

Landmark Health Savings Accounts



2015 Plans: Small Group (2-50 employees)

Landmark Health Savings Account

Overview

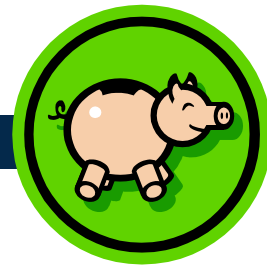
A **Health Savings Account (HSA)** can be viewed much like a medical IRA. It is a tax advantaged savings account that individuals can use to pay for qualified health care expenses, both now and in the future. As employers continue to migrate to ever higher deductible plans, it makes sense to consider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

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

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

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

Landmark Health Savings Account



The SIHO Landmark HSA consists of two parts.

- First, the employer offers the member an affordable health plan that provides comprehensive protection for the cost of more serious medical conditions. Preventive care services are covered 100% for all family members!
- Second, the member establishes a Health Savings Account that can be used to pay for services that are the responsibility of the member, i.e., subject to deductible and coinsurance. If the member does not use any or all of their HSA dollars, they roll over to the next year and will accumulate to provide greater financial protection! Both the employee and employer can contribute to the HSA. The HSA can also be used to pay for other qualified medical expenses that are not covered by the HDHP. Some common examples are eye care, dental services and over-the-counter medications. In this way, the HSA functions much like a medical Flexible Spending Account, but without the need to submit claims. (See page 19 for examples of eligible expenses.)

How the Landmark HSA Works

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

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

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

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

SIHO Health Savings Account

How the Landmark HSA Works *(continued)*

Receiving Medical Services

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

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

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

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



SIHO Health Savings Account

HSA Description

Eligibility

1. To open or make contributions to a Health Savings Account, the account holder must be enrolled in a federally qualified High Deductible Health Plan (HDHP).
2. An HDHP must meet the following requirements to be federally qualified for 2015:

Policy Type	Minimum Deductible (In-Network)	Maximum Out-of-Pocket (In-Network)
Individual Policies 2015	\$1,300	\$6,600
Family Policies 2015	\$2,600	\$13,200

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

Landmark Health Savings Account

Contributions to the HSA

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

- **2015 Contribution Limits:**

Individual Policies	\$3,350
Family Policies	\$6,650

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

Each spouse may make a catch-up contribution providing each has a separate HSA

Spending from the HSA

1. Another important benefit of an HSA is that as long as funds withdrawn are used to pay for qualified medical expenses they are not subject to any income tax.
2. The list of qualified medical expenses is long and broad and is defined by IRS code Section 213(d). The list includes all services that are covered benefits of the SIHO HDHP in addition to many services that are not covered. Some examples are over-the-counter medications, braces, eyeglasses, Lasik surgery and weight-loss programs. A summarized list of qualified and non qualified medical expenses can be found on page 19.
3. Unlike contributions into an HSA, an individual need not be covered by an HDHP to make withdrawals from the HSA. With this feature a person who opts-out of an HDHP with a balance remaining in their HSA can still use those funds to pay for qualified medical expenses, even if they are covered by a traditional health plan.
4. There is no substantiation required for a person to make an HSA withdrawal. It is an honor system under which receipts need to be kept should the account holder be audited by the IRS.
5. With a SIHO partner bank the HSA can be accessed via a debit card, paper check or through online tools.

LANDMARK COMBINED Network

This is a facility-driven product providing three levels of benefits determined by the provider network that is used. **Maximum benefits are achieved by using Landmark Tier 1 Providers. Members have lower deductibles, coinsurance, and out-of-pocket maximums.** Where available, the Landmark Tier 1 Network includes the local county hospital and all affiliated physicians, in addition to preferred tertiary hospitals in Indianapolis. The Tier 1 Network can provide virtually any type of medical service that a member may require. The facilities in this network consist of Encircle facilities and SIHO/Encore physicians. Members may also use the broader Landmark Tier 2 Network, but will pay significantly higher out-of-pocket costs. The Tier 2 Network includes hospitals in the SIHO and Encore networks. Deductibles and coinsurance applied to Tier 1 and Tier 2 providers cross apply. Members may also choose to see a provider that is out-of-network, but will pay even greater out-of-pocket costs. Out-of-network providers are referred to as Tier 3. The Landmark Network provider directory by tier can be found at www.siho.org: Landmark Combined Network.

Landmark HSA Summary of Benefits

All of the SIHO Health Plans illustrated on the following pages qualify as a High Deductible Health Plan under which the employee can establish a Health Savings Account.

