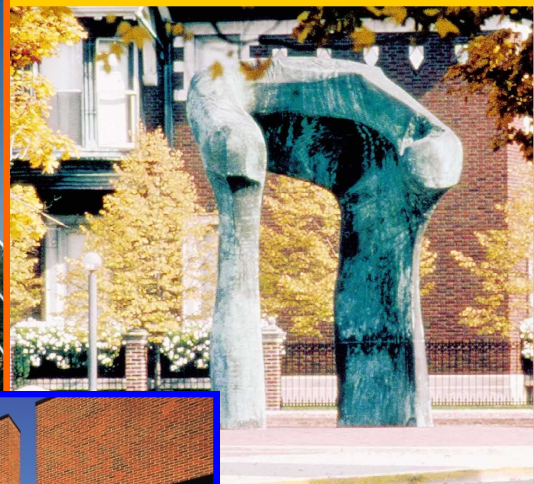


# Benefits

## EMPLOYEE GUIDE 2020



**columbusindiana**  
unexpected.unforgettable.



## INTRODUCTION

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 expenses with other plans or insurance carriers when the spouse of an Employee is eligible for medical 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 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 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.*

## TERMS IN THIS BENEFITS GUIDE

**Copays** – The flat fee charged by the plan for certain services such as emergency room visits or office visits. Copays do not apply to the annual deductible.

**Annual Deductible** – The amount you pay first before the plan begins paying expenses for covered services.

**Coinsurance Stop-Loss** – The amount you pay each year in coinsurance before covered expenses are paid at 100% by the Plan. This amount does not include the annual deductible.

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

**Balance Billing** – Provider practice of billing the patient for the difference (or balance) of charges above the amount reimbursed by the health plan. Your plan prohibits participating providers from balance billing except for allowed copayments, coinsurance and deductibles.

**Reasonable & Customary** – A payment rate based on the fees for medical services charged by health care providers in a specified area (usually a zip code or group of related zip codes).

**Out-of-Pocket Maximum** - The maximum amount you can pay each year in deductibles, coinsurance and copays for covered services.



### 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](http://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](http://www.siho.org)

# DID YOU KNOW?

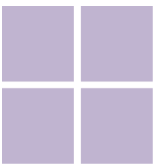
SIHO Insurance Services & Inspire Health Partners have partnered to improve your patient experience!

## 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).



## 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.

## 3. Coming Soon!

Starting January 1, 2020, SIHO and Inspire are offering a dedicated service line to assist you with benefit questions, help you find a provider, and schedule appointments. The new phone number can be found on your new insurance card.



## SUMMARY OF HEALTH CARE BENEFITS - OPTION 1 PREFERRED PROVIDER PLAN

Your Plan Features	Option 1 - Preferred Provider Plan		
	Inspire Providers	SIHO Providers	Out-of-Network Providers
<b>Annual Maximum</b>	Unlimited		
<b>Calendar Year Deductible</b>			
Individual	\$750	\$1,500	\$1,500
Family	\$1,500	\$3,000	\$3,000
* Example: The Preferred Provider Plan (Option 1) has an <i>embedded</i> deductible. In the Inspire Network 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.			
<b>Maximum Out-of-Pocket</b>			
Individual	\$4,750	\$6,000	\$6,000
Family	\$9,500	\$12,000	\$12,000
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			
<b>Hospital Room, Services, Supplies</b>	80% after deductible	70% after deductible	60% after deductible
<b>Inpatient Surgery</b>	80% after deductible	70% after deductible	60% after deductible
<b>Emergency Room Facility Charges (\$150 copay applies if non-emergency)</b>	80% after deductible	70% after deductible	60% after deductible
<b>Urgent Care</b>	80% after deductible	70% after deductible	60% after deductible
<b>Outpatient Surgery</b>	80% after deductible	70% after deductible	60% after deductible
<b>Office Visits</b>	80% after deductible	70% after deductible	60% after deductible
<b>Preventive Health Benefit</b>	100% covered-subject to Preventive Health Benefits Guidelines Please go to <a href="http://www.siho.org">www.siho.org</a> for a complete listing		
<b>Diagnostic X-Ray and Lab</b>	80% after deductible	70% after deductible	60% after deductible
<b>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.)</b>	100% no deductible	100% no deductible	NA



