



Benefit Guide

Bartholomew Consolidated
School Corporation



www.siho.org

417 Washington Street | P.O. Box 1787 | Columbus, IN 47202-1787 | 812.378.7000

INTRODUCTION

The Bartholomew Consolidated School Corporation administration, the health trust and teachers have worked with SIHO, your employee benefits administration company, to develop a benefits plan for you and your eligible dependents.

One of the advantages of SIHO is their focus on and attention to customer service. SIHO's helpful staff is ready to assist you with any questions or concerns you may have. Employees are encouraged to contact SIHO by phone at (812) 378-7070 or (800) 443-2980 toll free.

The local customer service staff includes:

- **Member Services**—Representatives who will help you understand your health care benefits and walk you through the claims process with phone and walk-in accessibility.
- **Medical Management**—Nurses are available on-site in Columbus to answer any medical questions you might have or to work with your physician to ensure you receive the highest quality health care.
- **Account Management**—These individuals work with your employer and claims representatives to help them improve the benefit program and to resolve any concerns during the contract period.

Though BCSC cannot avoid the impact of rising health care costs, we believe this health care plan will provide many advantages while living within the corporation's budget demands.

Advantages of the BCSC Plan:

- Two health plans - offering a choice in health care coverage
- Preventive health care coverage

Working Spouse Rule:

The purpose of the Working Spouse Rule is to share the costs of the medical, dental and vision expenses with other plans or insurance carriers when the spouse of an Employee is eligible for medical, dental and vision coverage where the spouse is employed. It is the Employer's responsibility to determine who is eligible for this coverage on a non-discriminatory basis.

1. If a spouse of an eligible Employee is employed with a company which offers group medical, dental and vision insurance coverage and that spouse is eligible for that plan, that spouse will not be eligible for this Plan.
2. If the spouse is employed with a company that does not offer group medical, dental and vision coverage and is eligible to be enrolled, the spouse may be enrolled in this Plan as primary at the family rate which is currently in effect. (A statement from the spouse's employer that verifies they have no coverage available with that employer will be required.)*

If an employee and spouse are found to be in violation of the provision, claims for the spouse will be the responsibility of the employee from the time the violation began.

**Note: Medicare does not count as an employer-sponsored plan for the purposes of this rule.*

DEFINING TERMS

Below are terms that will appear in this benefit or on an Explanation of Benefits (EOB)

Allowed Amount: The amount allowed by the Plan after subtracting the negotiated discount.

Amount Billed: This is the amount the Provider billed for your claim before any adjustments, co-pays, deductible, or any ineligible amount.

Amount Not Covered: This amount indicates the portion of your bill that is not covered by your Plan.

Annual deductible: The amount you pay first before the plan begins paying expenses for covered services.

Out-of-pocket maximum: The maximum amount you can pay each year in deductibles and coinsurance for covered services.

Coinsurance: The percentage you pay when you receive care once you have met the annual deductible.

Co-pays: The flat fee charged by the plan for certain services such as physician office visits and prescription drugs.

Deductible: This amount reflects the deductible requirement at the time the charges were processed. You are responsible to pay this for covered health care services, before your Plan begins paying.

In-Network and Out-of-Network Providers: In-network providers are doctors, hospitals and other health care facilities that have agreed to accept a discounted payment, thereby reducing the cost of health care for you and your employer. This means you can see any provider, but the health plan pays a greater share of the costs when you use the service of an in-network provider.

Pre-certification: The process you should follow if you or a dependent is hospitalized. Pre-certification will avoid any unnecessary reduction in benefits for non-covered or non-medically necessary services.

Network: Doctors and hospitals who've agreed to accept your insurance. Each Plan has its own network and getting care from your network is a good way to get quality care at a more reasonable cost.

Other Insurance Paid: The amount paid by another health plan or insurance company toward services you received. Examples include other health insurance, automobile insurance, homeowners' insurance, disability insurance, etc.

Out-of-Pocket Maximum: The maximum dollar amount you'll pay for covered services during your Plan year. After that, your Plan will pay for the rest of your covered care that year.

What Your Plan Paid: The amount paid by your Plan.

Your Member Discount: Your Plan negotiates discounts with health care professionals and facilities to help you

Customer Service:

SIHO has customer service representatives available to answer your questions relating to eligibility, benefits and claim status. You can also log on to their website and click on *Contact Us* to reach a customer service representative.