Any of these HSA plans can be paired with a more traditional plan, such as SIHO Landmark, to better meet the needs of all employees. For a larger employer these plans can be offered on a self-funded basis.

PRE-AUTHORIZATION (PRECERTIFICATION)

SIHO requires that the following services be pre-certified:

- Speech therapy
- Procedures performed with a letter of necessity from a physician
- Dialysis
- Applied Behavioral Analysis therapy
- Oncology services (chemotherapy and radiation)
- Specialty drugs, except for insulin
- Transplant evaluations and procedures
- Hospice care
- Durable Medical Equipment (DME) (purchases over \$200 and all rentals)
- Home health care
- Mental health and substance abuse, intensive outpatient programs or partial hospitalizations
- Any inpatient admission (long term acute/sub-acute/rehab/skilled nursing facilities)

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

Landmark HSA Plans – Summary of Coverages

Benefit Category	Landmark HSA \$1,300 10% LYF		
	Landmark Tier 1 Network	Landmark Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$1,300	\$1,300	\$2,600
Annual Family Deductible	\$2,600	\$2,600	\$5,200
Annual OOP Max - Single (includes ded and co-ins)	\$6,000	\$6,100	\$12,200
Annual OOP Max - Family (includes ded and co-ins)	\$12,000	\$12,200	\$24,400
Embedded (Yes or No)*	No		
Employer Contribution (only applies to HSA Contributions, not premium)	None		
Preventive Care	\$0	\$0	Not Covered
Physician Services	Ded, 10%	Ded, 10%	Ded, 50%
Inpatient Hospital Services Precert required	Ded, 10%	Ded, 10%	Ded, 50%
Outpatient Hospital Services	Ded, 10%	Ded, 10%	Ded, 50%
Professional Services for Inpatient and Outpatient	Ded, 10%	Ded, 10%	Ded, 50%
Emergency Room	Ded, 10%	Ded, 10%	Ded, 10%
Urgent Care Facility	Ded, 10%	Ded, 10%	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech Therapy/Pulm. Rehab (Annual Max: 20 visits); Card. Rehab (Annual Max: 36 visits) Precert required for Speech Therapy	Ded, 10%	Ded, 10%	Ded, 50%
Chiropractic Services	Ded, 10%	Ded, 10%	Ded, 50%
DME/Orthotics & Prosthetic Devices Precert required for rentals and purchases over \$200	Ded, 10%	Ded, 10%	Ded, 50%
Inpatient Behavioral Health Precert required	Ded, 10%	Ded, 10%	Ded, 50%
Outpatient Behavioral Health Precert required for certain services	Ded, 10%	Ded, 10%	Ded, 50%
SNF/LTACH (Annual Max 90 Days) Precert required	Ded, 10%	Ded, 10%	Ded, 50%
Acute IP Rehab (Annual Max 60 Days) Precert required	Ded, 10%	Ded, 10%	Ded, 50%
Home Health (Annual Max 90 Visits) Precert required	Ded, 10%	Ded, 10%	Ded, 50%
Hospice (6 months of service): Precert required	Ded, 10%	Ded, 10%	Ded, 50%
Pharmacy:			
Generic Drug	Ded, 10%	Ded, 10%	Ded, 50%
Brand Name Formulary	Ded, 10%	Ded, 10%	Ded, 50%
Brand Name Non-Formulary	Ded, 10%	Ded, 10%	Ded, 50%
Specialty Drugs **	Ded, 10%	Ded, 10%	Not Covered
Peds. Dental: Diagnostic & Preventive, Basic Services, Major Services			
Peds. Vision: Eye Exam, Lenses/Frames or Contacts Once a Calendar Year			
*Non-embedded plans do not have an individual deductible if more than 1 person is covered under the plan.			
**Specialty Drug Benefit does not apply to orally administered cancer chemotherapy drugs, which are covered at the same level as chemotherapy administered intravenously or by injection.			

