BENEFITS GUIDE

2027

columbusindiana
unexpected.unforgettable.

ENROLL HERE:

https://cityofcolumbusin.munisselfservice.com/ess/employees/EmployeeSetup/benefits/Default.aspx

Trouble Logging into ESS? Email (Tyler Help Desk) help@cocmunis.on.spiceworks.com

For questions about benefits, please email Human Resources at benefits@columbus.in.gov

WE ARE HAPPY TO PROVIDE YOU AND YOUR FAMILY WITH ONE OF THE MOST COMPREHENSIVE EMPLOYEE BENEFIT PLANS. OUR BENEFITS PROGRAM PROVIDES A VARIETY OF PLANS FOR YOU AND YOUR FAMILY.

THE PLAN YEAR IS

January 1st – December 31st

The City of Columbus is happy to continue to offer excellent, low-cost benefits options to our team members beginning January 1, 2027. The City of Columbus strives to provide you and your family members with comprehensive and valuable benefits.

The 2026 Open Enrollment period will be from November 2, 2026 through November 13, 2026. Please take the time to review all benefits and enroll in coverages that help you and your family.

The elections you make during your Open Enrollment will become effective on January 1, 2027.

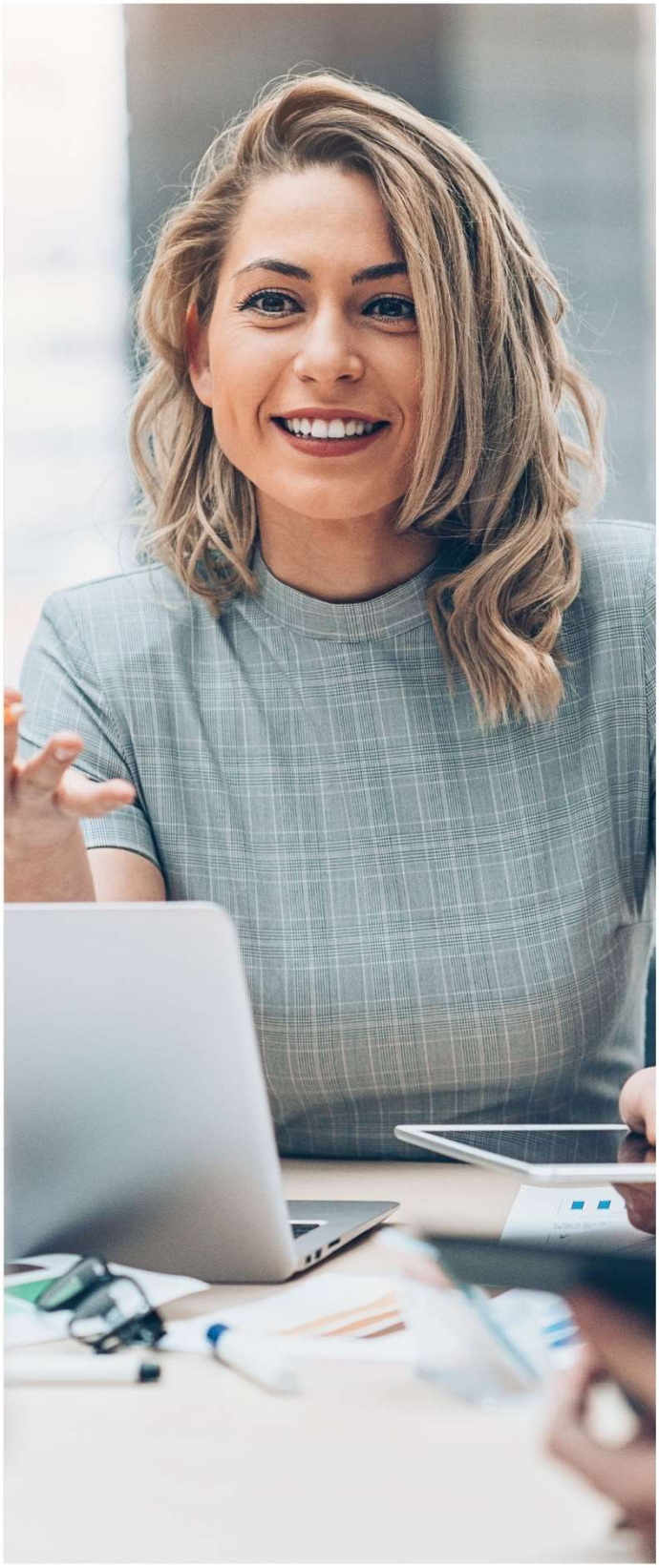


WHO PAYS

Benefits Offered	Our Plan Pays	You Pay	Find it on Page
Medical	X	X	8
Preventive Care	X	X	12
Prescription	Included with Medical Coverage	X	16
Health Savings Account (HSA)	The City of Columbus will contribute to eligible accounts annually: **$1,000 Employee Only / $1,500 Family** Available for members enrolled in the High Deductible Health Plan only.	**Optional**	18
Flexible Spending Account (FSA)	Availability to City of Columbus team members varies.	X	23
Health Clinic	X	X	28
First Stop Health	X	No-Cost	29
WellBridge Surgical	X	Preventive - No-Cost	30
Recovery Centers of America	X	Up to 60 Days No-Cost	31
Sword Thrive & Bloom Virtual PT	X	No-Cost	34
Dental	X	X	37
Vision	X	X	38
Short & Long-Term Disability	X	No-Cost	39
Life Insurance	X	X	40
Employee Assistance Program	X	No-Cost	41
AEI Fitness Opportunity	X	X	43

Who Is Eligible?

