The City of Columbus has 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 City of Columbus cannot avoid the impact of rising health care costs, we believe this health care plan will provide many advantages while living within the city’s budget demands.

Advantages of the City of Columbus Plan:

- Two health plans - offering a choice in health care coverage
- Preventive health care coverage, with required educational meetings
- Extensive network of in-network providers

**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.)*

*Note: Medicare does not count as an employer-sponsored plan for the purposes of this rule.
**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: Local: 812.378.7070  Toll Free: 800.443.2980  
Website:  www.siho.org  
Address:  417 Washington Street  
P.O. Box 1787  
Columbus, IN 47202-1787

To find out if your provider is part of the SIHO Network or to find a provider in the SIHO Network, call SIHO Customer Service or log on to the website to do a search:  www.siho.org
### Your Plan Features

<table>
<thead>
<tr>
<th></th>
<th>Option 1 - Preferred Provider Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inspire Providers</td>
</tr>
<tr>
<td><strong>Annual Maximum</strong></td>
<td>Unlimited</td>
</tr>
<tr>
<td><strong>Calendar Year Deductible</strong></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$750</td>
</tr>
<tr>
<td>Family</td>
<td>$1,500</td>
</tr>
</tbody>
</table>

* The Preferred Provider Plan (Option 1) has an *embedded* deductible. This means that one member must meet the individual deductible of $750 and the remaining family member(s) can accumulate the remaining $750 to meet the $1,500 deductible.

The High Deductible Health Plan (Option 2) has a *non-embedded* deductible. For family policies, the *individual deductible is non-applicable* — this means that claims of *either* one family member or claims accumulated by more than one member needs to meet the family deductible of $3,000 before the plan pays. However, the maximum out-of-pocket will never exceed $4,750 for one individual.

### Calendar Year Coinsurance Stop Loss Maximum

<table>
<thead>
<tr>
<th></th>
<th>Inspire Providers</th>
<th>SIHO Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$4,000</td>
<td>$4,000</td>
<td>$4,000</td>
</tr>
<tr>
<td>Family</td>
<td>$8,000</td>
<td>$8,000</td>
<td>$8,000</td>
</tr>
</tbody>
</table>

### Maximum Out-of-Pocket

<table>
<thead>
<tr>
<th></th>
<th>Inspire Providers</th>
<th>SIHO Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$4,750</td>
<td>$4,750</td>
<td>$4,750</td>
</tr>
<tr>
<td>Family</td>
<td>$9,500</td>
<td>$9,500</td>
<td>$9,500</td>
</tr>
</tbody>
</table>

Tier 1 and Tier 2 deductibles and coinsurance cross apply. Copays accumulate toward the maximum out-of-pocket and do not apply to Tier 3 and vice versa.

### Hospital Room, Services, Supplies

- 80% after deductible
- 70% after deductible
- 60% after deductible

### Inpatient Surgery

- 80% after deductible
- 70% after deductible
- 60% after deductible

### Emergency Room Facility Charges ($150 copay applies if non-emergency)

- 80% after deductible
- 70% after deductible
- 60% after deductible

### Urgent Care

- 80% after deductible
- 70% after deductible
- 60% after deductible

### Outpatient Surgery

- 80% after deductible
- 70% after deductible
- 60% after deductible

### Office Visits

- 80% after deductible
- 70% after deductible
- 60% after deductible

### Preventive Health Benefit

- 100% covered-subject to Preventive Health Benefits Guidelines

### Dental Cleaning - 2 per year

- 100%

### Diagnostic X-Ray and Lab

- 80% after deductible
- 70% after deductible
- 60% after deductible

### Columbus Regional Hospital Lab Program

- This includes the CRH Lab at Sandcrest, Prompt Med or any provider who sends labs to these facilities. This does not include the lab located within the hospital.
- 100% no deductible
- 100% no deductible
- NA
## SUMMARY OF HEALTH CARE BENEFITS - OPTION 1 PREFERRED PROVIDER PLAN

### Your Plan Features

<table>
<thead>
<tr>
<th>Service</th>
<th>Inspire Providers</th>
<th>SIHO Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance</td>
<td>80% after deductible</td>
<td>70% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Inpatient Mental Health and Substance Abuse</td>
<td>80% after deductible</td>
<td>70% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Outpatient Mental Health and Substance Abuse</td>
<td>80% after deductible</td>
<td>70% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Physical, Speech &amp; Occupational Therapy</td>
<td>80% after deductible</td>
<td>70% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Chiropractic Services</td>
<td>80% after deductible</td>
<td>70% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td><strong>Annual Maximum:</strong> 30 visits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>80% after deductible</td>
<td>70% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td><strong>Precertification required for purchases over $750 and all rentals</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospice Care</td>
<td>80% after deductible</td>
<td>70% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td><strong>Precertification required; combined Calendar year maximum: 3 months outpatient; 6 months inpatient</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Health Care</td>
<td>100% no deductible</td>
<td>100% no deductible</td>
<td>100% no deductible</td>
</tr>
<tr>
<td><strong>Precertification required; Annual max 100 visits</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Covered Benefits</td>
<td>80% after deductible</td>
<td>70% after deductible</td>
<td>60% after deductible</td>
</tr>
</tbody>
</table>

### YOUR COST FOR COVERAGE

Your cost for **medical coverage** is based upon the plan you choose and your level of coverage. The following table shows your contribution for Option 1.

