinsurance)	\$8,500	\$9,100	\$26,100
Annual OOP max -family (inc ded, copay, coinsurance)	\$17,000	\$18,200	\$52,200
PCP Office	\$0	\$55	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$100	\$110	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 30%	Ded, 50%
Emergency Room	Ded, \$750	Ded, \$750	Ded, \$750
Urgent Care	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	\$100	Ded, 30%	Ded, 50%
Chiropractic (12 visits annual max)	\$100	\$110	Ded, 50%
DME	Ded, 10%	Ded, 30%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Behavior	\$0	\$55	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 30%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Hospice	Ded, 10%	Ded, 30%	Ded, 50%
Pharmacy			
Generic Drug	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier PPO



PPO \$7,000	Community	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$7,000	\$8,500	\$16,300
Annual Family Deductible	\$14,000	\$17,000	\$32,600
Annual OOP max-single (inc ded, copay, coinsurance)	\$8,500	\$9,200	\$26,100
Annual OOP max -family (inc ded, copay, coinsurance)	\$17,000	\$18,400	\$52,200
PCP Office	\$0	\$55	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$80	\$110	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 30%	Ded, 50%
Emergency Room	Ded, 10%	Ded, 10%	Ded, 10%
Urgent Care	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, \$80	Ded, 30%	Ded, 50%
Chiropractic (12 visits annual max)	\$80	\$110	Ded, 50%
DME	Ded, 10%	Ded, 30%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Behavior	\$0	\$55	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 30%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Hospice	Ded, 10%	Ded, 30%	Ded, 50%
Pharmacy			
Generic Drug	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier HSA



HSA \$3,300 - Embedded	Community	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$3,300	\$5,800	\$11,200
Annual Family Deductible	\$6,600	\$11,600	\$22,400
Annual OOP max-single (inc ded, copay, coinsurance)	\$7,000	\$7,500	\$21,150
Annual OOP max-family (inc ded, copay, coinsurance)	\$14,000	\$15,000	\$42,300
PCP Office	Ded, \$25	Ded, \$55	Ded, 50%
Specialist Office	Ded, \$60	Ded, \$110	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 30%	Ded, 50%
Emergency Room	Ded, \$625	Ded, \$625	Ded, \$625
Urgent Care	Ded, \$100	Ded, \$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, \$60	Ded, \$110	Ded, 50%
Chiropractic (12 visits annual max)	Ded, \$60	Ded, \$110	Ded, 50%
DME	Ded, 10%	Ded, 30%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Behavior	Ded, \$25	Ded, \$55	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 30%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Hospice	Ded, 10%	Ded, 30%	Ded, 50%
Pharmacy			
Generic Drug	Ded, \$15	Ded, \$15	Ded, 50%
Brand Name Formulary	Ded, \$45	Ded, \$45	Ded, 50%
Brand Name Nonformulary	Ded, 10%	Ded, 10%	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier **HSA**



HSA \$5,000 - Embedded	Community	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$5,000	\$6,500	\$13,800
Annual Family Deductible	\$10,000	\$13,000	\$27,600
Annual OOP max-single (inc ded, copay, coinsurance)	\$6,500	\$7,500	\$21,150
Annual OOP max-family (inc ded, copay, coinsurance)	\$13,000	\$15,000	\$42,300
PCP Office	Ded, 10%	Ded, 30%	Ded, 50%
Specialist Office	Ded, 10%	Ded, 30%	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 30%	Ded, 50%
Emergency Room	Ded, 10%	Ded, 10%	Ded, 10%
Urgent Care	Ded, 10%	Ded, 30%	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, 10%	Ded, 30%	Ded, 50%
Chiropractic (12 visits annual max)	Ded, 10%	Ded, 30%	Ded, 50%
DME	Ded, 10%	Ded, 30%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Behavior	Ded, 10%	Ded, 30%	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 30%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Hospice	Ded, 10%	Ded, 30%	Ded, 50%
Pharmacy			
Generic Drug	Ded, \$15	Ded, \$15	Ded, 50%
Brand Name Formulary	Ded, \$45	Ded, \$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier HSA



HSA \$7,000 - Embedded	Community	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$7,000	\$7,500	\$13,800
Annual Family Deductible	\$14,000	\$15,000	\$27,600
Annual OOP max-single (inc ded, copay, coinsurance)	\$7,500	\$8,000	\$21,150
Annual OOP max-family (inc ded, copay, coinsurance)	\$15,000	\$16,000	\$42,300
PCP Office	Ded, 10%	Ded, 30%	Ded, 50%
Specialist Office	Ded, 10%	Ded, 30%	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 30%	Ded, 50%
Emergency Room	Ded, 10%	Ded, 10%	Ded, 10%
Urgent Care	Ded, 10%	Ded, 30%	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, 10%	Ded, 30%	Ded, 50%
Chiropractic (12 visits annual max)	Ded, 10%	Ded, 30%	Ded, 50%
DME	Ded, 10%	Ded, 30%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Behavior	Ded, 10%	Ded, 30%	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 30%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Hospice	Ded, 10%	Ded, 30%	Ded, 50%
Pharmacy			
Generic Drug	Ded, \$15	Ded, \$15	Ded, 50%
Brand Name Formulary	Ded, \$45	Ded, \$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Two Tier PPO



PPO \$1,500	Community	Out-of-Network
Benefit Category		
Annual Single Deductible	\$1,500	\$6,000
Annual Family Deductible	\$3,000	\$12,000
Annual OOP max - single (inc ded, copay, coinsurance)	\$5,000	\$27,300
Annual OOP max - family (inc ded, copay, coinsurance)	\$10,000	\$54,600
PCP Office	\$0	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$90	Ded, 50%
Preventive Care	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 50%
Emergency Room	\$500	\$500
Urgent Care	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	\$90	Ded, 50%
Chiropractic (12 visits annual max)	\$90	Ded, 50%
DME	Ded, 10%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 50%
Outpatient Behavior	\$0	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 50%
Hospice	Ded, 10%	Ded, 50%
Pharmacy		
Generic Drug	\$15	Ded, 50%
Brand Name Formulary	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Mail Order Only; Ded, 50%
Mail Order (90-day Supply)	2.5x	N/A

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Two Tier PPO



PPO \$2,500	Community	Out-of-Network
Benefit Category		
Annual Single Deductible	\$2,500	\$10,000
Annual Family Deductible	\$5,000	\$20,000
Annual OOP max - single (inc ded, copay, coinsurance)	\$5,500	\$26,100
Annual OOP max - family (inc ded, copay, coinsurance)	\$11,000	\$52,200
PCP Office	\$0	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$90	Ded, 50%
Preventive Care	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 50%
Emergency Room	\$500	\$500
Urgent Care	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	\$90	Ded, 50%
Chiropractic (12 visits annual max)	\$90	Ded, 50%
DME	Ded, 10%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 50%
Outpatient Behavior	\$0	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 50%
Hospice	Ded, 10%	Ded, 50%
Pharmacy		
Generic Drug	\$15	Ded, 50%
Brand Name Formulary	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Mail Order Only; Ded, 50%
Mail Order (90-day Supply)	2.5x	N/A

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Two Tier PPO



PPO \$4,000	Community	Out-of-Network
Benefit Category		
Annual Single Deductible	\$4,000	\$16,000
Annual Family Deductible	\$8,000	\$32,000
Annual OOP max - single (inc ded, copay, coinsurance)	\$6,000	\$26,100
Annual OOP max - family (inc ded, copay, coinsurance)	\$12,000	\$52,200
PCP Office	\$0	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$40	Ded, 50%
Preventive Care	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 50%
Emergency Room	Ded, 10%	Ded, 10%
Urgent Care	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	\$40	Ded, 50%
Chiropractic (12 visits annual max)	\$40	Ded, 50%
DME	Ded, 10%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 50%
Outpatient Behavior	\$0	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 50%
Hospice	Ded, 10%	Ded, 50%
Pharmacy		
Generic Drug	\$15	Ded, 50%
Brand Name Formulary	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Mail Order Only; Ded, 50%
Mail Order (90-day Supply)	2.5x	N/A