Phone: 812-378-7070

Website: www.siho.org

Address: 417 Washington Street

P.O. Box 1787

Columbus, IN 47202-1787

SUMMARY OF BENEFITS

| Your Plan Features | Option 1 - HIGH DEDUCTIBLE PLAN | | | OPTION 2 - PPO PLAN | | |
|--|---|----------------------|----------------|---|-------------------------|-------------------------|
| | Inspire Health Partners | Encore Combined SIHO | Out-of-Network | Inspire Health Partners | Encore Combined SIHO | Out-of-Network |
| Annual Maximum | Unlimited | | | Unlimited | | |
| Calendar Year Deductible | | | | | | |
| Individual | \$3,500 | \$5,000 | \$6,000 | \$1,000 | \$2,000 | \$3,500 |
| Family | \$7,500 | \$10,000 | \$12,000 | \$2,000 | \$4,000 | \$7,000 |
| | The High Deductible Health Plan (Option 1) has an <i>embedded</i> deductible. This means that one member must meet the individual deductible and the remaining family member(s) can accumulate the remaining amount to meet the family deductible in each tier. | | | The Preferred Provider Plan (Option 2) has an <i>embedded</i> deductible. This means that one member must meet the individual deductible and the remaining family member(s) can accumulate the remaining amount to meet the family deductible in each tier. | | |
| Members Coinsurance | 100% plan paid coinsurance after meeting deductibles | | | 15% After Deductible | 35% After Deductible | 45% After Deductible |
| Maximum Out-of-Pocket | 100% plan paid coinsurance after meeting deductibles | | | \$3,000 \$6,000 | \$4,500 \$9,000 | \$7,000 \$14,000 |
| Individual | | | | All tier deductibles and coinsurance cross apply. Copays accumulate toward the maximum out-of-pocket | | |
| Family | | | | | | |
| Hospital Room, Services, Supplies | 100% After Deductible | | | 85% after deductible | 65% after Deductible | 55% after deductible |
| Inpatient Surgery | 100% After Deductible | | | 85% after deductible | 65% after Deductible | 55% after deductible |
| Emergency Room Facility Charges | 100% After Deductible | | | 85% after deductible | 65% after Deductible | 55% after deductible |
| Urgent Care | 100% After Deductible | | | 85% after deductible | 65%after Deductible | 55% after deductible |
| Outpatient Surgery | 100% After Deductible | | | 85% after deductible | 65% after Deductible | 55% after deductible |
| Office Visits | 100% After Deductible | | | 85% after deductible | 65% after Deductible | 55% after deductible |
| Preventive Health Benefit | 100% covered-subject to Preventive Health Benefits Guidelines | | | 100% covered-subject to Preventive Health Benefits Guidelines | | |
| Diagnostic X-Ray and Lab | 100% After Deductible | | | 85% after deductible | 65%after Deductible | 55% after deductible |
| Ambulance | 100% After Deductible | | | 85% after deductible | 65%after Deductible | 55% after deductible |
| Inpatient Mental Health and Substance Abuse | 100% After Deductible | | | 85% after deductible | 65%after Deductible | 55% after deductible |
| Outpatient Mental Health and Substance Abuse | 100% After Deductible | | | 85% after deductible | 65% after Deductible | 55% after deductible |
| Physical, Speech & Occupational Therapy | 100% After Deductible | | | 85% after deductible | 65% after Deductible | 55% after deductible |

SUMMARY OF BENEFITS

| Option 1 - HIGH DEDUCTIBLE PLAN | | | | OPTION 2 - PPO PLAN | | |
|---------------------------------|--|----------------------|----------------|--|----------------------|----------------------|
| You Plan Features | Inspire Health Partners | Encore/SIHO Landmark | Out-of-Network | Inspire Health Partners | Encore/SIHO Landmark | Out-of-Network |
| Chiropractic Services | Annual Maximum: 6 visits | | | Annual Maximum: 20 visits | | |
| | 100% After Deductible | | | 85% after deductible | 65% after Deductible | 55% after deductible |
| Durable Medical Equipment | Precertification required for purchases over \$750 and all rentals | | | Precertification required for purchases over \$750 and all rentals | | |
| | 100% After Deductible | | | 85% after deductible | 65% after Deductible | 55% after deductible |
| Hospice Care | Precertification required; combined Calendar year maximum: 3 months outpatient; 6 months inpatient | | | Precertification required; combined Calendar year maximum: 3 months outpatient; 6 months inpatient | | |
| | 100% After Deductible | | | 85% after deductible | 65% after Deductible | 55% after deductible |
| Home Health Care Outpatient | Precertification required; Annual max 60 visits | | | Precertification required; Annual max 60 visits | | |
| | 100% After Deductible | | | 85% after deductible | 65% after Deductible | 55% after deductible |
| Other Covered Benefits | 100% After Deductible | | | 85% after deductible | 65% after Deductible | 55% after deductible |