If you are a full-time employee at City of Columbus, you are eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work an average of 30 or more hours per week & **are classified as full-time.**



Working Spouse Rule

The purpose of the Working Spouse Rule is to share costs of medical with other plans or insurance carriers.

1. If an eligible Employee's spouse qualifies for medical coverage through their employer that spouse is not eligible for medical coverage through the City of Columbus.
2. If the spouse is employed with a company that does not offer medical coverage, they may be enrolled in this Plan as their primary plan at the qualifying rate. (If the spouse is employed, a statement from their employer verifying that they have no coverage available will be required.) *
   *Note: Medicare does not count as an employer-sponsored plan for the purposes of this rule.

How to Enroll

The first step is to review your current benefits in Employee Self Service (ESS) and verify that all of your personal information is correct or make any necessary changes.

How to Make Changes

It is important to make informed choices with your benefit selections at Open Enrollment. Changing coverage during the year is limited to Qualifying Life Events as defined by IRS code Section 125. The IRS rules do not allow for enrollment, additions, changes, or cancellations to most plans without a Qualifying Life Event.

Qualifying Life Event changes must be submitted to Human Resources within **50 days** of the event for medical insurance changes and within **30 days** for life insurance changes.Changes to your health, dental, vision and/or FSA must be submitted through the Employee Self Services (ESS) onlinesystem. To make a mid-year change, you must certify your change in status or other event, as applicable, and provide eligibility documentation by requesting a Life Event in ESS. ESS can be found at https://ess.columbus.in.gov/ess

Qualifying Life Event

Contact HR as soon as possible to plan implementation of a life event and know what documents are required!

Common Qualifying Life Events are:

- Birth, adoption, or the placement of a child for adoption
- Death of a covered dependent
- Marriage
- Divorce
- Issuance of a court order or decree requiring coverage for a dependent child
- Spouse loss of coverage

Please call or email Human Resources at (812)376-2571 or benefits@columbus.in.gov if you have any questions about a Qualifying Event.

Coverage	Medical/Dental/ Vision	Flexible Spending Account	Dependent Care Account	Voluntary Life	Dependent Life	Health Savings Account	Document Needed
Marriage	Within 50 Days Drop or Add Coverage	Add/Increase/ Decrease/Drop Coverage (Signature Required)	Add/Increase Coverage	Within 30 Days	Within 30 Days Add/Increase/ Decrease/Drop Coverage (Signature Required)	Add/Increase/ Decrease/Drop Coverage (Signature Required)	Marriage License
Divorce/Legal Separation	Within 50 Days Drop or Add Coverage	Add/Increase/ Decrease/Drop Coverage (Signature Required)	Add/Increase/ Decrease/Drop Coverage (Signature Required)	Within 30 Days	Within 30 Days Add/Increase/ Decrease/Drop Coverage (Signature Required)	Add/Increase/ Decrease/Drop Coverage (Signature Required)	Final Divorce Decree or Legal Separation Document
Birth/Adoption/Legal Guardianship	Within 50 Days Add Dependents	Add/Increase Coverage	Add/Increase Coverage	Within 30 Days	Within 30 Days Add/Increase/ Decrease/Drop Coverage (Signature Required)	Add/Increase/ Decrease/Drop Coverage (Signature Required)	Varies – Contact HR

Understanding Qualifying Life Events, Automatic Enrollment, and Health Insurance

Automatic Enrollment: Keeps you covered, but it's better to update and shop 2027 insurance options.

This means when you enroll, if you fail to make choices in your enrollment then your 2026 elections will still apply. It is always better to update and shop for your insurance. **Open Enrollment for 2027 will begin on November 2, 2026 and end on November 13, 2026.** Be sure to renew, change, update, or cancel your health insurance. Automatic enrollment is a good fallback, but the best way to make sure you have a 2027 plan that works for you is to view all of your plan options for 2027, and update your elections as appropriate.

Qualifying Life Events

To accommodate unexpected changes in life, submitting a Qualifying Life Event through ESS will ensure that employees can make Plan changes outside of the Open Enrollment period. Your provider gives you the opportunity to make changes to your health insurance plan within 61 days after a Qualifying Life Event. **To determine your eligibility, notify the Human Resources Department as soon as these circumstances happen.** Qualifying Life Event changes must be submitted to Human Resources within **50 days** of the event. Qualifying Life Events for life insurance have a **30 day deadline.**

WHAT DOES THAT WORD EVEN MEAN?

We admit it, benefits can be hard to understand. Here are some common benefit words and their definitions to help you as you read through this guide.

AMOUNT BILLED: The amount the Provider billed for your claim before adjustments, copays, deductible, or any ineligible amount.

ANNUAL DEDUCTIBLE: The amount you are required to pay per calendar year before certain benefits are paid for by the plan. Once you meet the deductible amount, expenses are covered by the plan based on the coinsurance percentage. This deductible starts over every January 1st.