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Two Tier PPO



PPO \$6,000	Community	Out-of-Network
Benefit Category		
Annual Single Deductible	\$6,000	\$16,300
Annual Family Deductible	\$12,000	\$32,600
Annual OOP max - single (inc ded, copay, coinsurance)	\$6,950	\$26,100
Annual OOP max - family (inc ded, copay, coinsurance)	\$13,900	\$52,200
PCP Office	\$0	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$40	Ded, 50%
Preventive Care	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 50%
Emergency Room	\$500	\$500
Urgent Care	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	\$40	Ded, 50%
Chiropractic (12 visits annual max)	\$40	Ded, 50%
DME	Ded, 10%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 50%
Outpatient Behavior	\$0	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 50%
Hospice	Ded, 10%	Ded, 50%
Pharmacy		
Generic Drug	\$15	Ded, 50%
Brand Name Formulary	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Mail Order Only; Ded, 50%
Mail Order (90-day Supply)	2.5x	N/A

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Two Tier PPO



PPO \$7,000	Community	Out-of-Network
Benefit Category		
Annual Single Deductible	\$7,000	\$16,300
Annual Family Deductible	\$14,000	\$32,600
Annual OOP max - single (inc ded, copay, coinsurance)	\$9,200	\$26,100
Annual OOP max - family (inc ded, copay, coinsurance)	\$18,400	\$52,200
PCP Office	\$0	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$90	Ded, 50%
Preventive Care	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 50%
Emergency Room	Ded, 10%	Ded, 10%
Urgent Care	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	\$90	Ded, 50%
Chiropractic (12 visits annual max)	\$90	Ded, 50%
DME	Ded, 10%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 50%
Outpatient Behavior	\$0	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 50%
Hospice	Ded, 10%	Ded, 50%
Pharmacy		
Generic Drug	\$15	Ded, 50%
Brand Name Formulary	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Mail Order Only; Ded, 50%
Mail Order (90-day Supply)	2.5x	N/A

Disclaimer: This is a draft of product offerings. The intention of this document is to provide an overview of the plans and does not include plan exclusions and limitations.

Two Tier PPO



PPO \$9,200	Community	Out-of-Network
Benefit Category		
Annual Single Deductible	\$9,200	\$17,000
Annual Family Deductible	\$18,400	\$34,000
Annual OOP max - single (inc ded, copay, coinsurance)	\$9,200	\$26,100
Annual OOP max - family (inc ded, copay, coinsurance)	\$18,400	\$52,200
PCP Office	Ded, 0%	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	Ded, 0%	Ded, 50%
Preventive Care	\$0	Not covered
Inpatient Hospital	Ded, 0%	Ded, 50%
Outpatient Hospital	Ded, 0%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 0%	Ded, 50%
Emergency Room	Ded, 0%	Ded, 0%
Urgent Care	Ded, 0%	Ded, 50%
Ambulance	Ded, 0%	Ded, 0%
PT/OT/Speech (20 visit annual max each)	Ded, 0%	Ded, 50%
Chiropractic (12 visits annual max)	Ded, 0%	Ded, 50%
DME	Ded, 0%	Ded, 50%
Inpatient Behavior	Ded, 0%	Ded, 50%
Outpatient Behavior	Ded, 0%	Ded, 50%
Skilled Nursing (90 visits)	Ded, 0%	Ded, 50%
Acute Inpatient Rehab	Ded, 0%	Ded, 50%
Home Health (100 visits)	Ded, 0%	Ded, 50%
Hospice	Ded, 0%	Ded, 50%
Pharmacy		
Generic Drug	Ded, 0%	Ded, 50%
Brand Name Formulary	Ded, 0%	Ded, 50%
Brand Name Nonformulary	Ded, 0%	Ded, 50%
Specialty Drug	Ded, 0%	Mail Order Only; Ded, 50%
Mail Order (90-day Supply)	2.5x	N/A

Disclaimer: This is a draft of product offerings. The intention of this document is to provide an overview of the plans and does not include plan exclusions and limitations.

Two Tier HSA



HSA \$3,300 - Embedded	Community	Out-of-Network
Benefit Category		
Annual Single Deductible	\$3,300	\$11,200
Annual Family Deductible	\$6,600	\$22,400
Annual OOP max - single (inc ded, copay, coinsurance)	\$7,000	\$21,150
Annual OOP max - family (inc ded, copay, coinsurance)	\$14,000	\$42,300
PCP Office	Ded, \$25	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	Ded, \$110	Ded, 50%
Preventive Care	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 50%
Emergency Room	Ded, \$625	Ded, \$625
Urgent Care	Ded, 10%	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, \$110	Ded, 50%
Chiropractic (12 visits annual max)	Ded, \$110	Ded, 50%
DME	Ded, 10%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 50%
Outpatient Behavior	Ded, \$25	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 50%
Hospice	Ded, 10%	Ded, 50%
Pharmacy		
Generic Drug	Ded, 10%	Ded, 50%
Brand Name Formulary	Ded, 10%	Ded, 50%
Brand Name Nonformulary	Ded, 10%	Ded, 50%
Specialty Drug	Ded, 30%	Mail Order Only; Ded, 50%
Mail Order (90-day Supply)	2.5x	N/A

Disclaimer: This is a draft of product offerings. The intention of this document is to provide an overview of the plans and does not include plan exclusions and limitations.

Two Tier HSA



HSA \$5,000 - Embedded	Community	Out-of-Network
Benefit Category		
Annual Single Deductible	\$5,000	\$13,800
Annual Family Deductible	\$10,000	\$27,600
Annual OOP max - single (inc ded, copay, coinsurance)	\$7,000	\$21,150
Annual OOP max - family (inc ded, copay, coinsurance)	\$14,000	\$42,300
PCP Office	Ded, 10%	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	Ded, 10%	Ded, 50%
Preventive Care	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 50%
Emergency Room	Ded, 10%	Ded, 10%
Urgent Care	Ded, 10%	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, 10%	Ded, 50%
Chiropractic (12 visits annual max)	Ded, 10%	Ded, 50%
DME	Ded, 10%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 50%
Outpatient Behavior	Ded, 10%	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 50%
Hospice	Ded, 10%	Ded, 50%
Pharmacy		
Generic Drug	Ded, 10%	Ded, 50%
Brand Name Formulary	Ded, 10%	Ded, 50%
Brand Name Nonformulary	Ded, 10%	Ded, 50%
Specialty Drug	Ded, 30%	Mail Order Only; Ded, 50%
Mail Order (90-day Supply)	2.5x	N/A

Disclaimer: This is a draft of product offerings. The intention of this document is to provide an overview of the plans and does not include plan exclusions and limitations.

Two Tier HSA



HSA \$7,000 - Embedded	Community	Out-of-Network
Benefit Category		
Annual Single Deductible	\$7,000	\$13,800
Annual Family Deductible	\$14,000	\$27,600
Annual OOP max - single (inc ded, copay, coinsurance)	\$8,000	\$21,150
Annual OOP max - family (inc ded, copay, coinsurance)	\$16,000	\$42,300
PCP Office	Ded, 10%	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	Ded, 10%	Ded, 50%
Preventive Care	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 50%
Emergency Room	Ded, 10%	Ded, 10%
Urgent Care	Ded, 10%	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, 10%	Ded, 50%
Chiropractic (12 visits annual max)	Ded, 10%	Ded, 50%
DME	Ded, 10%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 50%
Outpatient Behavior	Ded, 10%	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 50%
Hospice	Ded, 10%	Ded, 50%
Pharmacy		
Generic Drug	Ded, 10%	Ded, 50%
Brand Name Formulary	Ded, 10%	Ded, 50%
Brand Name Nonformulary	Ded, 10%	Ded, 50%
Specialty Drug	Ded, 30%	Mail Order Only; Ded, 50%
Mail Order (90-day Supply)	2.5x	N/A

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CLINIC INFORMATION



This program brings together Community's comprehensive services including Community Virtual Care and Community Clinic at Walgreens to provide convenient healthcare access to local employer workforces with both virtual and clinic care options.

Community Care Everywhere (CCE) Services

The CCE program is structured for employers as a fixed, subscription-based multi-level PE/ PM model. It offers unlimited employee utilization while providing employers with helpful program insights so they can understand the value of CCE in terms of health cost avoidance and general wellness opportunities.