PHARMACY BENEFITS

| Your Plan Features* | Option 1 - High Deductible Health Plan* | | Option 2 - Preferred Provider Plan | |
|---------------------|---|------------------------------------|------------------------------------|------------------------------------|
| | Retail Service (30 day supply) | Mail Order Service (90 day supply) | Retail Service (30 day supply) | Mail Order Service (90 day supply) |
| Generic | 100% after Deductible | 100% after Deductible | \$12 | \$24 |
| Brand | 100% after Deductible | 100% after Deductible | \$40 | \$80 |
| Non Formulary Brand | 100% after Deductible | 100% after Deductible | Greater of \$100 or 20% | Greater of \$200 or 20% |

* Prescription Drugs listed on the Optum High Deductible Health Plan Preventive Select List will be covered and not subject to the annual deductible.

An important part of any medical plan is prescription drug coverage. You receive coverage for both generic and brand name drugs, but you pay less for brand name drugs that are a part of the plan's formulary, or preferred drug list. The plan's formulary drugs are chosen by the plan based on their quality, safety, and cost-effectiveness.

You also have the option to take advantage of the Mail Order Service program. By using the mail order program you can receive 90 days of medication for less than the cost of three 30-day prescription fills at a retail pharmacy. This saves you time and money.

For questions on your prescription coverage, please contact Optum at: www.optumrx.com or Toll Free: 855-524-0381

BCSC WELLNESS PROGRAM

Employees participating in the wellness program will receive a \$250 credit or a \$500 (if the spouse participates) credit towards their contributions to the health plan. All requirements must be completed in year 2020 to be eligible to sign up for wellness for 2021. All of the following criteria must be met by both employee and spouse, if applicable, **before October 15th, 2020**:

1. Completion of the Health Risk Assessment;
2. Completion of the Biometric Screening;
3. Complete an annual Preventive Health exam.
4. Complete an annual vision and dental exam.

SUMMARY OF BENEFITS

YOUR COST FOR COVERAGE

Your cost for **medical coverage** is based upon the plan you choose level of coverage. The table below shows your contribution for each

| Option #1 (HSA) | 2020 Per Pay | 2020 Per Pay | Option #2 (PPO) | 2020 Per Pay | 2020 Per Pay |
|--|----------------------------|----------------------------|--|----------------------------|----------------------------|
| | Employee Share (20 pay) | Employee Share (26 pay) | | Employee Share (20 pay) | Employee Share (26 pay) |
| Single | \$79.86 | \$61.43 | Single | \$160.93 | \$123.79 |
| Employee & Spouse | \$199.65 | \$153.58 | Employee & Spouse | \$527.33 | \$405.64 |
| Employee + Children | \$167.71 | \$129.00 | Employee + Children | \$457.27 | \$351.75 |
| Family | \$215.62 | \$165.86 | Family | \$544.52 | \$418.86 |
| Single - Wellness | \$67.36 | \$51.82 | Single - Wellness | \$148.43 | \$114.18 |
| Employee & Spouse Wellness | \$187.15 | \$143.96 | Employee & Spouse Wellness | \$514.83 | \$396.02 |
| Employee & Spouse Wellness w/Spouse Participating | \$174.65 | \$134.35 | Employee & Spouse Wellness w/Spouse Participating | \$502.33 | \$386.41 |
| Employee & Children Wellness | \$155.21 | \$119.39 | Employee & Children Wellness | \$444.77 | \$342.13 |
| Family - Wellness | \$203.12 | \$156.25 | Family - Wellness | \$532.02 | \$409.24 |
| Family Wellness w/Spouse Participating | \$190.62 | \$146.63 | Family Wellness w/Spouse Participating | \$519.52 | \$399.63 |

SUMMARY OF DENTAL COVERAGE

Another advantage of the BCSC plan is dental coverage through Delta Dental. This plan includes a comprehensive dental plan that emphasizes preventive care, covering 100% of the preventive dental care, 80% of basic and major services and 60% of orthodontic services. Please refer to the Delta Dental brochures for further details on benefits, limitations and procedures for obtaining benefits under the Plan. This coverage is not associated with the BCSC health insurance plan through SIHO. For benefit questions or to find a participating provider, call Delta Dental at (800) 524-0149 or go to their website at www.deltadentalin.com. Coverage only available upon new employee orientation or following a HIPAA qualifying event.