ANNUAL OUT-OF-POCKET MAXIMUM: The most you pay in a calendar year for covered services that are subject to coinsurance/copays. The deductible is included in this amount. If you reach the annual out-of-pocket maximum, the plan pays 100% of covered in-network eligible expenses for the remainder of the plan year. Office visits and prescription copays are included in the annual out-of-pocket maximum for our medical plans. This maximum starts over every January 1st.

BALANCE BILLING: When you are billed for the difference between the provider's actual charge & the amount reimbursed under the medical or dental plan. This occurs when you go outside of the preferred provider network. Balance billing does not apply towards out-of-pocket maximum.

COINSURANCE: The percentage you pay for covered expenses.

COPAYMENTS OR COPAYS: The flat dollar amount you pay for certain in-network services.

EXPLANATION OF BENEFITS (EOB): Provides information about how your claim was processed by the insurance company. The EOB details what portion of the claim was paid by the insurance company & what portion is your responsibility.

FLEX (ALSO CALLED FSA): Pre-tax dollars taken from your wages, contributed to a group account administered by EBC (a flex administrator), from which you can pay for your healthcare premiums, certain medications, provider visits, over-the-counter medications, etc., including dependent care. The tax benefits of this account save you money, as you are using pre-tax dollars. The IRS requires that employees "use it or lose it"- they must use all Flex dollars in the year they are deducted, except for a $570 carry-over, so plan accordingly, and know that when you retire/resign, you must submit your expenses from before the date of retirement/resignation (you can't take these dollars with you).

HEALTH SAVINGS ACCOUNT (HSA): A special, tax-advantaged, interest-bearing account to help plan & pay for qualified health care expenses (including plan deductible) while covered by a qualified high deductible health plan (HDHP).

HIGH DEDUCTIBLE HEALTH PLAN (HDHP): A health insurance plan with a sizable deductible for medical expenses but charges lower monthly premiums. Plans fully cover routine preventive care, which means that individuals aren't responsible for copays or coinsurance for what meets the legal definition of preventive care. Employees who choose HDHP are able to open a Health Savings Account (HSA) that employees can keep/take with them even if they leave city employment.

IN-NETWORK: A group of doctors, hospitals and other providers that contract with a plan vendor to provide quality services at favorable rates. The City of Columbus, Indiana offers SIHO+ Network coverage (lowest cost to members) and In-Network coverage.

PREFERRED PROVIDER ORGANIZATION (PPO): A healthcare arrangement designed to provide healthcare services at a discounted cost for members to use designated providers (the network), but which also provides coverage (at a lower level) for services received from providers that are not part of the network. The City of Columbus, Indiana offers SIHO+ coverage (lowest cost to members) & In-Network coverage.

USUAL, CUSTOMARY, AND REASONABLE (UCR) CHARGES: UCR charges are determined by your health plan vendor & are based on the range of fees charged by doctors with comparable training and experience for the same or similar service in your area. When you receive in-network care, UCR charges don't apply. You're responsible for amounts over UCR for out-of-network care.

PPO – SIHO

LOW DEDUCTIBLE PLAN

	Option 1 – Preferred Provider Plan (PPO)		
	SIHO+ Providers	*EncoreCombined & SIHO Providers*	*Out-of-Network Providers*
Annual Maximum	Unlimited		
Calendar Year Deductible **Individual** **Family**	**Embedded** $1,250 $2,500	**Embedded** $2,000 $4,000	**Embedded** $2,000 $4,000
Calendar Year Coinsurance **Individual** **Family**	$3,500 $7,000	$5,000 $10,000	$5,000 $10,000
Maximum Out-of-Pocket **Individual** **Family**	$4,750 $9,500	$7,000 $14,000	$7,000 $14,000
	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		
Hospital Room, Services, Supplies, Impatient Surgery, Outpatient surgery	80% after deductible	70% after deductible	60% after deductible
Emergency Room ($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
Office Visits	80% after deductible	70% after deductible	60% after deductible
EHP Health Clinic	The City of Columbus offers a no-cost for basic care clinic for employees, dependents, and retirees covered under the City's insurance.		
Preventive Health Benefit	100% covered-subject to Preventive Health Benefit Guidelines		
Diagnostic X-Ray and Lab	80% after deductible	70% after deductible	60% after deductible
On PPO plan only, labs are covered at 100% at CRH and specified affiliated CRH providers for primary care office visits and outpatient labs.			
Mental Health and Substance Abuse	80% after deductible	70% after deductible	60% after deductible
Physical, Speech & Occ 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		

	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD	FAMILY
Per Pay (26 Pay) Employee Premiums	$83.34	$165.80	$140.53	$191.13
	EMPLOYEE	**EMPLOYEE + 1**	**FAMILY**	
Monthly Retiree Premiums	$694.19	$1,405.91	$2,033.14	

***See First Stop Health No-Cost Virtual Urgent Care Info**
***See First Stop Health No-Cost Virtual Mental Health**
***See Recovery Centers of America-Indianapolis Addiction Treatment – Up to 60 Days No-Cost**