Community Virtual Care:

Community Virtual Care connects you to board-certified providers for minor illnesses and injuries from the comfort of home. Visits are completed over the phone or through a secure video visit. Virtual Care is integrated with Community's EMR and patients will have access to their after visit summary through MyChart. In addition, Virtual Care providers can help prescribe medications, refill medications, and order COVID-19 testing. Please note that the providers can't prescribe medications for psychiatric needs, nor refill prescriptions for controlled substances.

Community Clinic at Walgreens:

Community Clinic at Walgreens offers easy access to medical care when your employees or their families are sick or hurt and need help quickly. Community Clinic at Walgreens offers in-person care for minor illnesses and injuries, common vaccinations, and management and treatment of chronic diseases such as hypertension, diabetes, high cholesterol, and asthma.

Locations

Community Virtual Care

HOURS: Daily, 7 am - 11 pm

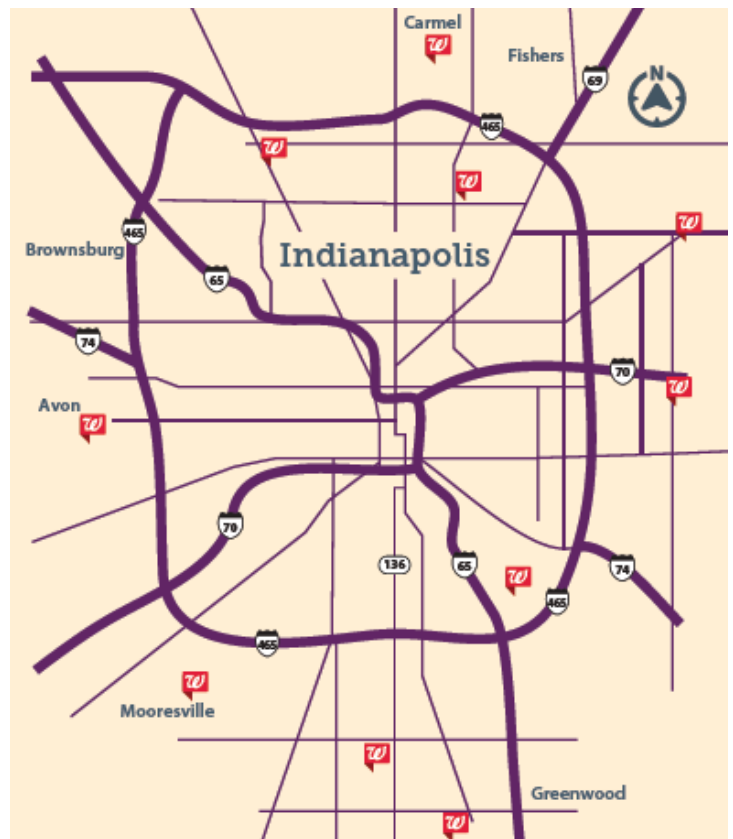
LOCATION: Must be located in Indiana at the time of the virtual visit

Community Clinic at Walgreens

HOURS: Weekdays: 8:30 am - 7 pm

Weekends: 8:30 am - 5 pm

LOCATIONS: See map below



Learn more about Community Care Everywhere clinics at eCommunity.com/cce or scan the QR code.



Three Tier PPO



PPO \$1,500	Sapphire	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$1,500	\$3,000	\$6,000
Annual Family Deductible	\$3,000	\$6,000	\$12,000
Annual OOP max-single (inc ded, copay, coinsurance)	\$5,000	\$7,500	\$26,100
Annual OOP max-family (inc ded, copay, coinsurance)	\$10,000	\$15,000	\$52,200
PCP Office	\$0	\$55	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$60	\$110	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 30%	Ded, 50%
Emergency Room	\$500	\$500	\$500
Urgent Care	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	\$60	Ded, 30%	Ded, 50%
Chiropractic (12 visits annual max)	\$60	\$110	Ded, 50%
DME	Ded, 10%	Ded, 30%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Behavior	\$0	\$55	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 30%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Hospice	Ded, 10%	Ded, 30%	Ded, 50%
Pharmacy			
Generic Drug	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier PPO



PPO \$3,000	Sapphire	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$3,000	\$6,000	\$12,000
Annual Family Deductible	\$6,000	\$12,000	\$24,000
Annual OOP max-single (inc ded, copay, coinsurance)	\$6,000	\$8,700	\$26,100
Annual OOP max-family (inc ded, copay, coinsurance)	\$12,000	\$17,400	\$52,200
PCP Office	\$0	\$55	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$60	\$110	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 30%	Ded, 50%
Emergency Room	\$500	\$500	\$500
Urgent Care	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	\$60	\$110	Ded, 50%
Chiropractic (12 visits annual max)	\$60	\$110	Ded, 50%
DME	Ded, 10%	Ded, 30%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Behavior	\$0	\$55	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 30%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Hospice	Ded, 10%	Ded, 30%	Ded, 50%
Pharmacy			
Generic Drug	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier PPO



PPO \$5,000	Sapphire	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$5,000	\$8,150	\$16,300
Annual Family Deductible	\$10,000	\$16,300	\$32,600
Annual OOP max-single (inc ded, copay, coinsurance)	\$8,500	\$9,100	\$26,100
Annual OOP max -family (inc ded, copay, coinsurance)	\$17,000	\$18,200	\$52,200
PCP Office	\$0	\$55	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$100	\$110	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 30%	Ded, 50%
Emergency Room	Ded, \$750	Ded, \$750	Ded, \$750
Urgent Care	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	\$100	Ded, 30%	Ded, 50%
Chiropractic (12 visits annual max)	\$100	\$110	Ded, 50%
DME	Ded, 10%	Ded, 30%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Behavior	\$0	\$55	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 30%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Hospice	Ded, 10%	Ded, 30%	Ded, 50%
Pharmacy			
Generic Drug	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier PPO



PPO \$7,000	Sapphire	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$7,000	\$8,500	\$16,300
Annual Family Deductible	\$14,000	\$17,000	\$32,600
Annual OOP max-single (inc ded, copay, coinsurance)	\$8,500	\$9,200	\$26,100
Annual OOP max -family (inc ded, copay, coinsurance)	\$17,000	\$18,400	\$52,200
PCP Office	\$0	\$55	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$80	\$110	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 30%	Ded, 50%
Emergency Room	Ded, 10%	Ded, 10%	Ded, 10%
Urgent Care	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, \$80	Ded, 30%	Ded, 50%
Chiropractic (12 visits annual max)	\$80	\$110	Ded, 50%
DME	Ded, 10%	Ded, 30%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Behavior	\$0	\$55	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 30%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Hospice	Ded, 10%	Ded, 30%	Ded, 50%
Pharmacy			
Generic Drug	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier HSA



HSA \$3,300 - Embedded	Sapphire	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$3,300	\$5,800	\$11,200
Annual Family Deductible	\$6,600	\$11,600	\$22,400
Annual OOP max-single (inc ded, copay, coinsurance)	\$7,000	\$7,500	\$21,150
Annual OOP max-family (inc ded, copay, coinsurance)	\$14,000	\$15,000	\$42,300
PCP Office	Ded, \$25	Ded, \$55	Ded, 50%
Specialist Office	Ded, \$60	Ded, \$110	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 30%	Ded, 50%
Emergency Room	Ded, \$625	Ded, \$625	Ded, \$625
Urgent Care	Ded, \$100	Ded, \$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, \$60	Ded, \$110	Ded, 50%
Chiropractic (12 visits annual max)	Ded, \$60	Ded, \$110	Ded, 50%
DME	Ded, 10%	Ded, 30%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Behavior	Ded, \$25	Ded, \$55	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 30%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Hospice	Ded, 10%	Ded, 30%	Ded, 50%
Pharmacy			
Generic Drug	Ded, \$15	Ded, \$15	Ded, 50%
Brand Name Formulary	Ded, \$45	Ded, \$45	Ded, 50%
Brand Name Nonformulary	Ded, 10%	Ded, 10%	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier HSA