<table>
<thead>
<tr>
<th>Employee Premiums</th>
<th>Option 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Coverage</td>
<td>$40.94</td>
</tr>
<tr>
<td>26 pay periods</td>
<td></td>
</tr>
<tr>
<td>Employee +Spouse Coverage</td>
<td>$80.82</td>
</tr>
<tr>
<td>26 pay periods</td>
<td></td>
</tr>
<tr>
<td>Employee +Child(ren) Coverage</td>
<td>$69.19</td>
</tr>
<tr>
<td>26 pay periods</td>
<td></td>
</tr>
<tr>
<td>Family Coverage</td>
<td>$90.79</td>
</tr>
<tr>
<td>26 pay periods</td>
<td></td>
</tr>
</tbody>
</table>
### SUMMARY OF HEALTH CARE BENEFITS - OPTION 2 HDHP

<table>
<thead>
<tr>
<th>Your Plan Features</th>
<th>Option 2 - High Deductible Health Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inspire Providers</td>
</tr>
<tr>
<td><strong>Annual Maximum</strong></td>
<td>Unlimited</td>
</tr>
<tr>
<td><strong>Calendar Year Deductible</strong></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$1,500</td>
</tr>
<tr>
<td>Family</td>
<td>$3,000 deductible is non-embedded*</td>
</tr>
<tr>
<td>*The Preferred Provider Plan (Option 1) has an <em>embedded</em> deductible. This means that one member must meet the individual deductible of $750 and the remaining family member(s) can accumulate the remaining $750 to meet the $1,500 deductible. The High Deductible Health Plan (Option 2) has a <em>non-embedded</em> deductible. For family policies, the individual deductible is non-applicable — this means that claims of either one family member or claims accumulated by more than one member needs to meet the family deductible of $3,000 before the plan pays. However, the maximum out-of-pocket will never exceed $4,750 for one individual.</td>
<td></td>
</tr>
<tr>
<td><strong>Calendar Year Coinsurance Stop Loss Maximum</strong></td>
<td>$3,250</td>
</tr>
<tr>
<td>Individual</td>
<td>$6,500</td>
</tr>
<tr>
<td>Family</td>
<td>Copays accumulate toward the maximum out-of-pocket</td>
</tr>
<tr>
<td><strong>Maximum Out-of-Pocket</strong></td>
<td>$4,750</td>
</tr>
<tr>
<td>Individual</td>
<td>$9,500</td>
</tr>
<tr>
<td>Family</td>
<td>Copays accumulate toward the maximum out-of-pocket</td>
</tr>
<tr>
<td>Tier 1 and Tier 2 deductibles and coinsurance cross apply. Copays accumulate toward the maximum out-of-pocket and do not apply to Tier 3 and vice versa</td>
<td></td>
</tr>
<tr>
<td><strong>Hospital Room, Services, Supplies</strong></td>
<td>80% after deductible</td>
</tr>
<tr>
<td><strong>Inpatient Surgery</strong></td>
<td>80% after deductible</td>
</tr>
<tr>
<td><strong>Emergency Room Facility Charges ($150 copay applies if non-emergency)</strong></td>
<td>80% after deductible</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>80% after deductible</td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td>80% after deductible</td>
</tr>
<tr>
<td><strong>Office Visits</strong></td>
<td>80% after deductible</td>
</tr>
<tr>
<td><strong>Preventive Health Benefit</strong></td>
<td>100% covered-subject to Preventive Health Benefits Guidelines</td>
</tr>
<tr>
<td><strong>Dental Cleaning - 2 per year</strong></td>
<td>NA</td>
</tr>
<tr>
<td><strong>Diagnostic X-Ray and Lab</strong></td>
<td>80% after deductible</td>
</tr>
<tr>
<td><strong>Columbus Regional Hospital Lab Program (this includes the CRH Lab at Sandcrest, Prompt Med or any provider who sends labs to these facilities, including labs performed directly at CRH.)</strong></td>
<td>80% after deductible</td>
</tr>
</tbody>
</table>
### Your Plan Features

<table>
<thead>
<tr>
<th>Your Plan Features</th>
<th>Option 2 - High Deductible Health Plan</th>
<th>Inspire Providers</th>
<th>SIHO Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance</td>
<td>80% after deductible</td>
<td>70% after deductible</td>
<td>60% after deductible</td>
<td></td>
</tr>
<tr>
<td>Outpatient Mental Health and Substance Abuse</td>
<td>80% after deductible</td>
<td>70% after deductible</td>
<td>60% after deductible</td>
<td></td>
</tr>
<tr>
<td>Physical, Speech &amp; Occupational Therapy</td>
<td>80% after deductible</td>
<td>70% after deductible</td>
<td>60% after deductible</td>
<td></td>
</tr>
<tr>
<td>Chiropractic Services</td>
<td>80% after deductible</td>
<td>70% after deductible</td>
<td>60% after deductible</td>
<td></td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>80% after deductible</td>
<td>70% after deductible</td>
<td>60% after deductible</td>
<td></td>
</tr>
<tr>
<td>Hospice Care</td>
<td>80% after deductible</td>
<td>70% after deductible</td>
<td>60% after deductible</td>
<td></td>
</tr>
<tr>
<td>Home Health Care Outpatient</td>
<td>80% after deductible</td>
<td>70% after deductible</td>
<td>60% after deductible</td>
<td></td>
</tr>
<tr>
<td>Other Covered Benefits</td>
<td>80% after deductible</td>
<td>70% after deductible</td>
<td>60% after deductible</td>
<td></td>
</tr>
</tbody>
</table>