Here is an overview of some of the services and coverage you receive:

MAXIMUM BENEFITS

| | |
|---|---------------|
| Annual Deductible Individual Family | \$50 \$100 |
| Maximum Annual Benefit per Person | \$1,500 |
| Maximum Lifetime benefit for Orthodontia | \$1,000 |

COINSURANCE

| Benefit | Participating Provider | Non-Participating Provider |
|--|------------------------|----------------------------|
| Preventive / Diagnostic Services | 100%, no deductible | 90%, no deductible |
| Basic Services | 80% after deductible | 60% after deductible |
| Major Services | 80% after deductible | 60% after deductible |
| Orthodontia for Children under age of 19 | 60% after deductible | 50% after deductible |

The following table shows your contribution for **dental coverage**:

| Employee Premiums | (26 pay periods) | Support/ Adm. Assistants (20+ pay periods) | Support (9 month employees) |
|---------------------|------------------|---|--------------------------------|
| Individual Coverage | \$8.12 | \$10.56 | \$10.56 |
| Family Coverage | \$23.03 | \$29.94 | \$29.94 |

VISION COVERAGE



Your Vision Benefits Summary

Get access to the best in eye care and eyewear with BARTHOLOMEW CONSOLIDATED SCHOOL CORPORATION and VSP® Vision Care.

Using your VSP benefit is easy.

- **Create an account at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eye doctor who's right for you.** The decision is yours to make—with the largest national network of private-practice doctors, it's easy to find the in-network doctor who's right for you. Visit vsp.com or call 800.877.7195.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Best Eye Care

You'll get the highest level of care, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe, CALVIN KLEIN, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more.¹ Visit vsp.com to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.² Prefer to shop online? Check out all of the brands at eyeconic.com®, VSP's preferred online eyewear store.

Plan Information

VSP Coverage Effective Date: 01/01/2019
VSP Provider Network: VSP Signature

BARTHOLOMEW CONSOLIDATED SCHOOL CORPORATION and VSP provide you with an affordable eyecare plan.

Visit vsp.com or call 800.877.7195 for more details on your vision coverage and exclusive savings and promotions for VSP members.

| Benefit | Description | Copay |
|--|--|--|
| Your Coverage with a VSP Provider | | |
| WellVision Exam | <ul style="list-style-type: none"> • Focuses on your eyes and overall wellness • Every 12 months | \$10 |
| Prescription Glasses | | |
| | | \$25 |
| Frame | <ul style="list-style-type: none"> • \$120 allowance for a wide selection of frames • \$140 allowance for featured frame brands • 20% savings on the amount over your allowance • Every 24 months | Included in Prescription Glasses |
| Lenses | <ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children • Every 24 months | Included in Prescription Glasses |
| Lens Enhancements | <ul style="list-style-type: none"> • Standard progressive lenses • Tints/Photochromic adaptive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 35-40% on other lens enhancements • Every 24 months | \$0 \$0 \$80 - \$90 \$120 - \$160 |
| Contacts (instead of glasses) | <ul style="list-style-type: none"> • \$120 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every 24 months | Up to \$60 |
| Glasses and Sunglasses | | |
| | <ul style="list-style-type: none"> • Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. • 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. | |
| Extra Savings | Retinal Screening <ul style="list-style-type: none"> • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 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 • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor | |
| Your Coverage with Out-of-Network Providers | | |
| Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details. | | |
| VSP guarantees coverage from VSP network providers only. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. | | |

1. Brands/Promotion subject to change.
 2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.
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DID YOU KNOW?

SIHO Insurance Services & Inspire Health Partners

have partnered to improve your patient experience!

1. Understanding the Network

Your health plan has multiple tiers, in order to get healthcare services at the best benefit, you should see providers and receive services at hospitals in the Inspire Network (tier 1).