HSA \$5,000 - Embedded	Sapphire	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$5,000	\$6,500	\$13,800
Annual Family Deductible	\$10,000	\$13,000	\$27,600
Annual OOP max-single (inc ded, copay, coinsurance)	\$6,500	\$7,500	\$21,150
Annual OOP max-family (inc ded, copay, coinsurance)	\$13,000	\$15,000	\$42,300
PCP Office	Ded, 10%	Ded, 30%	Ded, 50%
Specialist Office	Ded, 10%	Ded, 30%	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 30%	Ded, 50%
Emergency Room	Ded, 10%	Ded, 10%	Ded, 10%
Urgent Care	Ded, 10%	Ded, 30%	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, 10%	Ded, 30%	Ded, 50%
Chiropractic (12 visits annual max)	Ded, 10%	Ded, 30%	Ded, 50%
DME	Ded, 10%	Ded, 30%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Behavior	Ded, 10%	Ded, 30%	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 30%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Hospice	Ded, 10%	Ded, 30%	Ded, 50%
Pharmacy			
Generic Drug	Ded, \$15	Ded, \$15	Ded, 50%
Brand Name Formulary	Ded, \$45	Ded, \$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier HSA



HSA \$7,000 - Embedded	Sapphire	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$7,000	\$7,500	\$13,800
Annual Family Deductible	\$14,000	\$15,000	\$27,600
Annual OOP max-single (inc ded, copay, coinsurance)	\$7,500	\$8,000	\$21,150
Annual OOP max-family (inc ded, copay, coinsurance)	\$15,000	\$16,000	\$42,300
PCP Office	Ded, 10%	Ded, 30%	Ded, 50%
Specialist Office	Ded, 10%	Ded, 30%	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 30%	Ded, 50%
Emergency Room	Ded, 10%	Ded, 10%	Ded, 10%
Urgent Care	Ded, 10%	Ded, 30%	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, 10%	Ded, 30%	Ded, 50%
Chiropractic (12 visits annual max)	Ded, 10%	Ded, 30%	Ded, 50%
DME	Ded, 10%	Ded, 30%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Behavior	Ded, 10%	Ded, 30%	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 30%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Hospice	Ded, 10%	Ded, 30%	Ded, 50%
Pharmacy			
Generic Drug	Ded, \$15	Ded, \$15	Ded, 50%
Brand Name Formulary	Ded, \$45	Ded, \$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

Disclaimer: This is a draft of product offerings. The intention of this document is to provide an overview of the plans and does not include plan exclusions and limitations.

Three Tier PPO



PPO \$1,500	Union Integrated	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$1,500	\$3,000	\$6,000
Annual Family Deductible	\$3,000	\$6,000	\$12,000
Annual OOP max-single (inc ded, copay, coinsurance)	\$5,000	\$7,500	\$26,100
Annual OOP max-family (inc ded, copay, coinsurance)	\$10,000	\$15,000	\$52,200
PCP Office	\$0	\$55	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$60	\$110	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	\$500	\$500	\$500
Urgent Care	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	\$60	Ded, 20%	Ded, 50%
Chiropractic (12 visits annual max)	\$60	\$110	Ded, 50%
DME	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavior	\$0	\$55	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy			
Generic Drug	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier PPO



PPO \$3,000	Union Integrated	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$3,000	\$6,000	\$12,000
Annual Family Deductible	\$6,000	\$12,000	\$24,000
Annual OOP max-single (inc ded, copay, coinsurance)	\$5,250	\$8,250	\$26,100
Annual OOP max-family (inc ded, copay, coinsurance)	\$10,500	\$16,500	\$52,200
PCP Office	\$0	\$55	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$55	\$110	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	\$500	\$500	\$500
Urgent Care	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	\$55	\$110	Ded, 50%
Chiropractic (12 visits annual max)	\$55	\$110	Ded, 50%
DME	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavior	\$0	\$55	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy			
Generic Drug	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier PPO



PPO \$5,000	Union Integrated	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$5,000	\$8,150	\$16,300
Annual Family Deductible	\$10,000	\$16,300	\$32,600
Annual OOP max-single (inc ded, copay, coinsurance)	\$8,500	\$9,100	\$26,100
Annual OOP max -family (inc ded, copay, coinsurance)	\$17,000	\$18,200	\$52,200
PCP Office	\$0	\$55	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$80	\$110	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	Ded, 10%	Ded, 10%	Ded, 10%
Urgent Care	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, \$80	Ded, 20%	Ded, 50%
Chiropractic (12 visits annual max)	\$80	\$110	Ded, 50%
DME	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavior	\$0	\$55	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy			
Generic Drug	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier PPO



PPO \$7,000	Union Integrated	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$7,000	\$8,500	\$16,300
Annual Family Deductible	\$14,000	\$17,000	\$32,600
Annual OOP max-single (inc ded, copay, coinsurance)	\$8,500	\$9,200	\$26,100
Annual OOP max -family (inc ded, copay, coinsurance)	\$17,000	\$18,400	\$52,200
PCP Office	\$0	\$55	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$80	\$110	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	Ded, 10%	Ded, 10%	Ded, 10%
Urgent Care	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, \$80	Ded, 20%	Ded, 50%
Chiropractic (12 visits annual max)	\$80	\$110	Ded, 50%
DME	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavior	\$0	\$55	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy			
Generic Drug	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier HSA



HSA \$3,300 - Embedded	Union Integrated	Encore Combined	Out-of-Network
Plan Code: UN7			
Benefit Category			
Annual Single Deductible	\$3,300	\$5,800	\$11,200
Annual Family Deductible	\$6,600	\$11,600	\$22,400
Annual OOP max-single (inc ded, copay, coinsurance)	\$7,000	\$7,500	\$21,150
Annual OOP max-family (inc ded, copay, coinsurance)	\$14,000	\$15,000	\$42,300
PCP Office	Ded, \$25	Ded, \$55	Ded, 50%
Specialist Office	Ded, \$60	Ded, \$110	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	Ded, \$625	Ded, \$625	Ded, \$625
Urgent Care	Ded, \$100	Ded, \$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, \$60	Ded, \$110	Ded, 50%
Chiropractic (12 visits annual max)	Ded, \$60	Ded, \$110	Ded, 50%
DME	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavior	Ded, \$25	Ded, \$55	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy			
Generic Drug	Ded, \$15	Ded, \$15	Ded, 50%
Brand Name Formulary	Ded, \$45	Ded, \$45	Ded, 50%
Brand Name Nonformulary	Ded, 10%	Ded, 10%	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier **HSA**



HSA \$5,000 - Embedded	Union Integrated	Encore Combined	Out-of-Network
Plan Code: UN8			
Benefit Category			
Annual Single Deductible	\$5,000	\$6,500	\$13,800
Annual Family Deductible	\$10,000	\$13,000	\$27,600
Annual OOP max-single (inc ded, copay, coinsurance)	\$6,400	\$7,500	\$21,150
Annual OOP max-family (inc ded, copay, coinsurance)	\$12,800	\$15,000	\$42,300
PCP Office	Ded, 10%	Ded, 20%	Ded, 50%
Specialist Office	Ded, 10%	Ded, 20%	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	Ded, \$500	Ded, \$500	Ded, \$500
Urgent Care	Ded, 10%	Ded, 20%	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, 10%	Ded, 20%	Ded, 50%
Chiropractic (12 visits annual max)	Ded, 10%	Ded, 20%	Ded, 50%
DME	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavior	Ded, 10%	Ded, 20%	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy			
Generic Drug	Ded, \$15	Ded, \$15	Ded, 50%
Brand Name Formulary	Ded, \$45	Ded, \$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier HSA



HSA \$7,000 - Embedded	Union Integrated	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$7,000	\$7,500	\$13,800
Annual Family Deductible	\$14,000	\$15,000	\$27,600
Annual OOP max-single (inc ded, copay, coinsurance)	\$7,500	\$8,000	\$21,150
Annual OOP max-family (inc ded, copay, coinsurance)	\$15,000	\$16,000	\$42,300
PCP Office	Ded, 10%	Ded, 20%	Ded, 50%
Specialist Office	Ded, 10%	Ded, 20%	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	Ded, \$500	Ded, \$500	Ded, \$500
Urgent Care	Ded, 10%	Ded, 20%	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, 10%	Ded, 20%	Ded, 50%
Chiropractic (12 visits annual max)	Ded, 10%	Ded, 20%	Ded, 50%
DME	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavior	Ded, 10%	Ded, 20%	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy			
Generic Drug	Ded, \$15	Ded, \$15	Ded, 50%
Brand Name Formulary	Ded, \$45	Ded, \$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier PPO