- **Ambulance**: 80% after deductible, 70% after deductible, 60% after deductible
- **Outpatient Mental Health and Substance Abuse**: 80% after deductible, 70% after deductible, 60% after deductible
- **Physical, Speech & Occupational Therapy**: 80% after deductible, 70% after deductible, 60% after deductible
- **Chiropractic Services**: 80% after deductible, 70% after deductible, 60% after deductible
- **Durable Medical Equipment**: 80% after deductible, 70% after deductible, 60% after deductible
- **Hospice Care**: 80% after deductible, 70% after deductible, 60% after deductible
- **Home Health Care Outpatient**: 80% after deductible, 70% after deductible, 60% after deductible
- **Other Covered Benefits**: 80% after deductible, 70% after deductible, 60% after deductible

### YOUR COST FOR COVERAGE

Your cost for **medical coverage** is based upon the plan you choose and your level of coverage. The following table shows your contribution for Option 2.

<table>
<thead>
<tr>
<th>Employee Premiums</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Coverage 26 pay periods</td>
<td>$31.32</td>
</tr>
<tr>
<td>Employee +Spouse Coverage 26 pay periods</td>
<td>$60.98</td>
</tr>
<tr>
<td>Employee +Child(ren) Coverage 26 pay periods</td>
<td>$49.95</td>
</tr>
<tr>
<td>Family Coverage 26 pay periods</td>
<td>$71.93</td>
</tr>
</tbody>
</table>
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.

Effective 2/1/18, in conjunction in Indiana State Law, physicians cannot prescribe more than a 7 day supply of Opioids for patients who have not taken opioids previously and for patients under the age of 18. Future fills will require a letter of medical necessity from the physician to be submitted to SIHO Medical Management for approval.

<table>
<thead>
<tr>
<th>Your Plan</th>
<th>Option 1 - Preferred Provider Plan</th>
<th>Option 2 - High Deductible Health Plan*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Retail Service (30 day supply)</td>
<td>Mail Order Service (90 day supply)</td>
</tr>
<tr>
<td>Generic</td>
<td>$10</td>
<td>$25</td>
</tr>
<tr>
<td>Brand</td>
<td>$30</td>
<td>$60</td>
</tr>
<tr>
<td>Non Formulary Brand</td>
<td>$50</td>
<td>$120</td>
</tr>
</tbody>
</table>

* Prescription Drugs listed on the High Deductible Health Plan Health Savings Account Preventive Therapy Drug List will be covered at the appropriate coinsurance and not subject to the annual deductible.
For those employees choosing a Health Savings Account (HSA) option, the City will make one payment into the employee’s HSA account for the first year that the employee enrolls in the High Deductible Health Plan. The employee is eligible for this benefit only one time while covered under the City’s Health Plan. This payment will be made only for those employees actively employed by the City at the time of the payment and for employees who are working 30 or more hours per week. The payment will be made the first month of enrollment.

**$1,500/$3,000 Plan**

- $250 Single
- $350 Employee + Spouse
- $350 Employee + Child(ren)
- $500 Family

You may contribute to your HSA the maximum amount as determined by the IRS, regardless of your plan’s deductible. The maximum for 2019 is $3,500** for individuals and $7,000 for families. If you have not been working at the City of Columbus long enough to receive a paycheck, you will not be eligible for the employer HSA contribution amount indicated above.

**Individuals who are 55 or older and covered under a high deductible health plan are eligible for an additional $1,000 “catch-up” contribution for 2018.

The IRS only allows “embedded” deductibles for family HSA plans whose individual deductibles satisfy the minimum family deductible as determined by the IRS ($2,700). Since the $1,500 HSA plan’s family deductible is $3,000, the $3,000 must be met by either an individual or family combined before benefits will start.

Early retirees are eligible to enroll in the High Deductible Health Plan but are not eligible for the employer contribution to the Health Savings Account.

The bank account connected to the City of Columbus HSA Plans is through First Financial Bank. If you are enrolling in an HSA for the first time, shortly after you submit your enrollment form, you will receive instructions on how to setup your First Financial HSA Account.

First Financial Bank offers great banking benefits to City of Columbus Employees such as Online Receipt Storing and Online Banking and Bank to Bank Transfers.
Why Choose an HSA Plan?

An HSA is a bank account where tax-free deposits are made to pay for qualified medical expenses. Withdrawals from your HSA are also tax free as long as the funds are used for qualified medical expenses. There are many advantages to enrolling in a qualified High Deductible Health Plan and opening a HSA bank account.