## SUMMARY OF HEALTH CARE BENEFITS - OPTION 1 PREFERRED PROVIDER PLAN

Your Plan Features	Option 1 - Preferred Provider Plan		
	Inspire Providers	SIHO Providers	Out-of-Network Providers
<b>Ambulance</b>	80% after deductible	70% after deductible	60% after deductible
<b>Inpatient Mental Health and Substance Abuse</b>	80% after deductible	70% after deductible	60% after deductible
<b>Outpatient Mental Health and Substance Abuse</b>	80% after deductible	70% after deductible	60% after deductible
<b>Physical, Speech &amp; Occupational Therapy</b>	80% after deductible	70% after deductible	60% after deductible
<b>Chiropractic Services</b>	80% after deductible	70% after deductible	60% after deductible
	Annual Maximum: 30 visits		
<b>Durable Medical Equipment</b>	80% after deductible	70% after deductible	60% after deductible
	Precertification required for purchases over \$750 and all rentals		
<b>Hospice Care</b>	80% after deductible	70% after deductible	60% after deductible
	Precertification required; combined Calendar year maximum: 3 months outpatient; 6 months inpatient		
<b>Home Health Care Outpatient</b>	100% no deductible	100% no deductible	100% no deductible
	Precertification required; Annual max 100 visits		
<b>Other Covered Benefits</b>	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 1 Preferred Provider Plan

Employee Premiums	Option 1
<b>Individual Coverage</b> 26 pay periods	\$53.05
<b>Employee +Spouse Coverage</b> 26 pay periods	\$105.55
<b>Employee +Child(ren) Coverage</b> 26 pay periods	\$89.46
<b>Family Coverage</b> 26 pay periods	\$121.66

**SUMMARY OF HEALTH CARE BENEFITS - OPTION 2 HDHP**

Your Plan Features	Option 2 - High Deductible Health Plan		
	Inspire Providers	SIHO Providers	Out-of-Network Providers
<b>Annual Maximum</b>	Unlimited		
<b>Calendar Year Deductible</b>			
Individual	\$1,500	\$3,000	\$3,000
Family	\$3,000 Deductible is non-embedded*	\$6,000 Deductible is non-embedded*	\$6,000 Deductible is non-embedded*
* Example: The High Deductible Health Plan (Option 2) has a <i>non-embedded</i> deductible. For family policies in the Inspire Network, <i>the individual deductible is non-applicable</i> — this means that claims of <i>either</i> one family member <i>or</i> 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.			
<b>Maximum Out-of-Pocket</b>			
Individual	\$4,750	\$6,000	\$6,000
Family	\$9,500	\$12,000	\$12,000
	Copays accumulate toward the maximum out-of-pocket	Copays accumulate toward the maximum out-of-pocket	Copays accumulate toward the maximum out-of-pocket
	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		
<b>Hospital Room, Services, Supplies</b>	80% after deductible	70% after deductible	60% after deductible
<b>Inpatient Surgery</b>	80% after deductible	70% after deductible	60% after deductible
<b>Emergency Room Facility Charges (\$150 copay applies if non-emergency)</b>	80% after deductible	70% after deductible	60% after deductible
<b>Urgent Care</b>	80% after deductible	70% after deductible	60% after deductible
<b>Outpatient Surgery</b>	80% after deductible	70% after deductible	60% after deductible
<b>Office Visits</b>	80% after deductible	70% after deductible	60% after deductible
<b>Preventive Health Benefit</b>	100% covered-subject to Preventive Health Benefits Guidelines Please go to <a href="http://www.siho.org">www.siho.org</a> for a complete listing		
<b>Diagnostic X-Ray and Lab</b>	80% after deductible	70% after deductible	60% after deductible
<b>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.</b>	80% after deductible	N/A	N/A

## SUMMARY OF HEALTH CARE BENEFITS - OPTION 2 HDHP

Your Plan Features	Option 2 - High Deductible Health Plan		
	Inspire Providers	SIHO Providers	Out-of-Network Providers
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
	Annual Maximum: 30 visits		
Durable Medical Equipment	80% after deductible	70% after deductible	60% after deductible
	Precertification required for purchases over \$750 and all rentals		
Hospice Care	80% after deductible	70% after deductible	60% after deductible
	Precertification required; combined Calendar year maximum: 3 months outpatient; 6 months inpatient		
Home Health Care Outpatient	80% after deductible	70% after deductible	60% after deductible
	Precertification required; Annual max 100 visits		
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 High Deductible Health Plan.