Landmark HSA Plans – Summary of Coverages

Benefit Category	Landmark HSA \$3,500 0% LYX		
	Landmark Tier 1 Network	Landmark Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$3,500	\$3,750	\$7,500
Annual Family Deductible	\$7,000	\$7,500	\$15,000
Annual OOP Max - Single (includes ded and co-ins)	\$3,500	\$3,750	\$15,000
Annual OOP Max - Family (includes ded and co-ins)	\$7,000	\$7,500	\$30,000
Embedded (Yes or No)*	Yes		
Employer Contribution (only applies to HSA Contributions, not premium)	None		
Preventive Care	\$0	\$0	Not Covered
Physician Services	Ded, 0%	Ded, 0%	Ded, 50%
Inpatient Hospital Services Precert required	Ded, 0%	Ded, 0%	Ded, 50%
Outpatient Hospital Services	Ded, 0%	Ded, 0%	Ded, 50%
Professional Services for Inpatient and Outpatient	Ded, 0%	Ded, 0%	Ded, 50%
Emergency Room	Ded, 0%	Ded, 0%	Ded, 0%
Urgent Care Facility	Ded, 0%	Ded, 0%	Ded, 50%
Ambulance	Ded, 0%	Ded, 0%	Ded, 0%
PT/OT/Speech Therapy/Pulm. Rehab (Annual Max: 20 visits); Card. Rehab (Annual Max: 36 visits) Precert required for Speech Therapy	Ded, 0%	Ded, 0%	Ded, 50%
Chiropractic Services	Ded, 0%	Ded, 0%	Ded, 50%
DME/Orthotics & Prosthetic Devices Precert required for rentals and purchases over \$200	Ded, 0%	Ded, 0%	Ded, 50%
Inpatient Behavioral Health Precert required	Ded, 0%	Ded, 0%	Ded, 50%
Outpatient Behavioral Health Precert required for certain services	Ded, 0%	Ded, 0%	Ded, 50%
SNF/LTACH (Annual Max 90 Days) Precert required	Ded, 0%	Ded, 0%	Ded, 50%
Acute IP Rehab (Annual Max 60 Days) Precert required	Ded, 0%	Ded, 0%	Ded, 50%
Home Health (Annual Max 90 Visits) Precert required	Ded, 0%	Ded, 0%	Ded, 50%
Hospice (6 months of service): Precert required	Ded, 0%	Ded, 0%	Ded, 50%
Pharmacy:			
Generic Drug	Ded, 0%	Ded, 0%	Ded, 50%
Brand Name Formulary	Ded, 0%	Ded, 0%	Ded, 50%
Brand Name Non-Formulary	Ded, 0%	Ded, 0%	Ded, 50%
Specialty Drugs **	Ded, 0%	Ded, 0%	Not Covered
Peds. Dental: Diagnostic & Preventive, Basic Services, Major Services			
Peds. Vision: Eye Exam, Lenses/Frames or Contacts Once a Calendar Year			
*Non-embedded plans do not have an individual deductible if more than 1 person is covered under the plan.			
**Specialty Drug Benefit does not apply to orally administered cancer chemotherapy drugs, which are covered at the same level as chemotherapy administered intravenously or by injection.			

Landmark HSA Plans – Summary of Coverages

Benefit Category	Landmark HSA \$4,000 20% LYV		
	Landmark Tier 1 Network	Landmark Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$4,000	\$5,000	\$10,000
Annual Family Deductible	\$8,000	\$10,000	\$20,000
Annual OOP Max - Single (includes ded and co-ins)	\$6,450	\$6,450	\$20,000
Annual OOP Max - Family (includes ded and co-ins)	\$12,900	\$12,900	\$40,000
Embedded (Yes or No)*	Yes		
Employer Contribution (only applies to HSA Contributions, not premium)	\$750		
Preventive Care	\$0	\$0	Not Covered
Physician Services	Ded, 20%	Ded, 20%	Ded, 50%
Inpatient Hospital Services Precert required	Ded, 20%	Ded, 30%	Ded, 50%
Outpatient Hospital Services	Ded, 20%	Ded, 20%	Ded, 50%
Professional Services for Inpatient and Outpatient	Ded, 20%	Ded, 20%	Ded, 50%
Emergency Room	Ded, 20%	Ded, 20%	Ded, 20%
Urgent Care Facility	Ded, 20%	Ded, 20%	Ded, 50%
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%
PT/PT/OT/Speech Therapy/Pulm. Rehab (Annual Max: 20 visits); Card. Rehab (Annual Max: 36 visits) Precert required for Speech Therapy	Ded, 20%	Ded, 20%	Ded, 50%
Chiropractic Services	Ded, 20%	Ded, 20%	Ded, 50%
DME/Orthotics & Prosthetic Devices Precert required for rentals and purchases over \$200	Ded, 20%	Ded, 30%	Ded, 50%
Inpatient Behavioral Health Precert required	Ded, 20%	Ded, 20%	Ded, 50%
Outpatient Behavioral Health Precert required for certain services	Ded, 20%	Ded, 20%	Ded, 50%
SNF/LTACH (Annual Max 90 Days) Precert required	Ded, 20%	Ded, 30%	Ded, 50%
Acute IP Rehab (Annual Max 60 Days) Precert required	Ded, 20%	Ded, 30%	Ded, 50%
Home Health (Annual Max 90 Visits) Precert required	Ded, 20%	Ded, 30%	Ded, 50%
Hospice (6 months of service): Precert required	Ded, 20%	Ded, 30%	Ded, 50%
Pharmacy:			
Generic Drug	Ded, 20%	Ded, 20%	Ded, 50%
Brand Name Formulary	Ded, 20%	Ded, 20%	Ded, 50%
Brand Name Non-Formulary	Ded, 20%	Ded, 20%	Ded, 50%
Specialty Drugs *	Ded, 20%	Ded, 20%	Not Covered
Peds. Dental: Diagnostic & Preventive, Basic Services, Major Services			
Peds. Vision: Eye Exam, Lenses/Frames or Contacts Once a Calendar Year			
*Non-embedded plans do not have an individual deductible if more than 1 person is covered under the plan.			
**Specialty Drug Benefit does not apply to orally administered cancer chemotherapy drugs, which are covered at the same level as chemotherapy administered intravenously or by injection.			