You are eligible to enroll in one of the City of Columbus Employee HSA Plans if you meet the following requirements:

- Have no other first-dollar medical coverage. This means you cannot be covered as secondary under a plan that is not a qualified High Deductible Plan.
- Are not enrolled in Medicare. Medicare eligible persons who do not enroll in Medicare may have an HSA if they are covered by a qualified High Deductible Health Plan.
- Cannot be claimed as a dependent on someone else’s tax return

What are the benefits of an HSA?

- Your high deductible insurance and HSA protect you against high or unexpected medical bills
- Your health insurance premiums are lower
- SIHO pays 100% of covered preventive care services received in-network. You do not need to meet the deductible for covered preventive care services.
- You can use the funds in your account to pay for the following:
  - Medical Expenses including expenses that are not covered under the SIHO Medical Plan (See IRS Publication 502)
  - All options under IRS Publication 502
  - Long-Term Care Insurance
  - Dental and Vision expenses
  - Medical expenses after retirement (before Medicare)
  - Out-of-pocket expenses when covered by Medicare
- You can save the money in your account for future medical expenses and grow your account through investment earnings. HSA earnings grow tax-free.
- Your HSA is completely portable. Funds in your HSA belong to you and are always 100% vested. There are no “use it or lose” rules for HSAs.
- Unlike contributions into an HSA, an individual need not be covered by an HDHP to make withdrawals from the HSA. For example, an employee that is qualified to contribute to an HSA can use the funds to pay for medical expenses for a qualified dependent even if the dependent is not covered under an HDHP.

Paying for medical expenses:

Here are a few simple tips to keep in mind:

- When you receive services from a physician or hospital, present your SIHO Identification Card just as you would with a traditional plan. Use of the ID Card ensured that the claims will be submitted to SIHO and that a provider network discount will be taken. This saves money for you! Most providers will not require payment from you at the time of service; they will bill SIHO and wait for payment determination from SIHO before billing you.
- Qualified healthcare expenses may be paid with your HSA money, or you may pay out-of-pocket and continue to save in your HSA.
- Your HSA works like a checking account with withdrawals limited only by the account balance.
- After you open your HSA, you have the option to receive a First Financial Debit Card. This card can be used to pay for qualified expenses anywhere it is accepted. You may also setup bill-payer and pay your medical bills online with First Financial.
- Receipts of where you spend your HSA funds are required by the IRS. You do not need to submit a receipt to the bank to receive reimbursement.
- However, you need to keep the receipt for 7 years with your other tax reporting paperwork.
# Health Savings Account Example

## How a Health Savings Account saves you money!

<table>
<thead>
<tr>
<th></th>
<th>PPO Plan ($1,500 Family Deductible)</th>
<th>HSA ($3,000 Family Deductible)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Premium</strong></td>
<td>$2,360.54</td>
<td>$1,870.18</td>
</tr>
<tr>
<td><strong>Employee HSA Deposit</strong></td>
<td>$0</td>
<td>$750</td>
</tr>
<tr>
<td><strong>City of Columbus HSA Match</strong></td>
<td>$0</td>
<td>$500</td>
</tr>
<tr>
<td><strong>Assumed Annual Medical – 750 expenses not covered by insurance</strong></td>
<td>$750 (paid out of pocket)</td>
<td>$750 (paid from HSA Account)</td>
</tr>
<tr>
<td><strong>Total Employee Cost</strong></td>
<td>$3,110.54</td>
<td>$2,620.18</td>
</tr>
<tr>
<td><strong>HSA Account Balance at end of year</strong></td>
<td>$0</td>
<td>$500 ($750 EE &amp; $500 City of Columbus Deposit minus $750 Expenses = $500)</td>
</tr>
</tbody>
</table>
### High Deductible Health Plan (HDHP) - Health Savings Account (HSA)

#### Preventive Therapy Drug List

**ANTINFECTIVES**
- phenytoin
- phenytoin sodium extended
- primidone
- tiagabine
- topiramate
- topiramate ext-rel
- valproic acid
- vigabatin
- zonisamide
- Epitol
- APTIOM
- BANZEL
- BRIVACT
- CARBATROL
- CELONTIN
- DEPAKENE
- DEPAKOTE
- DEPAKOTE ER
- DILANTIN
- FELBATOL
- FYCOMPA
- GABITRIL
- KEPPRA
- KEPPRA XR
- KLONOPIN
- LAMICTAL
- LAMICTAL XR
- MYOSOLINE
- ONFI
- OXETLLAR XR
- PEGANONE
- PHENYTEK
- QUDEXY XR
- ROWEEPA
- SABRIL
- SPITRAM
- TEGRETOL
- TEGRETOL-XR
- TOPAMAX
- TRILEPTAL
- TROKENDI XR
- VIPMAT
- ZARONTIN
- ZONEGRAN

**PLATELET AGGREGATION INHIBITORS**
- aspirin 81 mg
- clopidogrel
- dipyridamole
- dipyridamole ext-rel/aspirin
- prasugrel
- AGGRENOX
- BRILINTA
- CLOPIDOGREL KIT
- DURLAZA
- EFFIENT
- PLAVIX
- YOSPRALA
- ZONTIVITY

Over-the-Counter (OTC) products require a prescription. Coverage may vary by plan.