Employee Premiums	Option 2
<b>Individual Coverage</b> 26 pay periods	\$36.82
<b>Employee +Spouse Coverage</b> 26 pay periods	\$71.69
<b>Employee +Child(ren) Coverage</b> 26 pay periods	\$58.73
<b>Family Coverage</b> 26 pay periods	\$84.57

Individuals signing up for the High Deductible Health Plan will receive a \$500 contribution to their Health Savings account. A contribution of \$250 will be made to their HSA in January and a \$250 contribution in July. Employees with one or more members on the plan will receive \$1000. Contributions of \$500 to their HSA will be made in January and \$500 will be made in July.



## SUMMARY OF PRESCRIPTION DRUG COVERAGE

Your Plan Features*	Option 1 - Preferred Provider Plan		Option 2 - High Deductible Health Plan*	
	Retail Service (30 day supply)	Mail Order Service (90 day supply)	Retail Service (30 day supply)	Mail Order Service (90 day supply)
<i>Generic</i>	\$10	\$25	80% after deductible	80% after deductible
<i>Brand</i>	\$30	\$60	80% after deductible	80% after deductible
<i>Non Formulary Brand</i>	\$50	\$120	80% after deductible	80% after deductible

\* 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. Please refer to Optum Rx Flyer.

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 you prescription coverage, please contact Optum at:

www.optumrx.com  
Toll Free: 855-524-0381

## HSA CONTRIBUTIONS

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 in two installment, the first in January and the second in July.

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

\$500 Single

\$1,000 Employee + Spouse

\$1,000 Employee + Child(ren)

\$1,000 Family

You may contribute to your HSA the maximum amount as determined by the IRS, regardless of your plan's deductible. The maximum for 2020 is \$3,550\*\* for individuals and \$7,100 for families and this amount would include any contributions that your employer provides. 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 55 and older may contribute an additional \$1,000 each year for self only or family level contributions.

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!

EXAMPLES:	PPO Plan (\$1,500 Family Deductible Tier 1)	HSA (\$3,000 Family Deductible Tier 1)
<b>Annual Premium</b>	<b>\$3,163.16</b>	<b>\$2,198.82</b>
<b>Employee HSA Deposit</b>	<b>\$0</b>	<b>\$750</b>
<b>City of Columbus HSA Match</b>	<b>\$0</b>	<b>\$1,000</b>
<b>*Assumed Annual Medical –750 expenses not covered by insurance</b>	<b>\$750 (paid out of pocket)</b>	<b>\$750 (paid from HSA Account)</b>
<b>Total Employee Cost</b>	<b>\$3,913.16</b>	<b>\$2,948.82</b>
<b>HSA Account Balance at end of year</b>	<b>\$0</b>	<b>\$1,000 ((\$750 EE &amp; \$1,000 City of Columbus Deposit minus \$750 Expenses = \$1,000)</b>

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## TAKING ADVANTAGE OF FLEXIBLE SPENDING ACCOUNTS (FSAs)

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 and
- 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 \$2,700\*\* 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.
- You must re-enroll in the FSA each year.



## FLEXCARE (FSA) - OPTIONAL

Premium and Flexible Spending Accounts Illustration:

<u>Pre-Tax With FLEXCARE</u>		<u>After Tax Without FLEXCARE</u>	
\$1,000	Your pay check	\$1,000	Your pay check (taxable amount)
- 150	Dependent Care	- 250	Tax*
- 20	Medical Reimbursement	\$ 750	
\$ 830	Taxable Amount	- 150	Dependent Care**
- 207	Tax*	- 20	Medical Expenses (if eligible)**
<b>\$ 623 Spendable Income</b>		<b>\$ 580 Spendable Income</b>	

<b>Per Payroll Savings \$43.00</b>	<b>Annual Savings \$1,118.00</b>
--	--------------------------------------