To find an Inspire Provider go to: www.siho.org/provider-directory/html and select the Inspire Network



2. About Inspire Health Partners

Inspire was created by Columbus Regional Hospital and Schneck Medical Center with the goal to keep members healthy and coordinate patient care, while keeping costs low.

The Inspire name was created as an acronym in which “in” represents both the location of the networks’ founding members and clinical providers in **IN**diana, as well as the fact the organization intends to function as a clinically **IN**tegrate network. “**spire**” is intended to convey both the vision of the organization, to the pinnacle of community-based healthcare, as well as the values that Inspire health network is built upon:

Service (to our patients and our communities)

Patient-centered

Innovation (value-based)

Results (in regard to continuously moving healthcare forward)

Excellence (in terms of patient experience and clinical outcomes)



Preventative 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 | 16-18 years |
| Diphtheria, Tetanus, Pertussis | | | | DTap | DTap | DTap | | DTap | | | | DTap | | Tdap | | |
| Human Papillomavirus | | | | | | | | | | | | | | HPV 3 Doses | | |
| Meningococcal ACWY | | | | | | | | | | | | | | 1 dose | | 1 dose |
| 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 | | | | | | | | | |
| Meningococcal B | | | | | | | | | | | | | | | | MenB 2 Doses |

*Varicella expanded for 2nd dose to ages 18 and over.

| Services for Children and Adolescents | | | |
|---|---|---|-------------------------------------|
| <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 | Screening for latent tuberculosis infection | Children determined at risk |
| Visual Acuity Screening | Up to age 5 | Dyslipidemia Screening | All Ages |
| Oral Dental Screening | During PHB visit | Height, Weight and Body Mass Index measurements | All Ages |
| Urinalysis | All Ages | Medical History | All children throughout development |
| Depression Screening | Ages 12 to 18 years | | |

| Services for Pregnant Women | |
|--|--|
| Aspirin | For Those At Risk |
| HIV Screening | 1 per Pregnancy |
| 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 |
| Chlamydia Screening | Lab test |
| Gonorrhea Screening | Lab test |
| Breast Feeding Interventions | Counseling, Support & Supplies |
| Tobacco and/or Nicotine | Screening & Counseling |
| Folic Acid | Women capable of becoming pregnant |
| Referral to Counseling Intervention | For pregnant and postpartum at risk for perinatal depression |

| Services for All Women | |
|---|--|
| Domestic Violence Screening & Counseling | Annually |
| Contraceptive Methods | Covered unless religious exemption applies |
| Age 21+, HPV DNA testing and/or cervical cytology | Every 3 years |
| BRCA Risk Assessment and Appropriate Genetic Counseling/Testing | |

| Adult Immunizations | | Adult Procedures/Services | | Adult Labs | |
|--------------------------------|---|-------------------------------------|---|---|---|
| Tetanus, Diphtheria, Pertussis | Tdap once, then Td booster every 10 years after age 18 | Bone Mineral Density Screening | Every 2 years age 65 or older or every 2 years less than 65 with risk factors (men and women) | Lipid Panel | Yearly |
| Human Papillomavirus | Women and Men to age 26 | | | Total Serum Cholesterol | Yearly |
| Meningococcal | 2 doses ages 19+ | Mammogram - including 3D | Baseline - women, once between ages 35 - 39 | PSA | Yearly Men over 50 |
| Influenza | Every year | | | Fecal Occult Testing | Yearly after age 50 |
| Pneumococcal* | Age 19-64: 1 PPSV23 dose + 1 PCV13 dose | Mammogram - including 3D | Yearly for women over 40 | Highly Sensitive Fecal Occult Blood Testing | Yearly after age 50 |
| | Age 65+: 1 PPSV23 dose + 1 PCV13 dose | | | FBS (Fasting Blood Sugar) | Yearly |
| Hepatitis A | 2 to 3 doses/lifetime | Sigmoidoscopy | Every 3 years after age 50 | Hgb A1C | Yearly |
| Hepatitis B | 3 doses/lifetime | Colonoscopy | Every 10 years after age 50 | HIV Testing | Yearly age 15 to 65 Age range may deviate based on risk. |
| Shingles* | Shingrix: 2 doses after age 50 Zostavax: 1 dose after age 50 | Abdominal Aortic Aneurysm Screening | For men who have smoked - one time between ages 65 - 75 | | Syphilis Screening |
| Measles, Mumps and Rubella | Once after age 19 (up to two vaccinations per lifetime) | Low Dose Aspirin | At risk initiate treatment ages 50-59 | Chlamydia Infection Screening | Yearly - All ages |
| Tamoxifen/Raloxifene | At risk Women | Lung Cancer Screening | At risk Ages 55 - 80 | Gonorrhea Screening | Yearly - All ages |
| Varicella | 2 doses | | | Statin Preventative Medication | At risk Ages 40-75 |
| Meningococcal B | 2 doses, if not done between ages 16-18 | | | Urinalysis | Yearly |
| | | | | Screening for latent tuberculosis infection | At risk |
| | | | | Intensive multicomponent behavioral interventions | Primary care adult patients with MBI > 30 |