**ANTICONVULSANTS**
- carbamazepine
- carbamazepine ext-rel
- clonazepam
- divalproex sodium delayed-rel
- divalproex sodium ext-rel
- ethosuximide
- felbamate
- lamotrigine
- lamotrigine ext-rel
- levetiracetam
- oxcarbazepine
- phenobarbital

**CARDIOVASCULAR CONDITIONS - OTHER**

**ANTIARRHYTHMIC AGENTS**
- amiodarone
- diospyramide
- dofetilide
- flecainide
- propafenone
- propafenone ext-rel
- sotalol
- sotalol AF

**PACERONE**
- BETAPACE
- BETAPACE AF
- MULTAQ
- NORFACE
- NORFACE CR
- RYTHMOL SR
- SORINE
- SOTYLIZE
- TIKOSYN

**ORAL ANTIANGINAL AGENTS**
- isosorbide dinitrate
- isosorbide dinitrate ext-rel
- isosorbide mononitrate
- isosorbide mononitrate ext-rel
- DILATRATE-SR
- ISORDIL

Sl and chewable formulations are not included on this list.

**TRANSDERMAL/TOPOCAL ANTIANGINAL AGENTS**
- nitroglycerin transdermal
- Minitrans
- NITRO-BID
- NITRO-DUR

**CORONARY ARTERY DISEASE**

**ANTIHYPERLIPIDEMICS**
- atorvastatin
- cholestyramine
- colesevelam
- colestipol
- ezetimibe
- fenofibrate
- fenofibric acid
- fenofibric acid delayed-rel
- fluvastatin
- fluvastatin ext-rel
- gemfibrozil
- lovastatin
- niacin ext-rel
- pravastatin
- rosuvastatin
- simvastatin
- Niacor
- Prevalite
- ALTOPREV
- ANTARA
- COLESTID
- CRESTOR
- FENOLIDE
- FIBRICOR
- FLOLIPID

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**COMBINATION ANTIHYPERLIPIDEMICS**
- amlodipine/atorvastatin
- ezetimibe/simvastatin

**CADUET**

**VYTORIN**

**DIABETES**

**DIAGNOSTIC AGENTS AND SUPPLIES**
- BLOOD GLUCOSE MONITORS - ALL
- BLOOD GLUCOSE STRIPS - ALL
- CONTROL SOLUTIONS
- INSULIN SYRINGES, INFUSION SETS, AND NEEDLES - ALL
- KETONE BLOOD TEST STRIPS - ALL
- LANCETS, LANCET DEVICES
- OMNIPOD INSULIN INFUSION PUMP
- URINE TESTING STRIPS - ALL
- V-GO INSULIN DELIVERY DEVICE

Over-the-Counter (OTC) products require a prescription. Coverage may vary by plan.

**INHALED DIABETES AGENTS**
- AFREZZA

**INJECTABLE DIABETES AGENTS**
- ADLYXIN
- ADMELOG
- APIDRIA
- BASAGLAR KWIKPEN
- BYDUREON
- BYETTA
- FIASP
- HUMALOG
- HUMULIN
- LANTUS
- LEVEMIR
- NOVOLIN
- NOVOLOG
- OZEMIC
- SOLIQUA
- SYMLIN PEN
- TANZEUM
- TOUJEO
- TRESIBA

**HEMATOLOGIC AGENTS**
- ADVATE
- ADYNOVATE
- AFSTYLA
- ALPHANATE
- ALPHANINE SD
- ALPROLIX
- BEBULIN
- BENEFIX
- CORIFACT
- ELOCTATE
- FEIBA
- HELIXATE FS
- HEMOFLIX M
- HUMATE-P
- IDELVION
- IXINITY
- KOATE-DVI
- KOGENATE FS
- KOVALTRY
- MONOCLATE-P
- MONONINE
- NOVOEIGHT
- NUWIG
- PROFILINE SD
- RECOMBINATE
- RIXUBIS
- TRETEN
- XYNTHA

**HYPERTENSION**

**ACE INHIBITORS/ANGIOTENSIN II RECEPTOR ANTAGONISTS AND COMBINATION AGENTS**
- amlodipine/benazepril
- benazepril
- benazepril/hydrochlorothiazide
- candesartan
- candesartan/hydrochlorothiazide
- captopril
- captopril/hydrochlorothiazide
- enalapril
- enalapril/hydrochlorothiazide
- eprosartan
- fosinopril
- fosinopril/hydrochlorothiazide
- irbesartan
- irbesartan/hydrochlorothiazide
- lisinopril
- lisinopril/hydrochlorothiazide

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</tbody>
</table>

Please note: This list represents brand products in CAPS, branded generics in upper- and lowercase italics, and generic products in lowercase italics.

Some strengths or dosage forms may not be included in the Preventive Therapy Drug List and certain products or categories may not be covered, regardless of their appearance in this document. Please check with your plan provider should you have any questions about coverage. Additional medications may be included in this list from time to time in compliance with Affordable Care Act requirements and/or U.S. Internal Revenue Service (IRS) guidance. This list includes medications considered preventive by the IRS; it may not include all preventive medications.