\*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

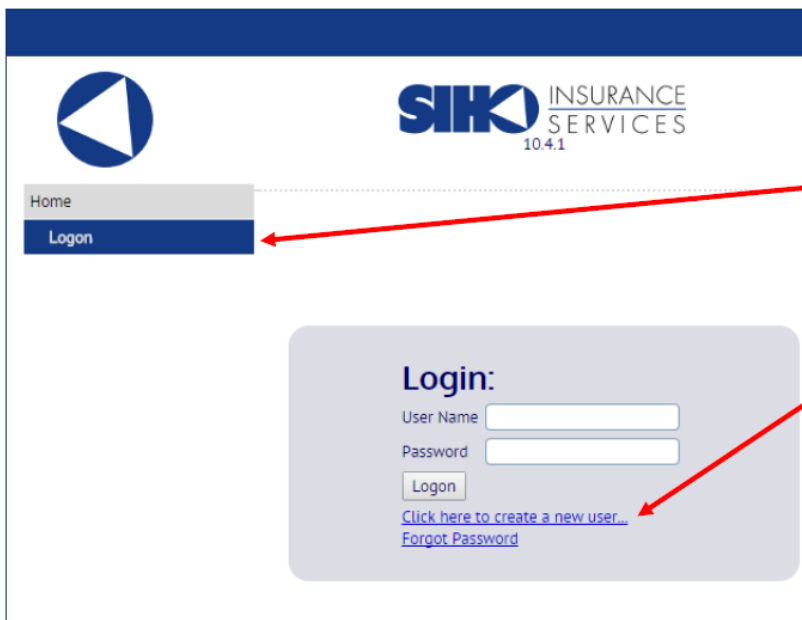
View up-to-date information on Deductibles, Out-of-Pocket Limits & Preventive Health Benefits usage.

## 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/>  
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



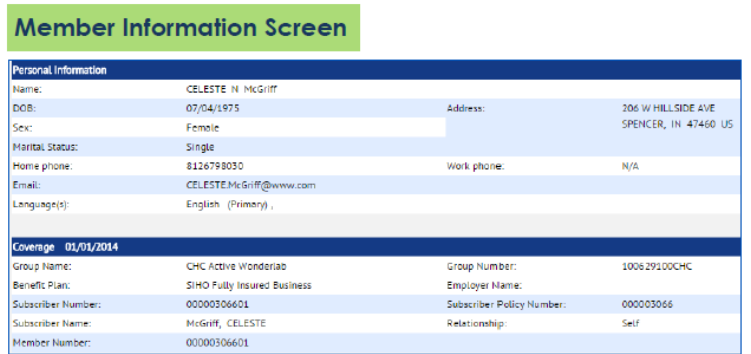
Member: KENNETH J SAMPLETON 123456789 SIHOEMP

Search: (Please fill out the search criteria)

Claim Type: Claims | Claim Status: ALL | Date Criteria: Date Received: 01/01/2015 | Date From: 6/1/2015 | Date To: | Refresh

9 Claims (9) found	Claim Number	Provider Name	Provider Type	Patient Account Number	Plan	Claim Status	Service Date	Service Stop To	Total Charges	Date Received
	0000193272	000717	CAREMARK - RETAIL	150154716702045999	Historical	1/23/2015	1/23/2015	\$34.39	1/23/2015	
	0000193180	000717	CAREMARK - RETAIL	150154718225054999	Historical	1/23/2015	1/23/2015	\$50.37	1/23/2015	
	0000193214	000717	CAREMARK - RETAIL	1501547162826097999	Historical	1/23/2015	1/23/2015	\$181.45	1/23/2015	
	0000193182	000717	CAREMARK - RETAIL	150154801171209999	Historical	1/23/2015	1/23/2015	\$4.90	1/23/2015	
	0000193184	000717	CAREMARK - RETAIL	150154641931220998	Historical	1/23/2015	1/23/2015	\$120.24	1/23/2015	
	0000193184	000717	CAREMARK - RETAIL	150154718848070999	Historical	1/23/2015	1/23/2015	\$32.20	1/23/2015	
	0000193184	000717	CAREMARK - RETAIL	15015464089209998	Historical	1/23/2015	1/23/2015	\$2,100.24	1/23/2015	
	0000193286	000717	CAREMARK - RETAIL	15015471829411999	Historical	1/23/2015	1/23/2015	\$11.11	1/23/2015	