*This means adult patients may get as many as 2 doses of PPSV23 and 2 doses of PCV13

It is recommended that a preventive health visit include screenings and counseling for:

| | |
|--|---|
| Healthy Diet | Intimate Partner Violence for Men and Women |
| Obesity | Alcohol Misuse |
| Tobacco Use & FDA Approved Medication | Sexually Transmitted Infections |
| Blood Pressure | Depression |
| Skin Cancer Prevention | Developmental/Behavioral Assessment/Autism |
| Breast Cancer Chemoprevention for Women at High Risk | Fall Risk |

The **Preventive Health Benefit Guidelines** are developed and periodically reviewed by our 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.

BCSC Health Center

What is the BCSC Health Center?

The BCSC Health Center is a physician's office managed through a collaborative relationship with Columbus Regional Health. BCSC has contracted for this dedicated employee healthcare solution to exclusively serve our employees and family members. There is no co-pay required for clinic services.

Who is eligible to use the BCSC Health Center? What determines eligibility?

The BCSC Health Center is available for use by any employee or dependent covered under BCSC health insurance (SIH0). Use of the clinic is a win-win for BCSC and employees. You receive healthcare services in the center with no co-pay, and the BCSC Health Plan saves on healthcare costs, which will keep your premiums from increasing.

How much does it cost per visit at the BCSC Health Center?

There is NO CO-PAY for visits, labs, or medications provided within the center. Services in the center are paid for by the BCSC Health Plan at a discounted cost, allowing you and the plan to save money.

Do I need to schedule an appointment?

Appointments are needed; you can schedule appointments, either by calling 812-375-8810 or by using the online appointment system link at: www.bcsc.k12.in.us/BCSCHealthCenter or www.crh.org/mychart.

Hours

Monday: 8 a.m. - 6 p.m.

Tuesday & Thursday: 9 a.m. - 5 p.m.

Wednesday: 8 a.m. - 12 p.m.

Friday: 8 a.m. - 4 p.m.

Saturday: 7 a.m. - 12 p.m.

Sunday: Closed

We are closed for lunch Monday - Friday from 1 p.m. - 2 p.m.

Services available at the BCSC Health Center

Wellness: Health consultation to address any health related concerns or questions.

Preventive: Wellness services include routine annual screenings and physical exams, PAP (well-women) visit, nutrition counseling, health education, and more.

Primary Care: Primary level care to treat and manage acute and chronic health conditions.

Labs: Lab services to collect blood and other specimens for analysis and diagnostic needs (including outside lab orders).

Medications: While medications may be available in the clinic; prescriptions will be written to meet medical needs and referred to the lowest cost vendor.

- \$4 & \$10 retail outlets or other local pharmacy
- In clinic medications as available

Education: Disease education and routine monitoring of chronic health conditions.

Chronic Care: Management of chronic health conditions and disease management.



1950 Doctors Park Drive, Suite C Columbus, IN 47203 Phone: 812.375.8810
Schedule Appointments: www.bcsc.k12.in.us/BCSCHealthCenter or www.crh.org/mychart

NEW BENEFIT

Available after 1 year of employment

Treatment Cost Containment

How to Reduce Specialty Pharmaceutical Costs



BROUGHT TO YOU BY:
PRICEMDs
Bundled Medical Care™

PriceMDs' Treatment Cost Containment (TCC) is a regulatory compliant solution for providing high cost specialty pharmaceuticals at greatly reduced prices inclusive of all travel to our participating medical facilities on the Cayman Islands.

PriceMDs' innovative Pharmaceutical Treatment Cost Containment solution is offered to you by your employer and is designed specifically for plan members suffering from several costly, chronic conditions including rheumatoid arthritis, colitis, psoriasis, Crohn's disease, multiple sclerosis and more.

