

SIHO Standard HSA Plan—Summary of Benefits

Available both Fully Insured and Self-Funded

Benefit Category	Non-Embedded Deductible Plans*						Embedded Deductible Plans**				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8	Plan 9	Plan 10	Plan 11
Annual Single Deductible	\$1,200	\$1,200	\$1,500	\$1,500	\$2,000	\$2,000	\$2,500	\$2,500	\$3,500	\$3,500	\$5,000
Annual Family Deductible	\$2,400	\$2,400	\$3,000	\$3,000	\$4,000	\$4,000	\$5,000	\$5,000	\$7,000	\$7,000	\$10,000
Annual OOP Max - Single	\$1,200	\$3,000	\$1,500	\$4,000	\$2,000	\$5,000	\$2,500	\$5,000	\$3,500	\$5,000	\$5,000
Annual OOP Max - Family	\$2,400	\$6,000	\$3,000	\$8,000	\$4,000	\$10,000	\$5,000	\$10,000	\$7,000	\$10,000	\$10,000
HSA Account Funding – Single (Recommended) - Minimum	\$600	\$600	\$750	\$750	\$1,000	\$1,000	\$1,250	\$1,250	\$1,750	\$1,750	\$2,500
HSA Account Funding – Family (Recommended) - Minimum	\$1,200	\$1,200	\$1,500	\$1,500	\$2,000	\$2,000	\$2,500	\$2,500	\$3,500	\$3,500	\$5,000
Deductible Exposure Single	\$600	\$600	\$750	\$750	\$1,000	\$1,000	\$1,250	\$1,250	\$1,750	\$1,750	\$2,500
Deductible Exposure Family	\$1,200	\$1,200	\$1,500	\$1,500	\$2,000	\$2,000	\$2,500	\$2,500	\$3,500	\$3,500	\$5,000
OOP Max Exposure Single	\$600	\$2,400	\$750	\$3,250	\$1,000	\$4,000	\$1,250	\$3,750	\$1,750	\$3,250	\$2,500
OOP Max Exposure Family	\$1,200	\$4,800	\$1,500	\$6,500	\$2,000	\$8,000	\$2,500	\$7,500	\$3,500	\$6,500	\$5,000
Preventive Care	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Physician Services	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%
Inpatient Hospital Services	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%
Outpatient Hospital Services	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%
Emergency Room	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%
Ambulance (Annual Max \$500 ground & \$8,100 Air)	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%
All Other Services	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%
PT/OT/Speech Therapy (Annual Max 20 visits each)	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%
Chiropractic Services (Annual Max 15 visits)	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%
DME/Orthotics & Prosthetic Devices (Annual Max \$5,000 each, lifetime Max \$10,000)	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%
Inpatient Behavioral Health (Annual Maximum 30 days, lifetime Max 75 days)	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%
Outpatient Behavioral Health (Annual Max 30 visits, lifetime Max 75 visits)	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%
Skilled Nursing Facility (Annual Max 60 Days)	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%
Home Health (Annual Max 60 Vists)	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%
Hospice (Lifetime Max \$7,500)	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%
Prescription Drugs	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%	Ded, 20%	Ded, 0%
Out of Network:											
Annual Single Deductible	\$2,200	\$2,200	\$3,000	\$3,000	\$4,000	\$4,000	\$5,000	\$5,000	\$7,000	\$7,000	\$10,000
Annual Family Deductible	\$4,400	\$4,400	\$6,000	\$6,000	\$8,000	\$8,000	\$10,000	\$10,000	\$14,000	\$14,000	\$20,000
Coinsurance for All Services	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Annual OOP Max - Single	\$8,000	\$8,000	\$10,000	\$10,000	\$10,000	\$10,000	\$12,000	\$12,000	\$12,000	\$12,000	\$15,000
Annual OOP Max - Family	\$16,000	\$16,000	\$20,000	\$20,000	\$20,000	\$20,000	\$24,000	\$24,000	\$24,000	\$24,000	\$30,000

* Non-embedded deductible plans—for family policies the single deductible is not applicable. No benefits will be paid until the family deductible amount is reached by one or several members combined. SEE EXAMPLE ON PAGE 10.

** Embedded deductible plans—for family policies, benefits will be paid after any one member reaches the single deductible amount, AND when the family deductible is reached by several members combined. SEE EXAMPLE ON PAGE 10.