The plans illustrated below are representative examples. Because plan details change from time to time, you plan may have different benefits. Refer to your Certificate of Coverage for the specific benefits available to you.

Landmark HSA \$5,000 30% LYT			Landmark HSA \$5,500 0% LYW			Landmark HSA \$6,300 0% LYS		
Landmark Tier 1 Network	Landmark Tier 2 Network	Tier 3 Out-of-Network	Landmark Tier 1 Network	Landmark Tier 2 Network	Tier 3 Out-of-Network	Landmark Tier 1 Network	Landmark Tier 2 Network	Tier 3 Out-of-Network
\$5,000	\$6,000	\$12,000	\$5,500	\$6,450	\$12,900	\$6,300	\$6,400	\$12,800
\$10,000	\$12,000	\$24,000	\$11,000	\$12,900	\$25,800	\$12,600	\$12,800	\$25,600
\$6,450	\$6,450	\$24,000	\$5,500	\$6,450	\$25,800	\$6,300	\$6,400	\$25,600
\$12,900	\$12,900	\$48,000	\$11,000	\$12,900	\$51,600	\$12,600	\$12,800	\$51,200
Yes			Yes			Yes		
None			\$750			None		
\$0	\$0	Not Covered	\$0	\$0	Not Covered	\$0	\$0	Not Covered
Ded, 30%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Ded, 30%	Ded, 40%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
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Ded, 30%	Ded, 40%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Ded, 30%	Ded, 40%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Ded, 30%	Ded, 30%	Not Covered	Ded, 0%	Ded, 0%	Not Covered	Ded, 0%	Ded, 0%	Not Covered