This Preventive Therapy Drug List has been adopted by the referenced health plan. CVS Caremark® makes no representations regarding its compliance with applicable legal requirements. The Preventive Therapy Drug List should be modified as necessary or desired by the plan sponsor based on the advice of the plan sponsor’s counsel.
MALARONE
PRIMAQUINE

DENTAL CARIES PREVENTION
sodium fluoride

PEDIATRIC MULTIVITAMINS WITH
FLUORIDE - ALL MARKETED
PRODUCTS

HEREDITARY ANGIOEDEMA AGENTS
CINRYZE
HAEGARDA

IMMUNOSUPPRESSIVE AGENTS
cyclosporine caps
mycophenolate mofetil
mycophenolate sodium delayed-rel
sirolimus
tacrolimus
Gengraf
ASTAGRAF XL
CELLECTE
ENVARSUS XR
MYFORTIC
NEORAL
NULOJIX
PROGRAF
RAPAMUNE
SANDIMMUNE
ZORTRESS

MULTIPLE SCLEROSIS AGENTS
glatiramer
AUBAGIO
AVONEX
BETASERON
COPAXONE
EXTAVIA

GILENYA
LEMTRADA
OCREVUS
PLEGRIDY
REBIF
TECFIDERA
TYSCABRI
ZINBRYTA

WOMEN'S HEALTH
ANTIESTROGENS
tamoxifen
SOLTAMOX

AROMATASE INHIBITORS
anastrozole
 exemestane
letrozole
ARIMIDEX
AROMASIN
FEMARA

CONTRACEPTIVES
CONTRACEPTIVES - ALL
PRESCRIPTION FORMULATIONS

Over-the-Counter (OTC) emergency contraceptive
products require a prescription. Coverage may vary by
plan.

PRENATAL VITAMINS
folic acid
PRENATAL VITAMINS -
PRESCRIPTION

Over-the-Counter (OTC) products require a prescription.
Coverage may vary by plan.

---

Please note: This list represents brand products in CAPS, branded generics in upper- and lowercase italics, and generic products in lowercase italics.

Some strengths or dosage forms may not be included in the Preventive Therapy Drug List and certain products or categories may not be covered, regardless of their appearance in this document. Please check with your plan provider should you have any questions about coverage. Additional medications may be included in this list from time to time in compliance with Affordable Care Act requirements and/or U.S. Internal Revenue Service (IRS) guidance. This list includes medications considered preventive by the IRS; it may not include all preventive medications.

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108-1036894B 080118
Wellness Exam:
Men - One per year
Women - One per year with family physician, one per year with OB/GYN, if needed

Childhood Immunizations

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>AGE &gt;</th>
<th>Birth</th>
<th>1 month</th>
<th>2 months</th>
<th>4 months</th>
<th>6 months</th>
<th>12 months</th>
<th>18 months</th>
<th>19-23 months</th>
<th>2-3 years</th>
<th>4-6 years</th>
<th>7-10 years</th>
<th>11-12 years</th>
<th>13-16 years</th>
<th>16-18 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, Tetanus, Pertussis</td>
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<td>DTap</td>
<td>DTap</td>
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<td>Human Papillomavirus</td>
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<td>Meningococcal</td>
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<td></td>
<td></td>
<td>Measles, Mumps, Rubella</td>
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<tr>
<td>Influenza</td>
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<td></td>
<td>Varicella</td>
<td>Varicella</td>
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<td>Pneumococcal</td>
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<td>PCV</td>
<td>PCV</td>
<td>PCV</td>
<td>PCV</td>
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<td></td>
<td>HPV 3 Doses</td>
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<tr>
<td>Hepatitis A</td>
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<td></td>
<td>Hep A 2 Doses</td>
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<tr>
<td>Hepatitis B</td>
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<td>Hep B</td>
<td>Hep B</td>
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<td>Hep A Series</td>
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<tr>
<td>Inactivated Poliovirus</td>
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<td>IPV</td>
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<td>MMR</td>
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<td>&quot;Varicella&quot;*</td>
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<td>Varicella</td>
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<td>Rotavirus</td>
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<td>RV</td>
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<tr>
<td>Haemophilus Influenzae Type B</td>
<td></td>
<td>HIB</td>
<td>HIB</td>
<td>HIB</td>
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<td>Meningococcal B</td>
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<td>Mening 2 Doses</td>
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</tbody>
</table>

Note: Preferred age for vaccine is indicated where specific vaccine is listed in colored box.
*Varicella expanded for 2nd dose to age 65.