PPO \$1,500	Good Samaritan	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$1,500	\$3,000	\$6,000
Annual Family Deductible	\$3,000	\$6,000	\$12,000
Annual OOP max-single (inc ded, copay, coinsurance)	\$5,000	\$7,500	\$26,100
Annual OOP max-family (inc ded, copay, coinsurance)	\$10,000	\$15,000	\$52,200
PCP Office	\$30	\$55	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$60	\$110	Ded, 50%
Preventive Care	0%	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 30%	Ded, 50%
Emergency Room	\$500	\$500	\$500
Urgent Care	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	\$60	Ded, 30%	Ded, 50%
Chiropractic (12 visits annual max)	\$60	\$110	Ded, 50%
DME	Ded, 10%	Ded, 30%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Behavior	\$30	\$55	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 30%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Hospice	Ded, 10%	Ded, 30%	Ded, 50%
Pharmacy			
Generic Drug	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier PPO

PPO \$3,000	Good Samaritan	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$3,000	\$6,000	\$12,000
Annual Family Deductible	\$6,000	\$12,000	\$24,000
Annual OOP max-single (inc ded, copay, coinsurance)	\$5,250	\$8,250	\$26,100
Annual OOP max-family (inc ded, copay, coinsurance)	\$10,500	\$16,500	\$52,200
PCP Office	\$30	\$55	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$60	\$110	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 30%	Ded, 50%
Emergency Room	\$500	\$500	\$500
Urgent Care	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	\$60	\$110	Ded, 50%
Chiropractic (12 visits annual max)	\$60	\$110	Ded, 50%
DME	Ded, 10%	Ded, 30%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Behavior	\$30	\$55	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 30%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Hospice	Ded, 10%	Ded, 30%	Ded, 50%
Pharmacy			
Generic Drug	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier PPO

PPO \$5,000	Good Samaritan	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$5,000	\$8,150	\$16,300
Annual Family Deductible	\$10,000	\$16,300	\$32,600
Annual OOP max-single (inc ded, copay, coinsurance)	\$8,500	\$9,100	\$26,100
Annual OOP max -family (inc ded, copay, coinsurance)	\$17,000	\$18,200	\$52,200
PCP Office	\$35	\$55	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$80	\$110	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 30%	Ded, 50%
Emergency Room	Ded, 10%	Ded, 10%	Ded, 10%
Urgent Care	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, \$80	Ded, 30%	Ded, 50%
Chiropractic (12 visits annual max)	\$80	\$110	Ded, 50%
DME	Ded, 10%	Ded, 30%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Behavior	\$35	\$55	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 30%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Hospice	Ded, 10%	Ded, 30%	Ded, 50%
Pharmacy			
Generic Drug	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier PPO

PPO \$7,000	Good Samaritan	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$7,000	\$8,500	\$16,300
Annual Family Deductible	\$10,000	\$17,000	\$32,600
Annual OOP max-single (inc ded, copay, coinsurance)	\$8,500	\$9,200	\$26,100
Annual OOP max -family (inc ded, copay, coinsurance)	\$17,000	\$18,400	\$52,200
PCP Office	\$35	\$55	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$80	\$110	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 30%	Ded, 50%
Emergency Room	Ded, 10%	Ded, 10%	Ded, 10%
Urgent Care	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, \$80	Ded, 30%	Ded, 50%
Chiropractic (12 visits annual max)	\$80	\$110	Ded, 50%
DME	Ded, 10%	Ded, 30%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Behavior	\$35	\$55	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 30%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Hospice	Ded, 10%	Ded, 30%	Ded, 50%
Pharmacy			
Generic Drug	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

Disclaimer: This is a draft of product offerings. The intention of this document is to provide an overview of the plans and does not include plan exclusions and limitations.

Three Tier HSA

HSA \$3,300 - Embedded	Good Samaritan	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$3,300	\$5,800	\$11,200
Annual Family Deductible	\$6,600	\$11,600	\$22,400
Annual OOP max-single (inc ded, copay, coinsurance)	\$7,000	\$7,500	\$21,150
Annual OOP max-family (inc ded, copay, coinsurance)	\$14,000	\$15,000	\$42,300
PCP Office	Ded, \$30	Ded, \$55	Ded, 50%
Specialist Office	Ded, \$60	Ded, \$110	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 30%	Ded, 50%
Emergency Room	Ded, \$625	Ded, \$625	Ded, \$625
Urgent Care	Ded, \$100	Ded, \$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, \$60	Ded, \$110	Ded, 50%
Chiropractic (12 visits annual max)	Ded, \$60	Ded, \$110	Ded, 50%
DME	Ded, 10%	Ded, 30%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Behavior	Ded, \$30	Ded, \$55	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 30%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Hospice	Ded, 10%	Ded, 30%	Ded, 50%
Pharmacy			
Generic Drug	Ded, \$15	Ded, \$15	Ded, 50%
Brand Name Formulary	Ded, \$45	Ded, \$45	Ded, 50%
Brand Name Nonformulary	Ded, 10%	Ded, 10%	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

Disclaimer: This is a draft of product offerings. The intention of this document is to provide an overview of the plans and does not include plan exclusions and limitations.

Three Tier HSA

HSA \$5,000 - Embedded	Good Samaritan	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$5,000	\$6,500	\$13,800
Annual Family Deductible	\$10,000	\$13,000	\$27,600
Annual OOP max-single (inc ded, copay, coinsurance)	\$6,500	\$7,500	\$21,150
Annual OOP max-family (inc ded, copay, coinsurance)	\$13,000	\$15,000	\$42,300
PCP Office	Ded, 10%	Ded, 30%	Ded, 50%
Specialist Office	Ded, 10%	Ded, 30%	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 30%	Ded, 50%
Emergency Room	Ded, 10%	Ded, 10%	Ded, 10%
Urgent Care	Ded, 10%	Ded, 30%	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, 10%	Ded, 30%	Ded, 50%
Chiropractic (12 visits annual max)	Ded, 10%	Ded, 30%	Ded, 50%
DME	Ded, 10%	Ded, 30%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Behavior	Ded, 10%	Ded, 30%	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 30%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Hospice	Ded, 10%	Ded, 30%	Ded, 50%
Pharmacy			
Generic Drug	Ded, \$15	Ded, \$15	Ded, 50%
Brand Name Formulary	Ded, \$45	Ded, \$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier HSA

HSA \$7,000 - Embedded	Good Samaritan	Encore Combined	Out-of-Network
Benefit Category			
Annual Single Deductible	\$7,000	\$7,500	\$13,800
Annual Family Deductible	\$14,000	\$15,000	\$27,600
Annual OOP max-single (inc ded, copay, coinsurance)	\$7,500	\$8,000	\$21,150
Annual OOP max-family (inc ded, copay, coinsurance)	\$15,000	\$16,000	\$42,300
PCP Office	Ded, 10%	Ded, 30%	Ded, 50%
Specialist Office	Ded, 10%	Ded, 30%	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 30%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 30%	Ded, 50%
Emergency Room	Ded, 10%	Ded, 10%	Ded, 10%
Urgent Care	Ded, 10%	Ded, 30%	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, 10%	Ded, 30%	Ded, 50%
Chiropractic (12 visits annual max)	Ded, 10%	Ded, 30%	Ded, 50%
DME	Ded, 10%	Ded, 30%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Behavior	Ded, 10%	Ded, 30%	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 30%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 30%	Ded, 50%
Hospice	Ded, 10%	Ded, 30%	Ded, 50%
Pharmacy			
Generic Drug	Ded, \$15	Ded, \$15	Ded, 50%
Brand Name Formulary	Ded, \$45	Ded, \$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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CLINIC INFORMATION



Good Samaritan
Wellness Matters

**As part of the Good Samaritan Direct Health program,
Employers will automatically have access to the Wellness Matters Clinic.**

Visits to the Wellness Matters Clinic will be free of charge to all members of the plan as the cost of the program is included within the premium.

The clinic offers physicals, wellness exams, chronic care management, health maintenance, on-site lab draw & medications for all your acute and wellness needs.