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

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

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

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

SIHO Landmark HMO – HSA Plans – Summary of Coverages

Benefit Category	Landmark HMO-HSA \$2,500 LH1/LH2		
	Landmark Tier 1 Network	Landmark Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$2,500	\$2,500	N/A
Annual Family Deductible	\$5,000	\$5,000	N/A
Annual OOP Max - Single (incl Deductible)	\$6,350	\$6,350	N/A
Annual OOP Max - Family (incl Deductible)	\$12,700	\$12,700	N/A
Embedded (Yes or No)	No		
Employer Contribution (only applies to HSA Contributions, not premium)	\$150		
Physician Services	Ded, \$30	Ded, \$30	N/A
Specialist Office Visit	Ded, \$60	Ded, \$60	N/A
Preventive Care	\$0	\$0	N/A
Inpatient Hospital Services Precert required	Ded, 10%	Ded, 50%	N/A
Outpatient Hospital Services	Ded, 10%	Ded, 50%	N/A
Professional Services for Inpatient and Outpatient	Ded, 10%	Ded, 10%	N/A
Emergency Room	Ded, \$300	Ded, \$300	N/A
Urgent Care Facility	Ded, \$100	Ded, \$100	N/A
Ambulance	Ded, 10%	Ded, 10%	N/A
PT/OT/Speech Therapy/Pulm. Rehab (Annual Max: 20 visits); Card. Rehab (Annual Max: 36 visits) Precert required for Speech Therapy	Ded, 10%	Ded, 50%	N/A
Chiropractic Services (Annual Max 12 visits)	Ded, 10%	Ded, 50%	N/A
DME/Orthotics & Prosthetic Devices Precert required for rentals and purchases over \$200	Ded, 10%	Ded, 50%	N/A
Inpatient Behavioral Health Precert required	Ded, 10%	Ded, 10%	N/A
Outpatient Behavioral Health Precert required for certain services	Ded, 10%	Ded, 10%	N/A
Skilled Nursing Facility/LTACH (Annual Max 90 Days) Precert required	Ded, 10%	Ded, 50%	N/A
Acute Inpatient Rehabilitation (Annual Max 60 Days) Precert required	Ded, 10%	Ded, 50%	N/A
Home Health (Annual Max 90 Visits) Precert required	Ded, 10%	Ded, 50%	N/A
Hospice (6 months of service): Precert required	Ded, 10%	Ded, 50%	N/A
Pharmacy:			
Generic Drug	Ded, \$10	Ded, \$10	N/A
Brand Name Formulary	Ded, \$35	Ded, \$35	N/A
Brand Name Non-Formulary	Ded, \$60	Ded, \$60	N/A
Specialty Drugs *	Ded, 25% up to \$200/RX	Ded, 25% up to \$200/RX	N/A
Peds. Dental: Diagnostic & Preventive, Basic Services, Major Services			
Peds. Vision: Eye Exam, Lenses/Frames or Contacts Once a Calendar Year			
*Non-embedded plans do not have an individual deductible if more than 1 person is covered under the plan.			
**Specialty Drug Benefit does not apply to orally administered cancer chemotherapy drugs, which are covered at the same level as chemotherapy administered intravenously or by injection.			

The plans illustrated below 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.

Landmark HMO-HSA \$2,500 LH6/LH7			Landmark HMO-HSA \$3,000 LH3			Landmark HMO-HSA \$3,000 LH4/LH5		
Landmark Tier 1 Network	Landmark Tier 2 Network	Tier 3 Out-of-Network	Landmark Tier 1 Network	Landmark Tier 2 Network	Tier 3 Out-of-Network	Landmark Tier 1 Network	Landmark Tier 2 Network	Tier 3 Out-of-Network
\$2,500	\$2,500	N/A	\$3,000	\$3,000	N/A	\$3,000	\$3,000	N/A
\$5,000	\$5,000	N/A	\$6,000	\$6,000	N/A	\$6,000	\$6,000	N/A
\$6,350	\$6,350	N/A	\$6,350	\$6,350	N/A	\$6,350	\$6,350	N/A
\$12,700	\$12,700	N/A	\$12,700	\$12,700	N/A	\$12,700	\$12,700	N/A
No			Yes			No		
\$300			\$300			\$300		
Ded, 20%	Ded, 20%	N/A	Ded, \$30	Ded, \$30	N/A	Ded, \$30	Ded, \$30	N/A
Ded, 20%	Ded, 20%	N/A	Ded, \$60	Ded, \$60	N/A	Ded, \$60	Ded, \$60	N/A
\$0	\$0	N/A	\$0	\$0	N/A	\$0	\$0	N/A
Ded, 20%	Ded, 50%	N/A	Ded, 10%	Ded, 50%	N/A	Ded, 10%	Ded, 50%	N/A
Ded, 20%	Ded, 50%	N/A	Ded, 10%	Ded, 50%	N/A	Ded, 10%	Ded, 50%	N/A
Ded, 20%	Ded, 20%	N/A	Ded, 10%	Ded, 10%	N/A	Ded, 10%	Ded, 10%	N/A
Ded, 20%	Ded, 20%	N/A	Ded, \$300	Ded, \$300	N/A	Ded, \$300	Ded, \$300	N/A
Ded, 20%	Ded, 20%	N/A	Ded, \$100	Ded, \$100	N/A	Ded, \$100	Ded, \$100	N/A
Ded, 20%	Ded, 20%	N/A	Ded, 10%	Ded, 10%	N/A	Ded, 10%	Ded, 10%	N/A
Ded, 20%	Ded, 50%	N/A	Ded, 10%	Ded, 50%	N/A	Ded, 10%	Ded, 50%	N/A
Ded, 20%	Ded, 50%	N/A	Ded, 10%	Ded, 50%	N/A	Ded, 10%	Ded, 50%	N/A
Ded, 20%	Ded, 50%	N/A	Ded, 10%	Ded, 50%	N/A	Ded, 10%	Ded, 50%	N/A
Ded, 20%	Ded, 20%	N/A	Ded, 10%	Ded, 10%	N/A	Ded, 10%	Ded, 10%	N/A
Ded, 20%	Ded, 20%	N/A	Ded, 10%	Ded, 10%	N/A	Ded, 10%	Ded, 10%	N/A
Ded, 20%	Ded, 50%	N/A	Ded, 10%	Ded, 50%	N/A	Ded, 10%	Ded, 50%	N/A
Ded, 20%	Ded, 50%	N/A	Ded, 10%	Ded, 50%	N/A	Ded, 10%	Ded, 50%	N/A
Ded, 20%	Ded, 50%	N/A	Ded, 10%	Ded, 50%	N/A	Ded, 10%	Ded, 50%	N/A
Ded, 20%	Ded, 50%	N/A	Ded, 10%	Ded, 50%	N/A	Ded, 10%	Ded, 50%	N/A
Ded, 20%	Ded, 50%	N/A	Ded, 10%	Ded, 50%	N/A	Ded, 10%	Ded, 50%	N/A
Ded, 20%	Ded, 50%	N/A	Ded, 10%	Ded, 50%	N/A	Ded, 10%	Ded, 50%	N/A
Ded, \$10	Ded, \$10	N/A	Ded, \$10	Ded, \$10	N/A	Ded, \$10	Ded, \$10	N/A
Ded, \$35	Ded, \$35	N/A	Ded, \$35	Ded, \$35	N/A	Ded, \$35	Ded, \$35	N/A
Ded, \$60	Ded, \$60	N/A	Ded, \$60	Ded, \$60	N/A	Ded, \$60	Ded, \$60	N/A
Ded, 25% up to \$200/RX	Ded, 25% up to \$200/RX	N/A	Ded, 25% up to \$200/RX	Ded, 25% up to \$200/RX	N/A	Ded, 25% up to \$200/RX	Ded, 25% up to \$200/RX	N/A