HDHP – SIHO

HIGH DEDUCTIBLE PLAN

Your Plan Features	Option 2 - High Deductible Health Plan (HDHP)		
	SIHO+ Providers	*EncoreCombined & SIHO Providers*	*Out-of-Network Providers*
Annual Maximum	Unlimited		
Calendar Year Deductible **Individual** **Family**	**Non-Embedded** $2,000 $4,000	**Non-Embedded** $3,500 $7,000	**Non-Embedded** $3,500 $7,000
Calendar Year Coinsurance **Individual** **Family**	$4,750 $9,500	$7,000 $14,000	$7,000 $14,000
Maximum Out-of-Pocket **Individual** **Family**	$4,750 $9,500	$7,000 $14,000	$7,000 $14,000
	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		
Hospital Room, Services, Supplies, Impatient Surgery, Outpatient surgery	80% after deductible	70% after deductible	60% after deductible
Emergency Room ($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
Office Visits	80% after deductible	70% after deductible	60% after deductible
EHP Health Clinic	The City of Columbus offers a no-cost for basic care clinic for employees, dependents, and retirees covered under the City's insurance.		
Preventive Health Benefit	100% covered-subject to Preventive Health Benefit Guidelines		
Diagnostic X-Ray and Lab	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 & Occ 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		

	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD	FAMILY
Per Pay (26 Pay) Employee Premiums	$55.43	$107.92	$88.41	$127.30
	EMPLOYEE	**EMPLOYEE + 1**	**FAMILY**	
Monthly Retiree Premiums	$677.65	$1,372.42	$1,968.39	

***See First Stop Health No-Cost Virtual Urgent Care Info**

***See First Stop Health No-Cost Virtual Mental Health**

***See Recovery Centers of America-Indianapolis Addiction Treatment – Up to 60 Days No-Cost**

CONTACT SIHO:
800-443-2980
www.siho.org

SIHO PROVIDER TIERS

GET THE MOST BANG FOR YOUR BENEFITS BUCK

Your health plan provides multiple networks allowing for each member to have a choice in where they seek their healthcare services. The City of Columbus offers SIHO+ as the Tier 1 Network focused around SIHO's local partners including Columbus Regional Health, Schneck Medical Center, as well as Community Health Network in Indianapolis.

SIHO+ also includes ancillary local providers such as Indiana Center for Recovery, Athletico, Hendricks Behavioral, etc.

To take advantage of the highest level of benefits available, you should see providers and receive services at hospitals in the Tier 1 SIHO+ Network.

We understand there may be services for which you need to go outside of the Tier 1 network; therefore, the City of Columbus has partnered with a Tier 2 option for members – the EncoreCombined & SIHO Network.

TIER 1 – SIHO+ HEALTH PARTNERS:

- This network will provide the highest level of benefits and should be your first choice for care.
- This network is centered around the goal of keeping members healthy and coordinate patient care so that members can get the most value for their healthcare dollars
  - To find a Tier 1 provider go to: https://www.siho.org/provider-directory.html and select the SIHO+ network
  - Or Call 800-443-2980 for assistance

TIER 2 – EncoreCombined & SIHO NETWORK

- When you need to seek care outside of the SIHO+ Network, the plan offers a second network for you to choose from. Benefits may not be as great as in tier 1, but this does provide you with choices to meet your healthcare needs.
  - To find a SIHO provider go to: www.siho.org/provider-directory.html and select the network
  - Call SIHO at 800-443-2980 for assistance

TIER 3 – OUT OF NETWORK

OUT OF STATE – UNITED NETWORK

- The UHC Options PPO network can be utilized outside the state of Indiana for care. This care can be for urgent and emergent situations while traveling or living outside the state of Indiana, or for regular non-emergent care while traveling or living outside the state of Indiana, including students.
- Claims submission instructions for UHC will be found on your ID card. Services that require pre-certification will be pre-certified by UHC when using the UHC network outside the state of Indiana.
  - To find a United Provider go to: www.siho.org/provider-directory.html and select the UnitedHealthcare Options PPO Network
  - Or Call 800-443-2980 for assistance

WHAT'S BALANCE BILLING?

YOUR RIGHTS & PROTECTIONS AGAINST SURPRISE MEDICAL BILLS

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

WHAT IS "BALANCE BILLING" (SOMETIMES CALLED "SURPRISE BILLING")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

YOU ARE PROTECTED FROM BALANCE BILLING FOR:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

WHEN BALANCE BILLING ISN'T ALLOWED, YOU ALSO HAVE THE FOLLOWING PROTECTIONS:

You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.

Your health plan generally must:

- Cover emergency services without requiring you to get approval for services in advance (prior authorization).
- Cover emergency services by out-of-network providers.
- Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
- Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

Your Preventive Health Benefits

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

Wellness/Preventive Health Exams
Men: One per year
Women: One per year with family physician, one per year with OB/GYN, if needed

Vaccinations
Link to children ages birth to 6 years old vaccines*: https://www.cdc.gov/vaccines/imz-schedules/child-easyread.html
Link to children ages 7 to 18 years old vaccines*: https://www.cdc.gov/vaccines/imz-schedules/adolescent-easyread.html
Link to adult vaccines*: https://www.cdc.gov/vaccines/imz-schedules/adult-easyread.html

*Covid vaccination includes initial series or annual vaccination

Services for Children			
Newborn Screening	As required by state law	Hematocrit or Hemoglobin Screening	All ages
Iron Screening and Supplementation	All ages	Lead Screening	Children at risk of exposure
Visual Acuity Screening	Through age 21	Latent Tuberculosis Infection Screening	Children determined at risk
Oral Dental Screening	During PHB visit	Dyslipidemia Screening	All ages
Fluoride Supplement	Beginning age 6 months	Depression Screening	Beginning age 12
Anxiety Screening	Beginning age 8	PCP Fluoride Application to Primary Teeth	Children through age 5
Hearing Screening	Through age 21		