Services for Pregnant Women

- Aspirin
- HIV
- Bacteriuria
- Hepatitis B
- Iron Deficiency Anemia Screening
- Gestational Diabetes Screening (between 24 & 28 weeks)
- Rh Incompatibility
- Syphilis Screening
- Breast Feeding Interventions*
- Nicotine*
- Folic Acid

Services for Children

- Gonorrhea preventative medication for eyes
- Hearing Screening
- Hemoglobinopathies (sickle cell)
- Congenital Hypothyroidism
- Phenylketonuria (PKU)
- Newborns
- Children without fluoride in water source
- All Ages
- Developmental/Behavioral Assessment/Autism
- Hematocrit or Hemoglobin Screening
- Lead Screening
- Screening for latent tuberculosis infection
- Dyslipidemia Screening
- Height, Weight and Body Mass Index measurements
- Medical History
- All Children throughout development

Services for All Women

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

Preventative Health Benefit
These benefits are fully compliant with the Affordable Care Act (PPACA).
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.
A great way to save on your health care and dependent care expenses is by taking advantage of the Flexible Spending Accounts (FSAs), including the:

- Health Care FSA
- Dependent Care FSA

**Health Care FSA***
The Health Care FSA gives you a smart way to save on eligible expenses not covered by the new program by allowing you to set aside money on a pre-tax basis to pay for these expenses. Some examples of eligible expenses include:

- Deductibles for medical and dental plans
- Physician’s fees
- Laboratory fees
- Prescription glasses or contacts
- Prescription drug co-pays
- Some types of medical equipment or supplies
- Surgical or diagnostic services

An FSA allows you to set aside up to $2,650** on a pre-tax basis that can be used for non-reimbursed health care expenses for you and your qualified dependents throughout the year. Here’s how it works:

First, decide how much you want to contribute. A regular amount will be automatically deducted from each paycheck for the entire year. SIHO makes the elected funds available at the beginning of the plan year and funds are reimbursed to you as expenses are submitted up to the amount elected for the year.

Then, when you or a qualified dependent have eligible expenses not covered by the benefits program OR any or all health benefits are exhausted, your FSA administrator reimburses you from your flexible spending account. Your expenses are reimbursed from your account and you avoid the taxes you would otherwise pay on that money.

*If you are participating in the HSA Qualified Plan, you are only eligible to participate in a *limited purpose* Health Care FSA. This means that you will only be able to submit Dental and Vision expenses.

**Dependent Care FSA**
The Dependent Care FSA works like the Health Care FSA. It allows you to set aside up to $2,500 each year on a pre-tax basis for reimbursable day care expenses, such as fees for a licensed day care center or adult day care, for eligible dependents ($5,000 maximum for the head of household or a joint tax return and $2,500 maximum for married, separately filed tax returns).

**The FSA Amount is subject to change per Federal Guidelines. Please refer to the IRS website for further information.**

---

**Important FSA Facts:**

There are restrictions imposed by the federal government that you need to keep in mind before participating in an FSA:

- You cannot stop, start, or change the amount of money you contribute during the year unless you experience a Qualified Life Event change. If this occurs, then your change must be consistent with your qualified life event change. Under the Dependent Care FSA, a Cost of Coverage change is eligible for contribution adjustments.

- You may use the money in your account to pay for expenses you or your dependents incur only during the same calendar year. Any money remaining in your account, after you have applied for reimbursement for the year, is forfeited and cannot be returned for any reason. For FSA accounts ending in 2018, the Internal Revenue Service will allow participants to roll over a maximum of $500 to the next plan year.

- Your Health Care and Dependent Care FSAs are separate. You cannot transfer money between the two accounts.

- When submitting claims, you must attach an itemized receipt (cancelled checks do not qualify as a valid receipt). An EOB, or Explanation of Benefits, can be submitted for reimbursement.
FLEXCARE (FSA) - OPTIONAL

Premium and Flexible Spending Accounts Illustration:

<table>
<thead>
<tr>
<th>Pre-Tax With FLEXCARE</th>
<th>After Tax Without FLEXCARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,000 Your pay check</td>
<td>$1,000 Your pay check (taxable amount)</td>
</tr>
<tr>
<td>- 150 Dependent Care</td>
<td>- 250 Tax*</td>
</tr>
<tr>
<td>- 20 Medical Reimbursement</td>
<td>$750</td>
</tr>
<tr>
<td>$ 830 Taxable Amount</td>
<td>- 150 Dependent Care**</td>
</tr>
<tr>
<td>- 207 Tax*</td>
<td>- 20 Medical Expenses (if eligible)**</td>
</tr>
</tbody>
</table>

$623 Spendable Income

$580 Spendable Income

Per Payroll Savings $43.00

Annual Savings $1,118.00

*Based on a 25% tax bracket. Your actual tax savings could vary.

** If you would incur these expenses.

Flex Benefits Debit Card

The take care ™ flex benefits debit card allows a participant to use the card at the point of purchase to pay for qualified expenses instead of using their personal funds and waiting for reimbursement.

Advantages:
- Significant reduction in number of claims to submit for reimbursement
- Convenient access to your plan dollars at the point of purchase

The Pre-Tax Advantage

Don’t forget that the money you contribute toward your medical and dental coverage is paid on a pre-tax basis (except for non-qualified domestic partners). This means that:
- The costs for your benefits are deducted from your paycheck before you pay any federal income or Social Security taxes (except for non-qualified domestic partners).
- This deduction reduces your taxable income – the amount on which you pay taxes.
- Reduced income tax means you have more take-home pay.
As a feature of your health care benefits, SIHO provides secure internet access to give you information you need anytime you need it. Some of these features include:

**Claims**
SIHO provides quick access to your claims status and eligibility information. You can track your medical claims as they move through the SIHO claims processing system.

