

Landmark Health Reimbursement Accounts



2015 Plans: Large Group (51+ employees)

Landmark Health Reimbursement Arrangement (HRA)

A health reimbursement arrangement starts out as a financial commitment from the employer to the employee; i.e., the employer will pay the first \$750 of medical expenses for the employee each year. If the employee incurs no claims, the employer does not make any payment. However, his obligation generally carries over to the next year and is added to another \$750 commitment for year two. HRAs are generally paired with a higher deductible health plan whose structure can be very flexible, including co-payments for certain services.

HRAs are not portable; any balances are forfeited if an employee leaves the organization. Although HRAs can be used to cover the very broad list of IRS qualified medical expenses, most employers limit their use to only services covered by the higher deductible health plan. Claims must be submitted and substantiated to be paid from the HRA.



The Landmark HRA consists of two parts:

- An affordable health plan that provides comprehensive coverage for office visits, preventive care, prescription drugs, hospital costs and physician services.
- A Health Reimbursement Account funded by the employer which 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 dollars, they roll over to the next year and will accumulate to provide greater financial protection!

How the Landmark HRA Works

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

It is important to remember that the Landmark HRA has two parts: a Health Plan and a Health Reimbursement Account. The HRA is to be used to pay for services covered under the health plan that are subject to the deductible or coinsurance. The HRA cannot be used to cover co-payments

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

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 the provider network discount will be applied. This saves money for both the member and the health plan.

With most providers, the only payment required at the time of service is a co-payment if applicable, for example a physician office visit. The provider will then send the claim to SIHO where it will be processed.

Single Submission

Most employers will elect to have SIHO process HRA claims using "Single Submission." With single submission, after SIHO processes the claim according to the Health Plan, it will automatically be routed to be processed against the Health Reimbursement Account. If the claim qualifies and there is money left in the Health Reimbursement Account, a check will be cut to the member. The member is then responsible for paying the provider. With this process, members receive an Explanation of Benefits which lists the full cost of the services provided. They are responsible for paying the provider using the HRA funds.

Members begin to become much more aware of the cost and usage of medical services.

Health Reimbursement Account Funding

The employer decides how much money to "allocate" to each employee's HRA account. Please note, the HRA Account is a notational account only until such time that a claim is submitted for reimbursement, at which time the HRA is funded by the employer so that the claim can be paid. The experience with HRAs show that the employer's actual HRA cash outlay each year is about 20 percent to 30 percent of the allocation amount. This is because 73 percent of the U.S. population spends \$500 or less on health care costs during the year. On the other side, 10 percent of the membership of a typical employer group will incur 70 percent of the total health care costs. SIHO has developed several suggested HRA allocation amounts to be paired with the various health plan options. We have also provided suggestions on the maximum accumulation that should be permitted for the accounts in order to limit the employers' financial liability. **The HRA portion of the product is self-funded. This means the Employer ultimately determines the HRA amounts, rollover provisions and maximum accumulation.**

Every new plan year, each participant receives another full credit to their HRA account. This amount is added to any unused balance that will be carried forward from previous years. All SIHO HRA plans permit some rollover of unused HRA funds. **By improving one's health, accessing services wisely and choosing low cost alternatives, funds will accumulate in the HRA to provide protection against the higher deductible and out-of-pocket costs.**

What We Offer

Effective Medical Management

The SIHO Medical Management program creates cost savings for our employers through chronic disease management, case management and utilization review.

These services are performed in-house by SIHO's medical staff and are integrated into all benefit plans.

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

Preauthorization Process (Precertification)*

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

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

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

Preventive Health Benefit

A core benefit of Landmark HRAs is wellness coverage. SIHO understands the importance of keeping you, your employees and their families healthy. Preventive care is covered for all members, which includes well baby care for our youngest members. SIHO has enhanced its Preventive Health Benefit to include physicals every year for all of our members, as well as adding coverage for Cholesterol Screenings, Lipid Panel, Blood Glucose Testing and Osteoporosis Screenings. A full listing of SIHO's Preventive Health Benefit can be found on pages 14-15 of this booklet.

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

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

Maternity Coverage

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

Landmark 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.

*For a complete listing of procedures requiring preauthorization, please see page 10.

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.

Office Visits

SIHO encourages members to establish a relationship with a primary care physician (family practice, pediatrics and internal medicine). When members see their primary care physician or a specialist, they pay their deductible and co-insurance and the physician then files the claim directly with SIHO. **We make the process simple for you and your employees.**

To find a participating Provider, go to www.siho.org and click on the blue 'Provider Directory' link. You can also call SIHO Member Services at (812) 378-7070 within Columbus, Indiana calling area or toll-free (800) 443-2980.