All Children's Preventive Health Visits Include:	
BMI & Obesity - Includes screening and referral for counseling	Tobacco Use Prevention - Includes behavioral interventions and counseling
Behavioral Assessment - Includes developmental and autism screenings	Depression / Anxiety - Includes behavioral, emotional, depression, and anxiety Screenings
Skin Cancer Prevention - Includes behavioral counseling	

Services for Pregnant Women	
HIV Screening	1 per pregnancy
Bacteriuria, Hepatitis B, Rh Incompatibility	Lab test
Gestational Diabetes Screening (any time after 24 weeks)	Lab test
Syphilis, Chlamydia, & Gonorrhea Screening	Lab test
Group B Strep Screening	1 per pregnancy
Healthy Weight & Weight Gain During Pregnancy	Screening & counseling
Breast Feeding Interventions or Referrals	Counseling, support & supplies
Preeclampsia Screening	Blood pressure monitoring throughout pregnancy
Folic Acid Supplement	Women capable of becoming pregnant
Referral to Counseling	Pregnant & postpartum at risk for perinatal depression
RSV Vaccination, Tdap Vaccination	1 per pregnancy
Aspirin	At risk

Services for All Women	
Contraceptive Methods	Covered unless religious exemption applies
Age 21+, HPV DNA testing and/or Cervical Cytology	Every 3 years
Breast Cancer Chemoprevention	At risk
BRCA Risk Assessment and Appropriate Genetic Counseling/Testing	
Navigation Services for Breast and Cervical Cancer Screening and Follow-up	
Screening for Urinary Incontinence	

Adult Procedures and Services	
Bone Mineral Density Screening	Every 2 years age 65 or older OR every 2 years less than 65 with risk factors *
Mammogram – including 3D	Baseline – women, once between ages 35-39 ** Yearly for women over 40
Colorectal Cancer Screening – beginning age 45 sDNA- FIT (Cologuard) – every 1-3 years	CT Colonography every 5 years Flexible Sigmoidoscopy every 5 years OR every 10 years + FIT every year Colonoscopy Screening every 10 years
Abdominal Aortic Aneurysm Screening	For men who have smoked – one time between ages 65-75
Low Dose Aspirin	At risk initiate treatment ages 50-59
Lung Cancer Screening	At risk – ages 50-80
Statin Preventive Medication	At risk – ages 40-75
Bone Mineral Density Screening	For men who have smoked – one time between ages 65-75

Adult Labs	
Lipid Panel	Yearly
Total Serum Cholesterol	Yearly
Comprehensive Metabolic Panel **	Yearly
PSA **	Yearly – men over 50
Highly Sensitive Fecal Occult Blood Testing Or FIT	Yearly – after age 45
sDNA-FIT (Cologuard)	Every 1-3 years after age 45
FBG (Fasting Blood Glucose)/OGTT (Oral Glucose Tolerance Test)	Yearly
Hgb A1C	2 per year
HIV Testing	Yearly ages 15 to 65 – age range may deviate based on risk
Syphilis Screening	At risk
Chlamydia Infection Screening	Yearly – all ages
Gonorrhea Screening	Yearly – all ages
Hepatitis B & Hepatitis C Screenings	Yearly
Urinalysis **	Yearly
Latent Tuberculosis Infection Screening	At risk
HIV Testing	Yearly ages 15 to 65 – age range may deviate based on risk

***** Letter of Medical Necessity required // ****** Added by SIHO QIC committee, in addition to ACA requirements

All Adolescent & Adult Preventive Health Visits Include:	
Healthy Diet and Physical Exercise - Includes referral to behavioral health counseling	Intimate Partner Violence - Includes screening and referral to counseling
Obesity - Includes screening and intensive behavioral interventions for BMI > 30	Hypertension (High Blood Pressure) Screening
Skin Cancer Prevention - Includes behavioral counseling	Sexually Transmitted Infections (STI) - Includes screening and behavioral counseling
HIV Infection Pre-Exposure Prophylaxis - Includes injectable medications, screenings for HIV, STIs, hepatitis and kidney function tests	Depression / Anxiety / Perinatal Depression Screenings
Tobacco and/or Nicotine Use - Includes behavioral interventions and counseling	Adolescent Behavioral / Social / Emotional Screenings
Unhealthy Drug (Medical & Non-Medical) and Alcohol use - Includes behavioral interventions and counseling	Risk of Falls Screening – Includes referral to exercise interventions for those at high risk of falls

The **Preventive Health Benefit Guidelines** are developed and periodically reviewed by our Quality Improvement Committee, a group of local physicians and health care providers. The QIC reviews recommendations and guidance from the U.S. Preventive Services Task Force, the Advisory Committee on Immunization Practices (ACIP) of the Center for Disease Control (CDC), and the Health Resources and Services Administration (HRSA). The QIC providers may also offer guidance based on relevant guidance from American Academy of Family Practice Standards, American College of OB/GYN Standards, American Cancer Society Recommendations, and American Academy of Pediatric Standards. These recommendations were combined with input from local physicians, and the standard Preventive Health Benefit was developed. These standards and recommendations are reviewed biannually, and the benefits are updated in accordance with the Affordable Care Act (ACA) requirements. Please note that your physician may recommend additional tests or screenings that are not included in this benefit. You may be financially responsible for routine screenings not listed in this brochure. 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 or frequency criteria of the Preventive Health Benefit) will be covered under the major medical benefit.