This all-inclusive solution (*travel, lodging, meals, physician consult, pharmaceuticals, etc.*) reduces your and your employer's treatment costs significantly.

All treatments are coordinated by our highly trained US Registered Nurses and are administered by accredited physicians at the DaVinci Medical Centre; a high-quality medical facility located on Grand Cayman.

Treatment Cost Containment with PriceMDs

What's in the all-inclusive package:

- Nurse Navigators to coordinate your care
- 2 round-trip coach airfare to Grand Cayman
- 2-nights at luxury resort
- Expedited customs service on Grand Cayman
- Chauffeured transportation on Grand Cayman
- Meals and incidentals allowance
- Physician consultation, treatment at Davinci Centre



To learn more, please contact a PriceMDs' Nurse Navigator:

Phone: 813-833-7158 or 813-833-3267

Email: TCCNurse@pricemds.com

NEW BENEFIT

No Cost To Members

Our health plan has partnered with Edison Healthcare to provide VIP access to some of the nation's top medical centers. These Smart Care Centers are extensively vetted by Edison's veteran team and feature integrated care teams who meet specific criteria for ethics, quality, safety and effectiveness, and who have an extraordinary history providing the best possible outcomes for complex conditions.

Edison is here to help you and your family when facing one or more of the following diagnosis*:

- Spine Surgery
- Orthopedic Surgery
- Heart Surgery
- Valve Replacement / Surgery
- Hepatitis-C Treatment
- Transplant Surgery
- Cancer Diagnosis
- Other Complex Surgical Care

** Edison Healthcare is the required provider for Spinal Surgery, Transplants and High-cost Curative Cell Therapy . The plan is optional for other procedures such as joint replacements, heart surgery, cancer treatment and other eligible treatments.*

How does Edison Healthcare work?

The participant and a companion will travel to a specific Edison Healthcare medical center where they will receive top-quality care. All medical costs (co-pays, coinsurance, deductibles) and travel expenses (flight, hotel, food, transportation) for the participant and a companion will be covered. An Edison Care Coordinator will walk the employee through all necessary forms, coordinate flights & transportation, arrange accommodations, and help ensure the Smart Care Medical Center's surgical team has received all necessary documentation. The participant and their companion will receive an itinerary before the trip that provides all pertinent travel information and contact numbers for questions. In addition, a nurse from the Medical Navigation Team at the Smart Care Center will be there to greet the patient upon arrival and accompany them to tests, appointments, and surgery. It is a truly VIP experience that will ultimately lead to a more accurate diagnosis and far superior health outcomes!

To learn more about this added health benefit visit edisonhealthcare.com or call 1-866-982-7988 to speak with our Care Coordinators today.

IMPORTANT INFORMATION

Newborns' & Mothers' Health Protection Act

Under the Newborns' Act, the plan may not restrict benefits for a hospital stay in connection with childbirth to less than 48 hours (96 hours in the case of a cesarean section), unless the attending provider (in consultation with the mother) decides to discharge earlier.

Plans may not require providers to obtain authorization from the plan for prescribing the stay. In addition, plans may not deny a stay within the 48-hour (or 96-hour) period because the plan's utilization reviewer does not think such a stay is medically necessary.

The plan must eliminate this preauthorization requirement with respect to hospital stays in connection with childbirth for the first 48 hours (or 96 hours in the case of a cesarean section). The plan may impose such an authorization requirement for hospital stays beyond this period. In addition, the plan may impose a requirement on the mother to give notice of a pregnancy in order to obtain a certain level of cost-sharing or to use certain medical facilities. However, the type of preauthorization required by this plan (within the 48/96 hour period and based on medical necessity) must be eliminated.

Women's Health & Cancer Rights Act of 1998

In accordance with the Women's Health and Cancer Rights Act of 1998, SIHO Insurance Services' covered members who undergo a mastectomy, and who elect breast reconstruction in connection with the mastectomy, are entitled to coverage for:

- Reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetric appearance.
- Prosthesis and treatment of physical complications at all stages of the mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

The coverage may be subject to coinsurance and deductibles consistent with those established for other benefits.