Allergy Injections

Landmark HRA members pay their deductible and coinsurance afterwards, for allergy injections from a network provider. This benefit will help control out-of-pocket expenses for members.

Emergencies

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

Travel Coverage

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

Mental Health Benefits

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

The enhanced mental health and substance abuse benefit offers behavioral health care assistance in the identification and resolution of problems that members face in their everyday lives, including marital, family, drug abuse, work and school-related, depression, stress and anxiety.

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

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

Landmark HRA Plans – Summary of Coverages

Benefit Category	Landmark HRA \$1,500 L29			Landmark HRA \$1,500 L30		
	Landmark Tier 1 Network	Landmark Tier 2 Network	Landmark Tier 3 Out-of-Network	Landmark Tier 1 Network	Landmark Tier 2 Network	Landmark Tier 3 Out-of-Network
Annual Single Deductible	\$1,000	\$1,500	\$2,000	\$1,500	\$2,000	\$3,000
Annual Family Deductible	\$2,000	\$3,000	\$4,000	\$3,000	\$4,000	\$6,000
Annual OOP Max - Single (includes co-pays, co-ins and ded)	\$4,000	\$6,000	\$8,000	\$5,000	\$6,350	\$10,000
Annual OOP Max - Family (includes co-pays, co-ins and ded)	\$8,000	\$12,000	\$16,000	\$10,000	\$12,700	\$20,000
PCP Office Visit	Ded, 20%	Ded, 20%	Not Covered	Ded, 20%	Ded, 20%	Not Covered
Specialist Office Visit (Ancillary @ co-insurance)	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 20%	Ded, 50%
Preventive Care	\$0	\$0	Not Covered	\$0	\$0	Not Covered
Inpatient Hospital Services Precert. required	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%
Professional Services (inpatient and outpatient)	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 20%	Ded, 50%
Emergency Room	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Urgent Care Facility	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 20%	Ded, 50%
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
PT/OT/Speech Therapy/Pulm. Rehab (Annual Max: 20 visits); Card. Rehab (Annual Max: 36 visits)	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 20%	Ded, 50%
Chiropractic Services (Annual Max 15 visits)	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 20%	Ded, 50%
DME/Orthotics & Prosthetic Devices Precert required for	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Inpatient Behavioral Health Precert required	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Outpatient Behavioral Health Precert required for certain services	First 3 visits no charge, then \$40	First 3 visits no charge, then \$40	Ded, 50%	First 3 visits no charge, then \$40	First 3 visits no charge, then \$40	Ded, 50%
SNF/LTACH (Annual Max 45 days) Precert required	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Acute IP Rehab (Annual Max 45 days) Precert required	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Home Health (Annual Max 60 visits) Precert required	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Hospice (Lifetime Max 6 months) Precert required	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Pharmacy:						
Generic Drug	\$10	\$10	Ded, 50%	\$10	\$10	Ded, 50%
Brand Name Formulary	\$30	\$30	Ded, 50%	\$30	\$30	Ded, 50%
Brand Name Non-Formulary	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%
Specialty Drugs *	25% up to \$200/RX	25% up to \$200/RX	Not Covered	25% up to \$200/RX	25% up to \$200/RX	Not Covered
Mail Order	2.5X copay	2.5X copay	N/A	2.5X copay	2.5X copay	N/A

* 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 HRA \$2,000 L35			Landmark HRA \$2,500 L31		
Landmark Tier 1 Network	Landmark Tier 2 Network	Landmark Tier 3 Out-of-Network	Landmark Tier 1 Network	Landmark Tier 2 Network	Landmark Tier 3 Out-of-Network
\$2,000	\$3,000	\$4,000	\$2,500	\$3,500	\$5,000
\$4,000	\$6,000	\$8,000	\$5,000	\$7,000	\$10,000
\$5,000	\$6,350	\$10,000	\$6,000	\$6,350	\$12,000
\$10,000	\$12,700	\$20,000	\$12,000	\$12,700	\$24,000
Ded, 20%	Ded, 20%	Not Covered	Ded, 20%	Ded, 20%	Not Covered
Ded, 20%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 20%	20%
\$0	\$0	Not Covered	\$0	\$0	Not Covered
Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Ded, 20%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 20%	Ded, 50%
Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Ded, 20%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 20%	Ded, 50%
Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Ded, 20%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 20%	Ded, 50%
Ded, 20%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 20%	Ded, 50%
Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
First 3 visits no charge, then \$40	First 3 visits no charge, then \$40	Ded, 50%	First 3 visits no charge, then \$40	First 3 visits no charge, then \$40	Ded, 50%
Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
\$10	\$10	Ded, 50%	\$10	\$10	Ded, 50%
\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%
\$60	\$60	Ded, 50%	\$60	\$60	Ded, 50%
25% up to \$200/RX	25% up to \$200/RX	Not Covered	25% up to \$200/RX	25% up to \$200/RX	Not Covered
2.5X copay	2.5X copay	N/A	2.5X copay	2.5X copay	N/A