Effective: 07/01/2026

SIHO
2027 Standard Pre-Certification List

Due to evolving health care practices, the precertification list and procedure codes are subject to change at any time. Please contact Member Services for the most up to date list of procedure codes that require pre-certification

1. Inpatient Admissions
    a. Acute Care Hospital – *Medical and Surgical*
    b. Long Term Acute Care Hospital (LTACH)
    c. Skilled Nursing Facility
    d. Acute Inpatient Rehabilitation
    e. Mental Health and Substance Use Disorders
    f. Residential Treatment Center
2. Intensive Outpatient (IOP)
3. Partial Hospitalization (PHP)
4. Select Oncology – *(Chemotherapy and Radiation)*
5. Select Durable Medical Equipment/Prosthetics/Orthotics – *(Retail purchases equal to or over $2,000 & rentals equal to or over $150 /Month)*
6. Select Specialty & Injectable Medications
7. Speech Therapy
8. Applied Behavioral Analysis (ABA Therapy)
9. Select Genetic & Molecular Testing *(includes biomarker testing)*
10. Select Neurological Implants and Implanted Nerve Stimulator Devices
11. Select Gender Dysphoria Procedures
12. Transplant Services - *(Organ & Ventricular Assist Devices Cell & Gene Therapy)*
13. Non-Emergent Air Ambulance
14. Select Outpatient Procedures
15. Reconstructive & Cosmetic Services – *As applicable and must meet Medical Necessity requirements.*
16. Clinical Trials

SIHO INSURANCE SERVICES

EMBEDDED VS. NON-EMBEDDED

UNDERSTANDING YOUR MEDICAL PLAN DEDUCTIBLE

When comparing the City of Columbus medical plan options, you'll notice that the PPO and HDHP (High Deductible Health Plan) differ in how deductibles and out-of-pocket limits apply to individual and family coverage. Below is a simple explanation to help you understand the difference.

PPO Plan – Embedded Deductible

- The PPO Plan has an embedded deductible, which means each family member has their own individual deductible within the total family deductible.
- Once an individual meets their own deductible, the plan begins paying coinsurance for that person—even if the rest of the family hasn't met the full family deductible.
- However, if multiple family members have claims, the plan will also pay once the overall family deductible is met.

EXAMPLE:

If the family deductible is $2,500 and one member reaches $1,250 (the individual deductible), the plan starts sharing costs for that person right away. If two or more members have expenses, the plan begins paying for everyone once the combined total of $2,500 is reached.

HDHP Plan – Non-Embedded Deductible

- The HSA Plan has a non-embedded (aggregate) deductible, which means the entire family deductible must be met before the plan begins to pay for any family member.
- There is no individual deductible within family coverage; all covered family members' medical expenses contribute to the one total family deductible.

EXAMPLE:

If the family deductible is $4,000, the plan does not begin paying until the combined medical expenses for all family members reach $4,000.

Key Takeaways

PPO Plan – Embedded Deductible: Each family member has their own deductible limit within the family maximum.

HDHP Plan – Non-Embedded: The family shares one deductible that must be met in full before the plan pays.

Both plans include preventive care at no cost when using in-network providers.

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)**
Generic	$10	$25	20% after deductible	20% after deductible
Brand	$30	$60	20% after deductible	20% after deductible
Non-Formulary Brand	$50	$120	20% after deductible	20% 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. This list is typically published in January.

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 / Toll Free: 855-524-0381

Register now

To set up your online account:

1. Go to **OptumRx.com** or scan the QR code below
2. Select Register on the home page
3. Enter the information from your member ID card
4. Create a username and password
5. Complete your profile

If you already have an account, sign in using your username and password.

Scan here to go to **OptumRx.com**



The OptumRx app makes the online pharmacy experience as simple as possible. You can easily:

- Search drug prices at multiple pharmacies
- Locate a network pharmacy
- Manage medication reminders
- Access your ID card if your plan allows

Manage home delivery orders

- Transfer a prescription to home delivery
- Track your order
- Refill a prescription

OPTUMRx®

Let us bring your medications to you

With Optum® Home Delivery, you can get a 3-month supply of your long-term medications. Plus, we mail them to you with free standard shipping.

Want more reasons?



Skip the trips

We deliver your medication to your door. You don't even have to leave home or wait in the pharmacy line.



Save money

You may pay less than what you do at in-store pharmacies. And, standard shipping is free.



Stay on track

With a 3-month supply, you may be less likely to miss a dose. You can even sign up for automatic refills.

Flexible Payment Options

Make one payment upfront. Or split it up into 3 equal monthly payments.

We're here when you need us

Use the website and app any time to track orders, request refills, price medications and more. Pharmacists and customer support team are available 24/7.

Ready for home delivery?

Here are the ways to sign up.

- **optumrx.com** or with the Optum Rx app.
- Or ask your doctor to send an electronic prescription to Optum Rx.
- Or call the number on your member ID card.