Premium Assistance Under Medicaid & the Children's Health Insurance Program

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of August 10, 2017. Contact your State for more information on eligibility.

| | |
|---|--|
| <p>ALABAMA – Medicaid</p> <p>Website: http://myalhipp.com/ Phone: 1-855-692-5447</p> | <p>FLORIDA – Medicaid</p> <p>Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268</p> |
| <p>ALASKA – Medicaid</p> <p>The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</p> | <p>GEORGIA – Medicaid</p> <p>Website: http://dch.georgia.gov/medicaid Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507</p> |
| <p>ARKANSAS – Medicaid</p> <p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p> | <p>INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid: Website: http://www.indianamedicaid.com Phone 1-800-403-0864</p> |
| <p>COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)</p> <p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711</p> | <p>IOWA – Medicaid</p> <p>Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562</p> |
| <p>KANSAS – Medicaid</p> <p>Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512</p> | <p>NEW HAMPSHIRE – Medicaid</p> <p>Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218</p> |
| <p>KENTUCKY – Medicaid</p> <p>Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570</p> | <p>NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p> |
| <p>LOUISIANA – Medicaid</p> <p>Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447</p> | <p>NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p> |
| <p>MAINE – Medicaid</p> <p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711</p> | <p>NORTH CAROLINA – Medicaid</p> <p>Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100</p> |

| | |
|--|--|
| MASSACHUSETTS – Medicaid and CHIP | NORTH DAKOTA – Medicaid |
| Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840 | Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825 |
| MINNESOTA – Medicaid | OKLAHOMA – Medicaid and CHIP |
| Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739 | Website: http://www.insureoklahoma.org Phone: 1-888-365-3742 |
| MISSOURI – Medicaid | OREGON – Medicaid |
| Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005 | Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075 |
| MONTANA – Medicaid | PENNSYLVANIA – Medicaid |
| Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 | Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462 |
| NEBRASKA – Medicaid | RHODE ISLAND – Medicaid |
| Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178 | Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347 |
| NEVADA – Medicaid | SOUTH CAROLINA – Medicaid |
| Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900 | Website: https://www.scdhhs.gov Phone: 1-888-549-0820 |
| SOUTH DAKOTA – Medicaid | WASHINGTON – Medicaid |
| Website: http://dss.sd.gov Phone: 1-888-828-0059 | Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473 |
| TEXAS – Medicaid | WEST VIRGINIA – Medicaid |
| Website: http://gethipptexas.com/ Phone: 1-800-440-0493 | Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| UTAH – Medicaid and CHIP | WISCONSIN – Medicaid and CHIP |
| Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669 | Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002 |
| VERMONT – Medicaid | WYOMING – Medicaid |
| Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427 | Website: https://wequalitycare.acs-inc.com/ Phone: 307-777-7531 |
| VIRGINIA – Medicaid and CHIP | |
| Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282 | |

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Contacts

Medical Insurance

SIHO Insurance Services
(800) 443-2980

www.siho.org

Email: memberservices@siho.org



Pharmacy

Optum

800-524-0381

www.optumrx.com



Edison Healthcare

1-866-982-7988

Edisonhealthcare.com



Price MD

813-883-7158

www.Pricemds.com

E-Mail: tccnurse@pricemds.com



Dental

Delta Dental IN

800-524-0149

www.deltadentalin.com



Vision

Vision Service Plans (VSP)

800-877-7195

www.vsp.com



Health Center

1950 Doctors Park Dr., Suite C

812-375-8810

Appt's: www.bcsc.k12.in.us/bcschealthcenter



inspire

Bartholomew County School Corporation

Heather Downin

Benefits Specialist/Human Resources

812-376-4203

Email: downinh@bcsc.k12.in.us



Network

SIHO

812-378-7070

Encore Combined

888-574-8180

Inspire

812-376-5444

Provider Search:

www.siho.org/provider-directory.html



inspire

CLICK

www.siho.org



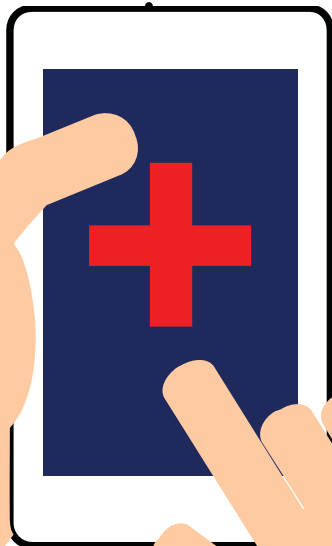
CALL

812.378.7000



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**INSURANCE
SERVICES**

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