* 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 HRA Plans – Summary of Coverages

Benefit Category	Landmark HRA \$2,500 L33		
	Landmark Tier 1 Network	Landmark Tier 2 Network	Landmark Tier 3 Out-of-Network
Annual Single Deductible	\$2,500	\$4,000	\$5,000
Annual Family Deductible	\$5,000	\$8,000	\$10,000
Annual OOP Max - Single (includes co-pays, co-ins and ded)	\$2,500	\$4,000	\$12,000
Annual OOP Max - Family (includes co-pays, co-ins and ded)	\$5,000	\$8,000	\$24,000
PCP Office Visit	Ded, 0%	Ded, 0%	Not Covered
Specialist Office Visit (Ancillary @ co-insurance)	Ded, 0%	Ded, 0%	Ded, 50%
Preventive Care	\$0	\$0	Not Covered
Inpatient Hospital Services Precert. required	Ded, 0%	Ded, 0%	Ded, 50%
Outpatient Hospital Services	Ded, 0%	Ded, 0%	Ded, 50%
Professional Services (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 (Annual Max 15 visits)	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	First 3 visits no charge, then \$40	First 3 visits no charge, then \$40	Ded, 50%
SNF/LTACH (Annual Max 45 days) Precert required	Ded, 0%	Ded, 0%	Ded, 50%
Acute IP Rehab (Annual Max 45 days) Precert required	Ded, 0%	Ded, 0%	Ded, 50%
Home Health (Annual Max 60 visits) Precert required	Ded, 0%	Ded, 0%	Ded, 50%
Hospice (Lifetime Max 6 months) Precert required	Ded, 0%	Ded, 0%	Ded, 50%
Pharmacy:			
Generic Drug	\$10	\$10	Ded, 50%
Brand Name Formulary	\$40	\$40	Ded, 50%
Brand Name Non-Formulary	\$60	\$60	Ded, 50%
Specialty Drugs *	25% up to \$200/ RX	25% up to \$200/ RX	Not Covered
Mail Order	2.5X copay	2.5X copay	N/A

* 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 HRA \$5,500 L34			Landmark HRA \$2,000 L36		
Landmark Tier 1 Network	Landmark Tier 2 Network	Landmark Tier 3 Out-of-Network	Landmark Tier 1 Network	Landmark Tier 2 Network	Landmark Tier 3 Out-of-Network
\$5,000	\$6,350	\$10,000	\$5,000	\$6,600	\$10,000
\$10,000	\$12,700	\$20,000	\$10,000	\$13,200	\$20,000
\$5,000	\$6,350	\$5,000	\$5,500	\$6,600	\$15,000
\$10,000	\$12,700	\$30,000	\$11,000	\$13,200	\$30,000
Ded, 0%	Ded, 0%	Not Covered	Ded, 0%	Ded, 0%	Not Covered
Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
\$0	\$0	Not Covered	\$0	\$0	Not Covered
Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%
Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%
Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
First 3 visits no charge, then \$50	First 3 visits no charge, then \$50	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%
\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%
\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%
25% up to \$200/RX	25% up to \$200/RX	Not Covered	Ded, 25%	Ded, 25%	Not Covered
2.5X copay	2.5X copay	N/A	2.5X copay	2.5X copay	N/A

*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.

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.



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

Tools to Help

SIHO provides a wealth of information and tools to help our members become better health care consumers.

Preventive Health Benefits

SIHO Insurance Services is a Health Maintenance Organization licensed in the state of Indiana. Our mission is to improve the health of the communities we serve. Improving health reduces the cost of health benefits for the member, employer and community.

Our Preventive Health Benefits (PHB) was developed by our Quality Management Committee comprised of many local physicians. They are revised annually based on emerging recommendations for preventive care. The current PHB consists of more than 50 various age and gender appropriate recommended services. All PHB services are provided at no cost to the member. **SIHO also mails several notices to members' homes, reminding them to get their PAP Smears, immunizations and other preventive services. We are working hard to keep our members healthy!**

Medical Management Programs

SIHO's staff of nurses, working under the direction of our Medical Directors, provides personal, caring service to all of our members. Their goal is to ensure that our members receive the right service in the right setting at the right time.

For those members with acute or chronic health issues:

- Onsite review at local hospitals
- Case Management and Utilization Review Services
- Education and assistance for members with Asthma, Diabetes and Cardiovascular Disease.

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.