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

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

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

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

Prescription Coverage

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

Retail Services

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

Mail Order Service

Another way to receive your medications is through our mail order program. *Mail order service is the most convenient method of receiving maintenance medications. Once set up, your medicine will arrive automatically, saving you time and the inconvenience of visits to the pharmacy.*

Birth Control

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

Chantix™ Smoking Cessation Prescription

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

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

	HMO Choice \$2,500 and \$3,000 Plans After deductible
Mail Order Copays (up to a 90-day supply)	
Generic	\$25
Brand Formulary*	\$87.50
Brand Non-Formulary	\$150



Eligibility Information

Group Size Eligibility and Participation Requirements

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

For groups of 2 to 9 employees:

Number of eligible employees | Minimum Participating

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

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

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

Employer Contributions

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

Employee Eligibility

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

Dependent Eligibility

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

Effective Date of Coverage

Initial Enrollees

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

Late Enrollees

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



Tools to Help

SIHO INSURANCE SERVICES

Home Provider Directory Login Contact About Us

To login, please choose from one of the options within the dropdown:

Login

Provider Directory

Formed with the vision to provide affordable health care benefits by partnering with local medical providers and employers, SIHO strives to raise the standard of health care and the quality of life in our communities.

Health Plans **Population Management** **Consulting Services**

Provider Directory Member Login Careers HealthCare Reform

Forms Flexible Spending FAQ
 Privacy Policy SIHO Offices Health Links HIPAA

www.siho.org

Members can find our participating provider directory on our website and search for providers by location and specialty. They can also e-mail SIHO's Customer Service Center or choose from a wide selection of other services and features.

Member Web Portal

Through our secure member web portal, members can access:

Claims – You can track your medical claims as they move through the SIHO claims processing system.

Forms – By clicking on Members and then Forms you have instant access to important SIHO forms.

Resources – Up-to-date information and references include:

- Frequently Asked Questions
- Helpful Links
- Commonly used website resources

www.caremark.com

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

Members can also check drug prices at any participating pharmacy.

CAREMARK
It all starts with care™

Login ? Password Submit Web Site Privacy Policy Search Go

Not registered? Forgot login? Forgot password?

Home Prescriptions & Coverage Health Resources Customer Care About Caremark For Clients For Health Professionals

Caremark is the first company to receive a J.D. Power and Associates award for "Highest Customer Satisfaction with Mail Order Pharmacies." Click here for more information. >>

Member Prescriptions & Health Tools

Refill a Prescription Registered users can log in to order refills for prescriptions.