Scan code. Log in. Sign up.

Optum

WHAT'S AN HSA?

HEALTH SAVINGS ACCOUNT – PLAN INCLUDED WITH HSA MEDICAL

An HSA is a tax-advantage savings account that can be used to pay for healthcare expenses. Money is automatically pulled from your paycheck and deposited into this savings account. You pick the amount and can change the amount or stop deposits any time you would like. This savings account now becomes your primary way of paying for out-of-pocket medical expenses throughout the year.

BIG HSA BENEFITS



It saves you money. This is a cost-friendly option when it comes to medical premiums. Plus, HSAs are basically "cash" accounts, so you may be able to negotiate pricing on many medical services.

It's portable. If you change jobs, you get to keep your HSA.

It's a tax saver. Contributions to your HSA are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you pay less in taxes.

It allows for an **improved retirement account**.

Funds roll over at the end of each year and accumulate tax-free, as does the interest on the account. Also, once you reach the age of 55, you are allowed to make additional catch-up contributions to your HSA until age 65.

It puts money in your pocket! You never lose unused HSA funds. They always roll over to the next year.

2027 CONTRIBUTION LIMITS

Individual Coverage: You can contribute up to $4,500 to an HSA.

Family Coverage: You can contribute up to $9,000 to an HSA. Any balance remaining in the HSA at the end of the calendar year will roll over to the next year.

If you are age 55 or older, you can contribute an extra $1,000.

***HSA only available for employees who choose HDHP, per federal statute.**

Health Savings Account (HSA) Contributions

For those employees choosing the High Deductible Health Plan (HDHP) with HSA option, active fulltime employees will receive an HSA contribution made by the City into the employee's account:

$1,000 Single
$1,500 Employee + Spouse
$1,500 Employee + Children
$1,500 Family

You may contribute to your HSA the maximum amount as determined by the IRS, regardless of your plan's deductible. The maximum for 2027 is $4,500 for individuals and $9,000 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 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 ($4,000). Since the $2,000 HSA plan's family deductible is $4,000, the $4,000 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.

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 HSA Account.

The City of Columbus offers Lively for your HSA account:

*HSA only available for employees who choose HDHP, per federal statute.

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

<u>What are the benefits of an HSA?</u>

- 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 it" 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.

<u>Paying for medical expenses:</u>

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 ensures 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 Lively Debit Card. This card can be used to pay for qualified expenses anywhere it is accepted.
- Receipts of where you spend your HSA funds are required by the IRS.
- You need to keep the receipt for 7 years with your other tax reporting paperwork.

Health Savings Account Example

HSA Savings compared to PPO with no HSA

SIHO INSURANCE SERVICES	PPO Plan ($2,500 Family Deductible)	HSA ($4,000 family Deductible)
Annual Premium	$4,969.38	$3,309.80
Employee HSA Deposit	$0	$750
City of Columbus HSA Match	$0	$1,500
*Assumed Annual Medical – 750 expenses not covered by insurance	$750 (paid out of pocket)	$750 (paid from HSA Account)
Total Employee Cost	$5,719.38	$4,059.80
HSA Account Balance at end of year	$0	$1,500 $750 EE & $1,500 City of Columbus Deposit minus $750 Expenses = $1,500)

Lively

Top 5 Reasons to Choose an HSA

Is a Health Savings Account right for you?

A Health Savings Account (HSA) is the most tax-advantaged account in America. And a Lively HSA is the perfect complement to your HSA-qualified health plan. In fact, HSAs are designed to help you pay less for out-of-pocket expenses.

Here are five reasons why you should open an HSA during open enrollment.



01 | Save up to 35% on health care expenses

Pay for a broad range of today's health care expenses with tax-free dollars. This helps you save up to 35%[1] on every out-of-pocket cost. That's like having $100 to spend rather than $65. Qualified expenses include your health plan deductible (doctors, labs, prescriptions, hospitalization). Plus vision, dental, chiropractic, and mental health services.



02 | Take advantage of lower premiums

The monthly premium for an HSA-qualified health plan is usually lower than other plan choices. Deposit the difference into your HSA with every pay period and watch your savings grow.



03 | Enjoy immediate tax savings with no hassle

Funds are securely deposited into your HSA from your paycheck, pre-tax. And are available to spend with your Lively HSA Visa debit card.



04 | Funds never expire

It's your choice. Spend your HSA money today. Or save it for tomorrow with confidence. Either way, the money is always available to spend—even if you change health plans or employers.



05 | Like a 401(k), for healthcare

Grow your nest egg and peace of mind by saving for future or unexpected healthcare expenses. With the option to invest[2] your savings, just like you can with a 401(k). But with the flexibility to spend the funds anytime, from today through retirement.

[1] Talk to a tax advisor about your savings potential; your savings may vary. The 35% example includes 24% federal tax savings, 7.65% payroll tax savings, and 3.35% state tax savings. Payroll tax savings are only available on deposits made through your employer's payroll. State tax savings are not available in states without income taxes or in California or New Jersey.

[2] Investments are not guaranteed, not insured, and may lose value.

WHAT'S AN FSA?

FLEXIBLE SPENDING ACCOUNT

A Flexible Spending Account (FSA) is a tax-advantaged account that allows employees to set aside pre-tax dollars to pay for eligible healthcare expenses, such as co-pays, prescriptions, and certain medical supplies.