The screenshot shows the Caremark website homepage. At the top, there is a navigation bar with links for Home, Prescriptions & Coverage, Health Resources, Customer Care, About Caremark, For Clients, and For Health Professionals. A login section includes fields for Username and Password, a Submit button, and links for 'Not registered?', 'Forgot login?', and 'Forgot password?'. A search bar is also present. Below the navigation, a banner features a J.D. Power award logo and text stating 'Caremark is the first company to receive a J.D. Power and Associates award for "Highest Customer Satisfaction with Mail Order Pharmacies."'. A 'Drug Safety Alert for Healthcare Providers' section is also visible. The main content area is divided into two columns: 'Member Prescriptions & Health Tools' and 'About Caremark'. The left column contains links for 'Refill a Prescription', 'Start a New Prescription', 'Register & Save', and 'Health Resources'. The right column contains links for 'Pharmacy Benefits Management', 'Specialty Pharmacy Mail Services', 'Careers at Caremark', 'Publications', 'HIPAA Notice of Privacy Practices', 'Investor Relations', and 'Press Releases'. The footer includes the Caremark logo and 'Caremark Visa Credit' branding.

Prescription Coverage

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

Retail Services

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

Mail Order Service

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

Birth Control

All birth control prescribed by your physician, including oral medication, injectables and other prescribed forms are covered under Landmark HRAs; 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.

	\$1,000 and \$1,500 Plans 10/30/45	\$2,000 and \$2,500 Plans 10/40/60	\$5,000 Plans 15/45/70
Mail Order Copays (up to a 90-day supply)			
Generic	\$25	\$25	\$37.50
Brand Formulary*	\$75	\$100	\$112.50
Brand Non-Formulary	\$112.50	\$150	\$175



Eligibility Information

Group Participation Requirements

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

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

Employer Contributions

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

Employee Eligibility

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

Dependent Eligibility

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

Effective Date of Coverage

Initial Enrollees

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

Late Enrollees

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



SIHO Insurance Services Comprehensive Preventive Health Benefit

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

Wellness Exam:

Men - One per year

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

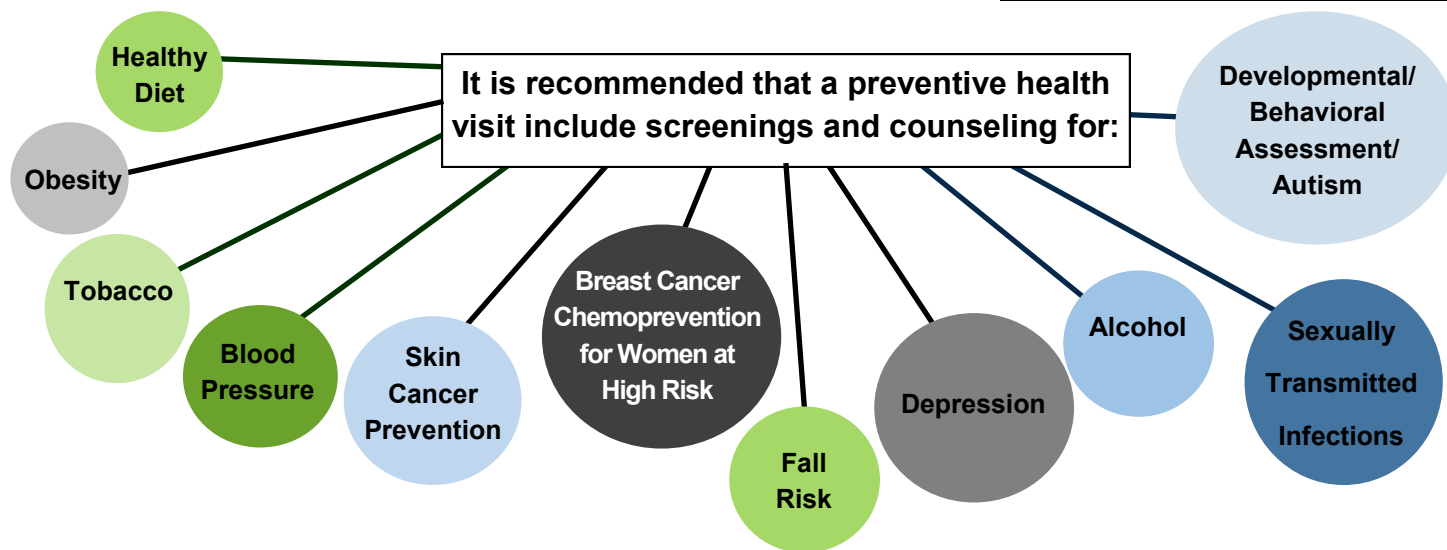
Services for All Women

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.

Information Available on the SIHO Website

Provider Directory:

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

Forms:


- **Authorization to Release Information**
- **Employer Application**
- **Large 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/



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/



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/



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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.