**Utilization**
View up-to-date information on Deductibles, Out-of-Pocket Limits & Preventive Health Benefits usage.

**Provider Lookup**
Search for healthcare providers in your network by Specialty, Name or Location.

**Plan Documents**
Verify benefits related to your current plan.

Visit [https://my.siho.org/](https://my.siho.org/) to access the Member Access Portal.

Select Logon.
If you are a new user, select “Click here to create a new user id” and follow the on-screen instructions.

You may be directed to select a specific health plan when creating your account. If you are unsure which plan you should select, please contact SIHO Member Services:
800.443.2980
After creating your user name and password, you can access the following information:

**Menu Option** | **Function**
--- | ---
Claim Status | Check the status of past & pending claims
Check Utilizations | View up-to-date information on Deductibles, Out-of-Pocket Limits & Preventive Health Benefits usage
Find Providers | Locate healthcare providers in your network
Request ID Card | Print or request new ID Cards
Talk to Us | Contact our Customer Service Department
Email Options | Elect to receive email only notifications when Explanation of Benefits (EOBs) are available

**Claim Status Screen**

**Member Information Screen**

**Find Provider Screen**

Your member ID card shows the provider network for your plan.

Select the Find Provider option. This will take you to the Find a Provider search page. From there you can search for providers in your network by Address, Network, Provider Type or Name.
Mobile App

Want to look up the status of a medical claim? Or email your health insurance ID Card? How about checking your eligibility information or sending a question to your health insurance provider? SIHO is excited to announce the launch of a new and improved mobile app for Android™ and iPhone. The new app features a user-friendly interface that allows you to check the status of a medical claim, access your health insurance ID Card, and check eligibility information. The new app is available for FREE on Google Play and the App Store.

FEATURES
My Summary (Benefits and Coverage Information), ID Card (ID Card Information), Medical Claims, Dental, Lab, Pharmacy Claims (if applicable), and more.

LOOK UP CLAIMS
See your recent claims—up to ten per screen. Get a detailed view of each one, or look up specific medical, dental and pharmacy claims by member name.

VIEW YOUR MEMBER ID CARD
You can view the information on the front and back of your ID Card. You can also email the card information to your provider or whomever requires it at any time.

VIEW YOUR BENEFITS AND COVERAGE INFORMATION
Until you experience it, you may never have realized how helpful it is to have your benefits and coverage information right at your fingertips.

SECURITY
You must always sign in with your User Name and Password to access the features in this app. Without that information, no one can reach your personal data. It is safe.
Discrimination is Against the Law

SIHO Insurance Services and/or the plan sponsors for which it administers employee welfare and benefits plans ("SIHO Insurance Services and/or the Plans it administers") comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SIHO Insurance Services and/or the Plans it administers do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SIHO Insurance Services (both for itself and/or on behalf of the Plans it administers):
- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, please contact the Compliance Officer for SIHO Insurance Services by mail at 417 Washington Street, Columbus, IN 47201, by phone at (844) 255-7120 or TTY (800) 743-3333, or by email at Compliance@siho.org.

If you believe that SIHO Insurance Services and/or the Plans it administers have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Compliance Officer. You can file a grievance in person or by mail, or email as indicated above. If you need help filing a grievance the Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at http://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue,
SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)


Language Assistance Services

English: ATTENTION: Our Member Services department has free language interpreter services available for non-English speakers. Call 800.443.2980 (TTY: 800.743.3333)

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800.443.2980 (TTY: 800.743.3333).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800.443.2980 (TTY: 800.743.3333).

Burmese: Language Assistance Services

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800.443.2980 (TTY: 800.743.3333).

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800.443.2980 (ATS : 800.743.3333).

Vietnamese: CHÚ YÊU: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800.443.2980 (TTY: 800.743.3333).


Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800.443.2980 (TTY: 800.743.3333) 번으로 전화해 주십시오.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800.443.2980 (телефон: 800.743.3333).

Arabic: تذكير: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 800.443.2980 (رقم هاتف الصم والبكم: 800.743.3333).

Hindi: ध्यान दें: यदि आप हिंदी कहते हैं तो व्यक्तिगत सहायता अनुमति है जिसे आप कर सकते हैं। 800.443.2980 (TTY: 800.743.3333) पर कॉल करें।


Dutch: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 800.443.2980 (TDD/TTY 800.743.3333) voor hulp.

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。800.443.2980（TTY: 800.743.3333）まで、お電話にてご連絡ください。
We know the health care decisions you make are very important. You deserve all the information you need to make the right choices for you and your family. After reviewing this benefit guide, please feel free to contact Columbus SIHO Member Services at 812-378-7070 or Toll Free 800-443-2980 with any questions.

This brochure is for informational purposes only and it is not intended to serve as a legal interpretation of benefits. The entire provisions of benefits and exclusions are contained in the Summary Plan Document. In the event of a conflict between the Summary Plan Document and this Guide, the terms of the Summary Plan Document will prevail.

www.siho.org