Healthcare services offered:

- Physicals (Sports, School, Annual)
- DOT/CDL
- Well-Man or Woman Exams
- Pelvic Exams
- Chronic Care Management
- Health Maintenance
- Referrals for Screening Tests
- Mental Health Needs:
Depression, Anxiety, etc.
- Weight loss Counseling
- Birth Control
- Health Action Plans

Urgent Concerns:

- Splinter Removal
- Breathing Treatments
- Treatment of Minor Injuries & Illnesses
- Urinary Tract Infections
- Common Rashes
- Minor Respiratory Illness
- Ear Pain & Ear Wax Issues
- Pink Eye
- Sinus Pain
- Allergies
- STI Testing & Treatment
- Simple Abscesses / Boils

Hours:
Monday-Thursday
(8am-5pm)

Phone:
(812) 885-8945
Visits by Appointment Only

Medical Center of Vincennes
406 N. 1st Street
Vincennes, IN

Three Tier PPO



PPO \$1,500	Parkview Signature Care EPO	Parkview Signature Care	Out-of-Network
Benefit Category			
Annual Single Deductible	\$1,500	\$3,000	\$6,000
Annual Family Deductible	\$3,000	\$6,000	\$12,000
Annual OOP max-single (inc ded, copay, coinsurance)	\$5,000	\$7,500	\$26,100
Annual OOP max-family (inc ded, copay, coinsurance)	\$10,000	\$15,000	\$52,200
PCP Office	\$0	\$55	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$60	\$110	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	\$500	\$500	\$500
Urgent Care	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	\$60	Ded, 20%	Ded, 50%
Chiropractic (12 visits annual max)	\$60	\$110	Ded, 50%
DME	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavior	\$0	\$55	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy			
Generic Drug	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier PPO



PPO \$3,000	Parkview Signature Care EPO	Parkview Signature Care	Out-of-Network
Benefit Category			
Annual Single Deductible	\$3,000	\$6,000	\$12,000
Annual Family Deductible	\$6,000	\$12,000	\$24,000
Annual OOP max-single (inc ded, copay, coinsurance)	\$5,250	\$8,250	\$26,100
Annual OOP max-family (inc ded, copay, coinsurance)	\$10,500	\$16,500	\$52,200
PCP Office	\$0	\$55	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$55	\$110	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	\$500	\$500	\$500
Urgent Care	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	\$55	\$110	Ded, 50%
Chiropractic (12 visits annual max)	\$55	\$110	Ded, 50%
DME	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavior	\$0	\$55	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy			
Generic Drug	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier PPO



PARKVIEW
SELECT CARE

PPO \$5,000	Parkview Signature Care EPO	Parkview Signature Care	Out-of-Network
Benefit Category			
Annual Single Deductible	\$5,000	\$8,150	\$16,300
Annual Family Deductible	\$10,000	\$16,300	\$32,600
Annual OOP max-single (inc ded, copay, coinsurance)	\$8,500	\$9,100	\$26,100
Annual OOP max -family (inc ded, copay, coinsurance)	\$17,000	\$18,200	\$52,200
PCP Office	\$0	\$55	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$80	\$110	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	Ded, 10%	Ded, 10%	Ded, 10%
Urgent Care	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, \$80	Ded, 20%	Ded, 50%
Chiropractic (12 visits annual max)	\$80	\$110	Ded, 50%
DME	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavior	\$0	\$55	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy			
Generic Drug	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier PPO



PPO \$7,000	Parkview Signature Care EPO	Parkview Signature Care	Out-of-Network
Benefit Category			
Annual Single Deductible	\$7,000	\$8,500	\$16,300
Annual Family Deductible	\$14,000	\$17,000	\$32,600
Annual OOP max-single (inc ded, copay, coinsurance)	\$8,500	\$9,200	\$26,100
Annual OOP max -family (inc ded, copay, coinsurance)	\$17,000	\$18,400	\$52,200
PCP Office	\$0	\$55	Ded, 50%
Specialist Office (Coinsurance for Ancillary Services)	\$80	\$110	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	Ded, 10%	Ded, 10%	Ded, 10%
Urgent Care	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, \$80	Ded, 20%	Ded, 50%
Chiropractic (12 visits annual max)	\$80	\$110	Ded, 50%
DME	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavior	\$0	\$55	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy			
Generic Drug	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier **HSA**



HSA \$3,300 - Embedded	Parkview Signature Care EPO	Parkview Signature Care	Out-of-Network
Benefit Category			
Annual Single Deductible	\$3,300	\$5,800	\$11,200
Annual Family Deductible	\$6,600	\$11,600	\$22,400
Annual OOP max-single (inc ded, copay, coinsurance)	\$7,000	\$7,500	\$21,150
Annual OOP max-family (inc ded, copay, coinsurance)	\$14,000	\$15,000	\$42,300
PCP Office	Ded, \$25	Ded, \$55	Ded, 50%
Specialist Office	Ded, \$60	Ded, \$110	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	Ded, \$625	Ded, \$625	Ded, \$625
Urgent Care	Ded, \$100	Ded, \$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, \$60	Ded, \$110	Ded, 50%
Chiropractic (12 visits annual max)	Ded, \$60	Ded, \$110	Ded, 50%
DME	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavior	Ded, \$25	Ded, \$55	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy			
Generic Drug	Ded, \$15	Ded, \$15	Ded, 50%
Brand Name Formulary	Ded, \$45	Ded, \$45	Ded, 50%
Brand Name Nonformulary	Ded, 10%	Ded, 10%	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier **HSA**



HSA \$5,000 - Embedded	Parkview Signature Care EPO	Parkview Signature Care	Out-of-Network
Benefit Category			
Annual Single Deductible	\$5,000	\$6,500	\$13,800
Annual Family Deductible	\$10,000	\$13,000	\$27,600
Annual OOP max-single (inc ded, copay, coinsurance)	\$6,400	\$7,500	\$21,150
Annual OOP max-family (inc ded, copay, coinsurance)	\$12,800	\$15,000	\$42,300
PCP Office	Ded, 10%	Ded, 20%	Ded, 50%
Specialist Office	Ded, 10%	Ded, 20%	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	Ded, \$500	Ded, \$500	Ded, \$500
Urgent Care	Ded, 10%	Ded, 20%	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, 10%	Ded, 20%	Ded, 50%
Chiropractic (12 visits annual max)	Ded, 10%	Ded, 20%	Ded, 50%
DME	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavior	Ded, 10%	Ded, 20%	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy			
Generic Drug	Ded, \$15	Ded, \$15	Ded, 50%
Brand Name Formulary	Ded, \$45	Ded, \$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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Three Tier **HSA**



HSA \$7,000 - Embedded	Parkview Signature Care EPO	Parkview Signature Care	Out-of-Network
Benefit Category			
Annual Single Deductible	\$7,000	\$7,500	\$13,800
Annual Family Deductible	\$14,000	\$15,000	\$27,600
Annual OOP max-single (inc ded, copay, coinsurance)	\$7,500	\$8,000	\$21,150
Annual OOP max-family (inc ded, copay, coinsurance)	\$15,000	\$16,000	\$42,300
PCP Office	Ded, 10%	Ded, 20%	Ded, 50%
Specialist Office	Ded, 10%	Ded, 20%	Ded, 50%
Preventive Care	\$0	\$0	Not covered
Inpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (Inpatient & Outpatient)	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	Ded, \$500	Ded, \$500	Ded, \$500
Urgent Care	Ded, 10%	Ded, 20%	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech (20 visit annual max each)	Ded, 10%	Ded, 20%	Ded, 50%
Chiropractic (12 visits annual max)	Ded, 10%	Ded, 20%	Ded, 50%
DME	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavior	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavior	Ded, 10%	Ded, 20%	Ded, 50%
Skilled Nursing (90 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehab	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy			
Generic Drug	Ded, \$15	Ded, \$15	Ded, 50%
Brand Name Formulary	Ded, \$45	Ded, \$45	Ded, 50%
Brand Name Nonformulary	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drug	Ded, 30%	Ded, 30%	Not covered
Mail Order (90-day Supply)	2.5x	2.5x	Mail Order Only; Ded, 50%

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CLINIC INFORMATION



PARKVIEW

EMPLOYER SOLUTIONS

EMPLOYER CLINICS

Clinic Services

Employer Clinic services are provided to you at no cost. You may visit any of our Employer Clinics for the following services:

- Diagnosis and treatment of most chronic health conditions.
- Acute/sick care visits.
- Annual exams and physicals.
- Basic in-office procedures.
- Access to a medically supervised metabolic wellness program and diabetes treatment team and services.