### Member Information Screen



**Personal Information**

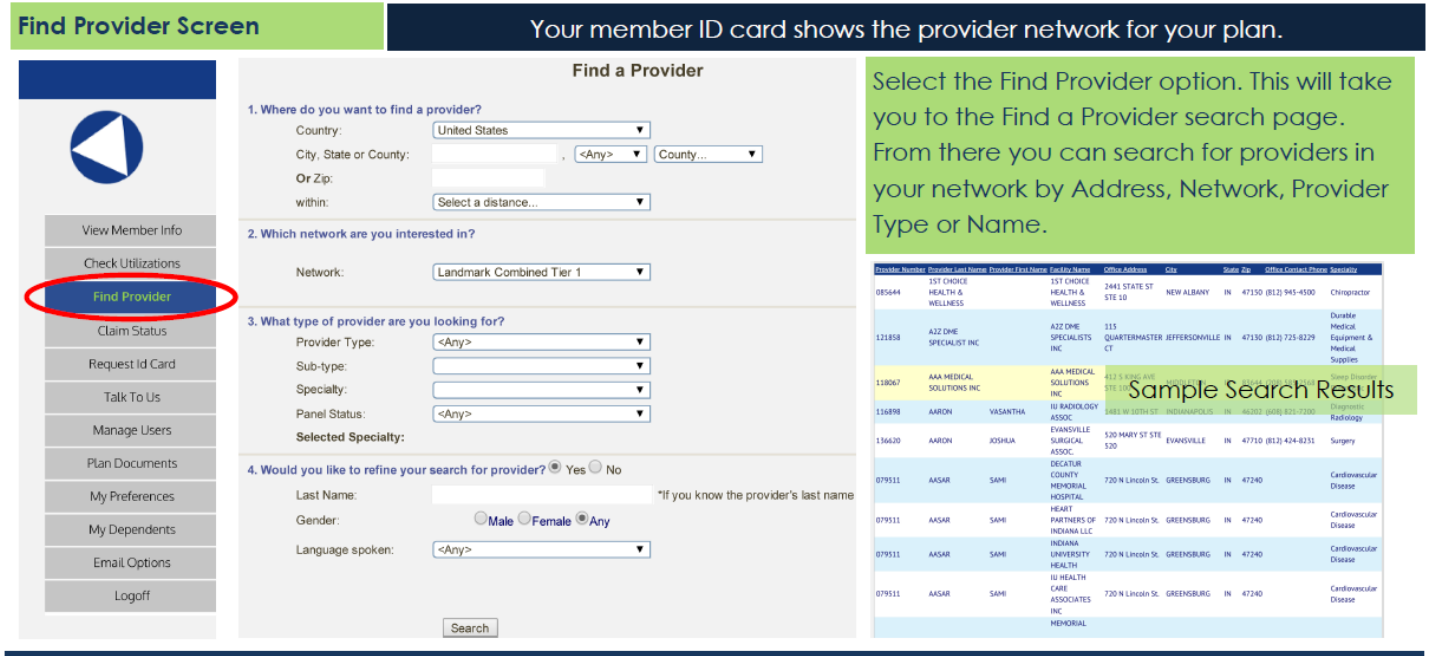
Name: CELESTE M McGriff | Address: 206 W HILL SIDE AVE SPENCER, IN 47460 US  
 DOB: 07/04/1975 | Sex: Female  
 Marital Status: Single | Home phone: 8126798030 | Work phone: N/A  
 Email: CELESTE.McGriff@www.com | Language(s): English (Primary)

**Coverage 01/01/2014**

Group Name: CHC Active Wonderlab | Group Number: 100629100CHC  
 Benefit Plan: SIHO Fully Insured Business | Employer Name:  
 Subscriber Number: 00000306601 | Subscriber Policy Number: 000003066  
 Subscriber Name: McGriff, CELESTE | Relationship: Self  
 Member Number: 00000306601

### 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.

**Find a Provider**

1. Where do you want to find a provider?  
 Country: United States | City, State or County: <Any> | County: | Or Zip: | within: Select a distance...

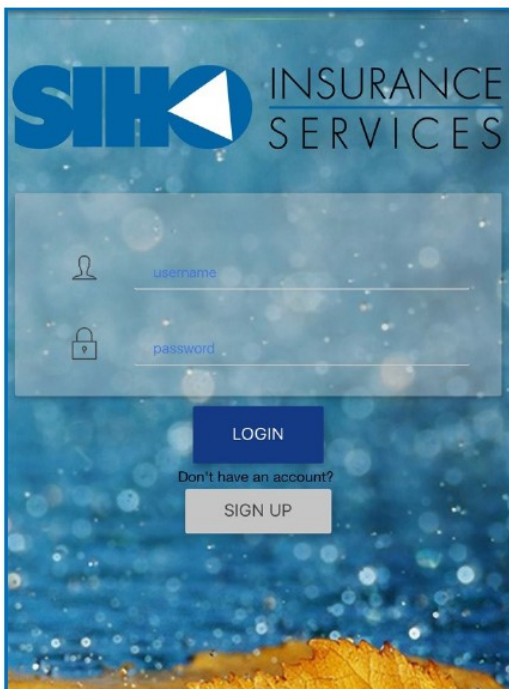
2. Which network are you interested in?  
 Network: Landmark Combined Tier 1