Start a New Prescription Complete our mail order form or have your doctor call us.

Register & Save Register to access your prescription and coverage information. Order 24 hours a day and save on refills.
 Participant Registration Benefits of Registration

Health Resources
 Health Information
 Caremark Services
 Drug Interactions
 Find Drug Information

About Caremark
 Pharmacy Benefits Management
 Specialty Pharmacy
 Mail Services
 Careers at Caremark
 Publications
 HIPAA Notice of Privacy Practices
 Investor Relations
 Press Releases

Caremark® Visa® Credit

2015 IRS Qualifying Medical Expenses

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

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

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

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

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

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

Ineligible Medical Expenses

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

Ineligible Over-the-Counter Drugs

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

SIHO Insurance Services Comprehensive Preventive Health Benefit

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

Wellness Exam:

Men - One per year

Women - One per year with family physician, one per year with OB/GYN, if needed

Childhood Immunizations

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

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

Services for Children

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

Services for Pregnant Women

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

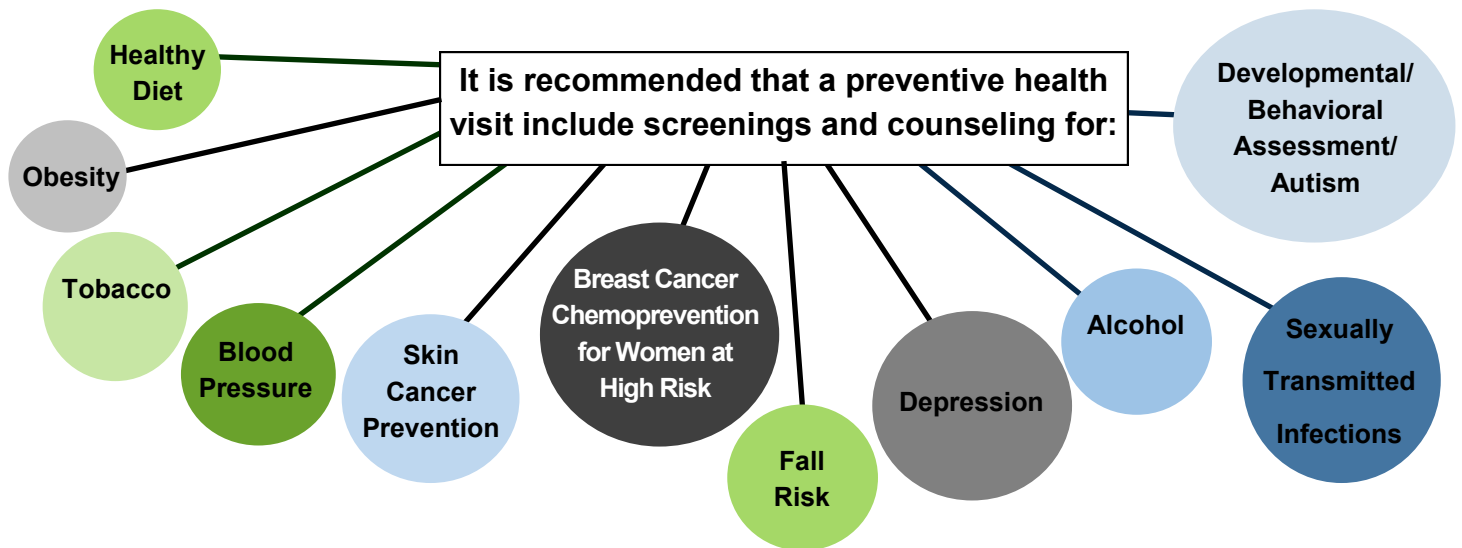
Services for All Women

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

Adult Immunizations	
Tetanus, Diphtheria, Pertussis	Every 10 years after age 18
Human Papillomavirus	To age 26
Meningococcal	To age 55
Influenza	Every year
Pneumococcal	Every 5 years after age 50
Hepatitis A	All ages
Hepatitis B	All ages
Shingles	Once after age 60
Measles, Mumps and Rubella*	Once after age 19 (up to two vaccinations per lifetime)
Tamoxifen/Raloxifene	At risk Women

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

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



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

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

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

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

*Please contact SIHO Member Services at 800.443.2980 for specific coverage information.

Vision Benefit Summary



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.