Lab Services

Each Employer Clinic is equipped with a lab to obtain blood draws, cultures, and/or urine collection to diagnose and monitor certain conditions such as:

- Comprehensive Metabolic Panel
- Complete Blood Count Lipid panel
- Hemoglobin A1C
- Thyroid Stimulating Hormone (TSH)
- Prostate Specific Antigen (PSA)
- Vitamin and mineral deficiency
- Hormone deficiency
- C-Reactive Protein
- Throat culture
- Urinalysis
- Hepatic and Renal Function Panel

Medication Formulary

Employer Clinics have access to many medications in generic form free of charge.

Medication categories include:

- Antibiotic/Antifungal/Antiviral
- Depression/Anxiety
- Diabetes/Hypertension/Heart Disease
- Male and Female Health/Nutrition
- Osteoporosis/Arthritis/Pain
- Lipid Management
- Migraine
- Gastrointestinal

Locations

Kosciusko County Clinic

1021 Mariners Dr.
Warsaw, IN 46582

Tues: 8am - 4pm
Wed: 10am - 6pm
Thurs: 8am - 4pm

Northwest Allen County Clinic

3898 New Vision Drive,
Suite C
(Building M)
Fort Wayne, IN 46845

Mon: 8 am - 6 pm
Tues: 8 am - 5 pm
Wed: 8 am - 6 pm
Thurs: 8 am - 5 pm
Fri: 12 pm - 5 pm

Noble County Clinic

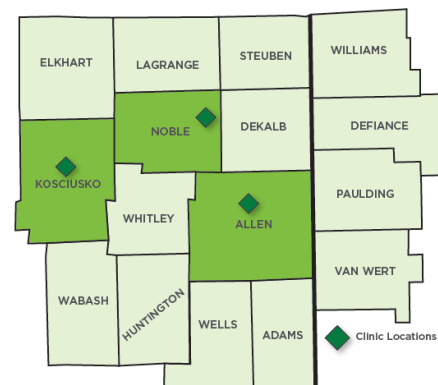
1844 Ida Red Road
Kendallville, IN 46755

Clinic Hours:

Mon: 10 am - 6 pm
Wed: 8 am - 4 pm

Virtual Hours:

Tues: 8 am - 4 pm
Thurs: 8 am - 4 pm



For information on Employer Clinic services, providers, appointment scheduling, and more, visit Parkview.com/EmployerClinicsHub or scan the QR code with your mobile phone camera.



Three Tier PPO



	PC Choice \$1,500				PC Choice \$3,000				PC Choice \$5,000				PC Choice \$7,000		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of- Network		Tier 1 Network	Tier 2 Network	Tier 3 Out-of- Network		Tier 1 Network	Tier 2 Network	Tier 3 Out-of- Network		Tier 1 Network	Tier 2 Network	Tier 3 Out-of- Network
Annual Single Deductible	\$1,500	\$3,000	\$6,000		\$3,000	\$6,000	\$12,000		\$5,000	\$8,150	\$16,300		\$7,000	\$8,200	\$16,300
Annual Family Deductible	\$3,000	\$6,000	\$12,000		\$6,000	\$12,000	\$24,000		\$10,000	\$16,300	\$32,600		\$14,000	\$16,400	\$32,600
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$5,000	\$8,000	\$26,100		\$5,250	\$8,250	\$26,100		\$8,700	\$8,700	\$26,100		\$8,700	\$9,200	\$26,100
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$10,000	\$16,000	\$52,200		\$10,500	\$16,500	\$52,200		\$17,400	\$17,400	\$52,200		\$17,400	\$18,400	\$52,200
PCP Office Visit	\$35	\$35	Ded, 50%		\$35	\$35	Ded, 50%		\$45	\$45	Ded, 50%		\$45	\$45	Ded, 50%
Specialist Office Visit	\$70	\$70	Ded, 50%		\$70	\$70	Ded, 50%		\$90	\$90	Ded, 50%		\$90	\$90	Ded, 50%
Preventive Care	0%	0%	Not Covered		0%	0%	Not Covered		0%	0%	Not Covered		0%	0%	Not Covered
Inpatient Hospital Services	Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%
Outpatient Hospital Services	Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%
Professional Services (In & Out)	Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%
Emergency Room	\$500	\$500	\$500		\$500	\$500	\$500		Ded, 20%	Ded, 20%	Ded, 20%		Ded, 20%	Ded, 20%	Ded, 20%
Urgent Care Facility	\$100	\$100	Ded, 50%		\$100	\$100	Ded, 50%		\$100	\$100	Ded, 50%		\$100	\$100	Ded, 50%
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%		Ded, 20%	Ded, 20%	Ded, 20%		Ded, 20%	Ded, 20%	Ded, 20%		Ded, 20%	Ded, 20%	Ded, 20%
PT/OT/Speech Therapy (20 visit annual max each)	\$70	Ded, 30%	Ded, 50%		\$70	Ded, 30%	Ded, 50%		\$90	Ded, 30%	Ded, 50%		\$90	Ded, 30%	Ded, 50%
Chiropractic Services (12 visit annual max)	\$70	\$70	Ded, 50%		\$70	\$70	Ded, 50%		\$90	\$90	Ded, 50%		\$90	\$90	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%
Inpatient Behavioral Health	Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%
Outpatient Behavioral Health	\$35	\$35	Ded, 50%		\$35	\$35	Ded, 50%		\$45	\$45	Ded, 50%		\$45	\$45	Ded, 50%
Skilled Nursing Facility (90 visits)	Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%
Long Term Acute Care	Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%
Acute Inpatient Rehabilitation	Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%
Home Health (100 visits)	Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%
Hospice	Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%
Pharmacy:															
Generic Drug	\$10	\$10	Ded, 50%		\$10	\$10	Ded, 50%		\$15	\$15	Ded, 50%		\$15	\$15	Ded, 50%
Brand Name Formulary	\$35	\$35	Ded, 50%		\$35	\$35	Ded, 50%		\$45	\$45	Ded, 50%		\$45	\$45	Ded, 50%
Brand Name Non-Formulary	\$70	\$70	Ded, 50%		\$70	\$70	Ded, 50%		Ded, \$100	Ded, \$100	Ded, 50%		Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drugs *	Ded, 30%	Ded, 30%	Mail Order Only; Ded, 50%		Ded, 30%	Ded, 30%	Mail Order Only; Ded, 50%		Ded, 30%	Ded, 30%	Mail Order Only; Ded, 50%		Ded, 30%	Ded, 30%	Mail Order Only; Ded, 50%
Mail Order	2.5x	2.5x	Mail Order Only; Ded, 50%		2.5x	2.5x	Mail Order Only; Ded, 50%		2.5x	2.5x	Mail Order Only; Ded, 50%		2.5x	2.5x	Mail Order Only; Ded, 50%

Disclaimer: This is a draft of product offerings. The intention of this document is to provide an overview of the plans and does not include plan exclusions and limitations.

Three Tier HSA



	HSA \$3,300			HSA \$5,000		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of- Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of- Network
Annual Single Deductible	\$3,300	\$5,800	\$11,200	\$5,000	\$6,500	\$13,800
Annual Family Deductible	\$6,600	\$11,600	\$22,400	\$10,000	\$13,000	\$27,600
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$7,000	\$7,500	\$21,150	\$6,500	\$7,500	\$21,150
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$14,000	\$15,000	\$42,300	\$13,000	\$15,000	\$42,300
Family Deductible / OOP Max	Embedded			Embedded		
PCP Office Visit	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Specialist Office Visit	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Outpatient Hospital Services	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Professional Services (In & Out)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Emergency Room	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 0%	Ded, 0%	Ded, 0%
Urgent Care Facility	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 0%	Ded, 0%	Ded, 0%
PT/OT/Speech Therapy (20 visit annual max each)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Chiropractic Services (12 visit annual max)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Inpatient Behavioral Health	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Outpatient Behavioral Health	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Skilled Nursing Facility (90 visits)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Long Term Acute Care	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Acute Inpatient Rehabilitation	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Home Health (100 visits)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Hospice	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Pharmacy:						
Generic Drug	Ded, \$15	Ded, \$15	Ded, 50%	Ded, \$15	Ded, \$15	Ded, 50%
Brand Name Formulary	Ded, \$45	Ded, \$45	Ded, 50%	Ded, \$45	Ded, \$45	Ded, 50%
Brand Name Non-Formulary	Ded, 20%	Ded, 20%	Ded, 50%	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drugs *	Ded, 30%	Ded, 30%	Mail Order Only; Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only; Ded, 50%
Mail Order	2.5x	2.5x	Mail Order Only; Ded, 50%	2.5x	2.5x	Mail Order Only; Ded, 50%