3. What type of provider are you looking for?  
 Provider Type: <Any> | Sub-type: | Specialty: | Panel Status: <Any> | Selected Specialty:

4. Would you like to refine your search for provider?  Yes  No  
 Last Name: | Gender:  Male  Female  Any | Language spoken: <Any>

**Sample Search Results**

Provider Number	Company	Address	City	State	Zip	Office Contact Phone	Specialty
08544	3ST CHOICE HEALTH & WELLNESS	241 STATE ST STE 10	NEW ALBANY	IN	47150	(812) 943-4300	Chiropractor
121858	AZZ DME SPECIALIST INC	115 QUARTERMASTER CT	JEFFERSONVILLE	IN	47130	(812) 725-8229	Durable Medical Equipment & Medical Supplies
113067	AAA MEDICAL SOLUTIONS INC	412 S KANE AVE STE 100	EVANSVILLE	IN	47710	(812) 424-8311	Diagnostic Radiology
116498	AARON VASANTHA	1481 W 50TH ST	INDIANAPOLIS	IN	46203	(317) 821-7230	Diagnostic Radiology
116420	AARON JOSHUA	520 HARRY ST STE 520	EVANSVILLE	IN	47710	(812) 424-8311	Surgery
079511	AASAR SAME	720 N Lincoln St. GREENSBURG MEMORIAL HOSPITAL	GREENSBURG	IN	47240		Cardiovascular Disease
079511	AASAR SAME	PARTNERS OF INDIANA LLC	GREENSBURG	IN	47240		Cardiovascular Disease
079511	AASAR SAME	UNIVERSITY HEALTH	GREENSBURG	IN	47240		Cardiovascular Disease
079511	AASAR SAME	10 HEALTH CARE ASSOCIATES INC MEMORIAL	GREENSBURG	IN	47240		Cardiovascular Disease



# 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.

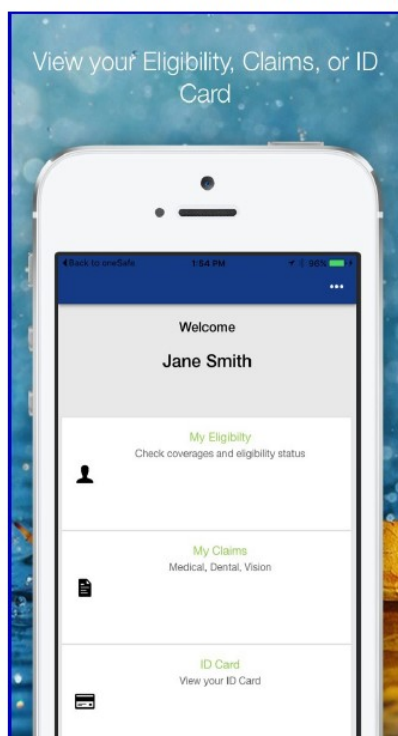
## FEATURES

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

**For Apple devices, visit the Apple App Store.**

**For Androids, visit the Google Play Store.**

**Search under SIHO.**



## 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](mailto: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)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## 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)。

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကားကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။

ရန်ကင်း 800.443.2980 (TTY: 800.743.3333) သို့ ခေါ်ဆိုပါ။

### Burmese:

**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 Ý: 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).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 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 (телетайп: 800.743.3333).

### Arabic:

ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800.443.2980 (رقم هاتف الصم والبكم: 800.743.3333).

**Hindi:** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 800.443.2980 (TTY: 800.743.3333) पर कॉल करें।

**Pennsylvania Dutch:** Wann du [Deutsch (Pennsylvania German / Dutch)] schwetscht, kannst du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 800.443.2980 TDD/TTY 800.743.3333 uffrufe.

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

**Punjabi:** ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ

ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800.443.2980 (TTY: 800.743.3333) 'ਤੇ ਕਾਲ ਕਰੋ।

**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。

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.*