BENEFIT	DESCRIPTION	CO-PAY (your cost)	FREQUENCY
Your coverage with a VSP Doctor			
WellVision Exam ©	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 20%–25% off other lens options 	N/A	Every 12 Months
Contacts (instead of glasses)	<ul style="list-style-type: none"> Contact lens exam and 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 & Discounts	Glasses and Sunglasses <ul style="list-style-type: none"> 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of 		
	Laser Vision Correction <ul style="list-style-type: none"> 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.			

Once your child's benefit is effective, visit vsp.com for details. Coverage information is subject to change, in the event of a conflict between this information and the applicable contract, the terms of the contract will prevail.

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

Pediatric Dental Plan

(under age 19)

Delta Dental PPO Dentist Plan Pays	Delta Dental Premier® Dentist Plan Pays	Non Participating Dentist Plan Pays
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Diagnostic & Preventive

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

Up to age 19

Plan Maximum

N/A

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

\$ 350 / \$700

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



Information Available on the SIHO Website

Provider Directory:

- **View information about in-network providers**

Forms:

- **Authorization to Release Information**
- **Employer Application**
- **Small Group Enrollment**
- **Medical Claim**
- **Dental Claim**
- **Flex Account Claim**
- **Pharmacy Claim**
- **Change Request**

Health Plans:

- **Medical – brochures and information on plan designs available**
- **Dental – brochure and rates for voluntary coverage**
- **Vision – brochure and rates for voluntary coverage**
- **Life Insurance – certificate information**

Information Available on the SIHO Website

www.siho.org/ProviderDirectory/

SIHO INSURANCE SERVICES

Home Provider Directory Login Contact About Us

Provider Directory

HOME / PROVIDER DIRECTORY

SIHO accesses many provider networks across the country. Below are some of the provider networks SIHO utilizes for our employee health benefit plans. You can find the network your health plan utilizes by referring to your member ID card. You can then locate a doctor, hospital, or other medical facility that is part of your network.

Members of the SIHO Prime Care Choice, SIHO Care Plus, and SIHO HMO plans must contact SOLUTIONS at (812) 377-5074 or (800) 766-0068 for a listing on in-network mental health and substance abuse providers.

*** Important Information ***

Your member ID card will show the networks for your plan. The first logo will be your Tier 1 network and will offer the best discounts. If you do not find your physician or facility in the Tier 1 list, you may be able to select from a Tier 2 network. Check your ID card and if there is a second and/or third network listed you can search those directories. Tier 2 provider networks offer an expanded list of healthcare providers that are contracted at competitive rates for your benefit.

www.siho.org/Forms/

SIHO INSURANCE SERVICES

Home Provider Directory Login Contact About Us

Forms

HOME / FORMS

[Authorization to Release Information](#)

SIHO respects your personal health information. To comply with new HIPAA legislation, this authorization form is needed if anyone outside of your household is to be authorized to receive your or your dependant's PHI.

[Medical Claim Form](#)

[Dental Claim Form](#)

[Security Life Dental Claim Form \(for Fully Insured Accounts\)](#)

[Deaconess Out of Network Referral Request Form](#)

[Flex Account Claim Form](#)

www.siho.org/HealthPlans/FullyInsured/

SIHO INSURANCE SERVICES

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HOME / HEALTH PLAN OPTIONS / FULLY INSURED / PRODUCTS

Fully Insured

Fully Insured Dental and Vision



WWW.SIHO.ORG

For more information about SIHO, visit our website, www.siho.org. The site offers information about our employee benefits offerings, provider directory listing and more! With 24/7 access to siho.org you can access frequently asked questions, find interactive health information, access important health-related links, see if your prescription medication is part of the SIHO formulary and find out where to get it filled.

You can even send a Contact Us request to our Member Services Department.

To obtain a quote for SIHO products, contact your local insurance agent today. If you do not have an insurance agent, contact your local SIHO office by calling the number listed below.



Columbus

812.378.7000

Bloomington

812.245.5200

Evansville

888.843.1312

Indianapolis

800.873.2022

Seymour

812.524.2704

This is only a brief description of the benefit plan. For a more detailed description of coverage, benefits, limitations and exclusions, please refer to the applicable Employer Point of Service Medical and Hospital Service Agreement. In the event of a conflict between the information in this brochure and the Employer Point of Service Medical and Hospital Service Agreement, the terms of the Employer Point of Service Medical and Hospital Service Agreement will prevail.