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Two Tier PPO



	PPO \$1,500		PPO \$2,500		PPO \$4,100	
	Encore Combined	Out-of- Network	Encore Combined	Out-of- Network	Encore Combined	Out-of- Network
Annual Single Deductible	\$1,500	\$6,000	\$2,500	\$10,000	\$4,100	\$16,000
Annual Family Deductible	\$3,000	\$12,000	\$5,000	\$20,000	\$8,200	\$32,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$5,000	\$27,300	\$5,500	\$26,100	\$6,000	\$26,100
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$10,000	\$54,600	\$11,000	\$52,200	\$12,000	\$52,200
PCP Office Visit	\$30	Ded, 50%	\$30	Ded, 50%	\$20	Ded, 50%
Specialist Office Visit	\$75	Ded, 50%	\$75	Ded, 50%	\$40	Ded, 50%
Preventive Care	\$0	\$0	\$0	\$0	\$0	Not Covered
Inpatient Hospital Services	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Emergency Room	\$500	\$500	\$500	\$500	\$500	\$500
Urgent Care Facility	\$100	Ded, 50%	\$100	Ded, 50%	\$100	Ded, 50%
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
PT/OT/Speech Therapy (20 visit annual max each)	\$75	Ded, 50%	\$75	Ded, 50%	\$40	Ded, 50%
Chiropractic Services (12 visit annual max)	\$75	Ded, 50%	\$75	Ded, 50%	\$40	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	\$30	Ded, 50%	\$30	Ded, 50%	\$20	Ded, 50%
Skilled Nursing Facility (90 visits)	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Long Term Acute Care	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Hospice	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Pharmacy:						
Generic Drug	\$15	Ded, 50%	\$15	Ded, 50%	\$15	Ded, 50%
Brand Name Formulary	\$45	Ded, 50%	\$45	Ded, 50%	\$45	Ded, 50%
Brand Name Non-Formulary	Ded, \$100	Ded, 50%	Ded, \$100	Ded, 50%	Ded, \$100	Ded, 50%
Specialty Drugs *	Ded, 30%	Mail Order Only; Ded, 50%	Ded, 30%	Mail order only, Ded, 50%	Ded, 30%	Mail Order Only; Ded, 50%
Mail Order	2.5x	2.5x	2.5x	2.5x	2.5x	Mail Order Only; Ded, 50%

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Two Tier PPO



	PPO \$6,000		PPO \$7,000		PPO \$9,200	
	Encore Combined	Out-of- Network	Encore Combined	Out-of- Network	Encore Combined	Out-of- Network
Annual Single Deductible	\$6,000	\$16,300	\$7,000	\$16,300	\$9,200	\$17,000
Annual Family Deductible	\$12,000	\$32,600	\$14,000	\$32,600	\$18,400	\$34,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$8,700	\$26,100	\$9,200	\$26,100	\$9,200	\$26,100
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$17,400	\$52,200	\$18,400	\$52,200	\$18,400	\$52,200
PCP Office Visit	\$30	Ded, 50%	\$30	Ded, 50%	\$0	Ded, 50%
Specialist Office Visit	\$75	Ded, 50%	\$75	Ded, 50%	Ded, 0%	Ded, 50%
Preventive Care	\$0	Not Covered	\$0	Not Covered	Ded, 0%	Not covered
Inpatient Hospital Services	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 50%
Outpatient Hospital Services	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 50%
Professional Services (In & Out)	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 50%
Emergency Room	Ded, \$500	Ded, \$500	Ded, \$500	Ded, \$500	Ded, 0%	Ded, 0%
Urgent Care Facility	\$100	Ded, 50%	\$100	Ded, 50%	Ded, 0%	Ded, 50%
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 0%	Ded, 0%
PT/OT/Speech Therapy (20 visit annual max each)	\$75	Ded, 50%	\$75	Ded, 50%	Ded, 0%	Ded, 50%
Chiropractic Services (12 visit annual max)	\$75	Ded, 50%	\$75	Ded, 50%	Ded, 0%	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 50%
Inpatient Behavioral Health	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 50%
Outpatient Behavioral Health	\$30	Ded, 50%	\$30	Ded, 50%	Ded, 0%	Ded, 50%
Skilled Nursing Facility (90 visits)	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 50%
Long Term Acute Care	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 50%
Acute Inpatient Rehabilitation	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 50%
Home Health (100 visits)	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 50%
Hospice	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 50%
Pharmacy:						
Generic Drug	\$15	Ded, 50%	\$15	Ded, 50%	Ded, 0%	Ded, 50%
Brand Name Formulary	\$45	Ded, 50%	\$45	Ded, 50%	Ded, 0%	Ded, 50%
Brand Name Non-Formulary	Ded, \$100	Ded, 50%	Ded, \$100	Ded, 50%	Ded, 0%	Ded, 50%
Specialty Drugs *	Ded, 30%	Mail Order Only; Ded, 50%	Ded, 30%	Mail order only, Ded, 50%	Ded, 0%	Mail Order Only; Ded, 50%
Mail Order	2.5x	2.5x	2.5x	2.5x	2.5x	N/A

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Two Tier HSA



	HSA \$3,300		HSA \$5,500		HSA \$7,000	
	Encore Combined	Out-of- Network	Encore Combined	Out-of- Network	Encore Combined	Out-of- Network
Annual Single Deductible	\$3,300	\$11,200	\$5,500	\$13,800	\$7,000	\$13,800
Annual Family Deductible	\$6,600	\$22,400	\$11,000	\$27,600	\$14,000	\$27,600
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$7,000	\$21,150	\$8,000	\$21,150	\$8,000	\$21,150
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$14,000	\$42,300	\$16,000	\$42,300	\$16,000	\$42,300
PCP Office Visit	Ded, \$35	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Specialist Office Visit	Ded, \$70	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Preventive Care	\$0	Not Covered	\$0	Not Covered	\$0	Not Covered
Inpatient Hospital Services	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Emergency Room	Ded, \$625	Ded, \$625	Ded, \$1,600	Ded, \$1,600	Ded, \$1,250	Ded, \$1,250
Urgent Care Facility	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
PT/OT/Speech Therapy (20 visit annual max each)	Ded, \$70	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Chiropractic Services (12 visit annual max)	Ded, \$70	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	Ded, \$35	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Skilled Nursing Facility (90 visits)	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Long Term Acute Care	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Hospice	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Pharmacy:						
Generic Drug	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Brand Name Formulary	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Brand Name Non-Formulary	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Specialty Drugs *	Ded, 30%	Mail order only, Ded, 50%	Ded, 30%	Mail order only, Ded, 50%	Ded, 30%	Mail order only, Ded, 50%
Mail Order	2.5x	2.5x	2.5x	2.5x	2.5x	2.5x

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READY FOR **A QUOTE?**

Required Items to **Quote:**

1

Employer Information

- A) Employer's Name
- B) Employer's Address
- C) Employer's County

2

Effective Date

3

Census

- A) Employee's Name & DOB
- B) Dependent's Name(s) & DOB(s)
- C) Spouse's Name & DOB
- D) Employee's Zip Code

YOUR **CONTACT**



John Sadtler Jr.

Sales Consultant

(812) 341-1099

JC.Sadtler@siho.org

YOUR NOTES:



LOCAL **SERVICE.** COMPETITIVE **PRODUCTS.** EXCEPTIONAL **QUALITY.**

SIHO prides itself on making the shift from being customer-focused to a customer-centric organization to create a best in class experience through communications, services, and products.

SIHO's team has the training and resources to help members navigate through their medical events and ensures that the administration of the health plan operates efficiently.

At SIHO, we strive to consistently provide exceptional customer service by exceeding expectations and anticipating the needs of our Customers.

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The plans illustrated in this brochure are representative examples. Because plan details change from time to time, your plan may have different benefits. Refer to your Certificate of Coverage for the specific benefits available to you. For more information on these plans, contact your authorized SIHO agent/broker or SIHO account coordinator.