A Dependent Care Flexible Spending Account (DCFSA) is a separate pre-tax account used to pay for eligible dependent care expenses, such as daycare, preschool, before- and after-school programs, or care for an adult dependent, allowing you to save on taxes while covering essential care costs.

BENEFITS OF AN FSA & DEPENDENT CARE FSA (DCFSA)

Tax Savings. Contributions are deducted pre-tax, reducing your taxable income.

Budgeting. Helps you plan for predictable healthcare or dependent care expenses.

Convenience. Funds are available through a debit card or reimbursement, making it easy to pay for eligible expenses.

Dependent Care Support. Dependent care FSAs help you manage the cost of care for children or other dependents.



2027 CONTRIBUTION LIMITS

FSA Contributions:

Annual Contribution Limit: You can contribute up to $3,400 to an FSA.

Dependent Care FSA (DCFSA) Contributions:

Annual Contribution Limit: You can contribute up to $7,500 for single individuals or married couples filing jointly, and $3,750 for married couples filing separately.

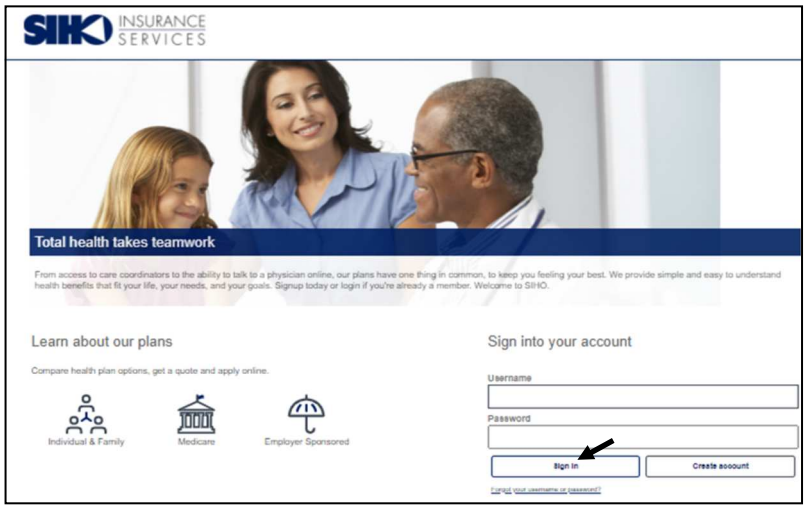
Limited Purpose FSA (compatible with HSAs for employees on HDHP) Contributions for Dental/Vision only:

Annual Contribution Limit: You can contribute up to $3,400. Remember any FSA is a "use or lose it" account so budget for specific dental/vision expenses and put all other funds in your HSA, which you carry with you from year to year and from employer to employer.

IMPORTANT REMINDER:

FSAs are "use it or lose it" accounts. Any funds left unused by the end of the plan year (or grace period, if applicable) will be forfeited, so be sure to plan your contributions carefully and spend your balance before thedeadline.

ACCESSING YOUR MEMBER PORTAL



Visit www.siho.org to access the member portal.

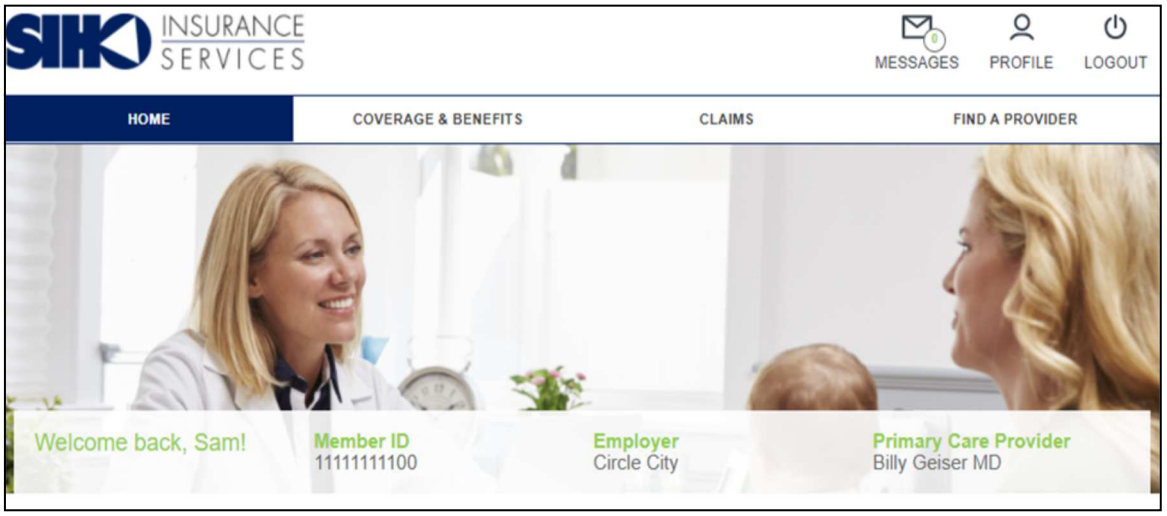
Existing users, click "Sign in".

If you are a new user, click "Create account".

SIHO Member Services
member.services@siho.org
812.378.7070

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 the following features.



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

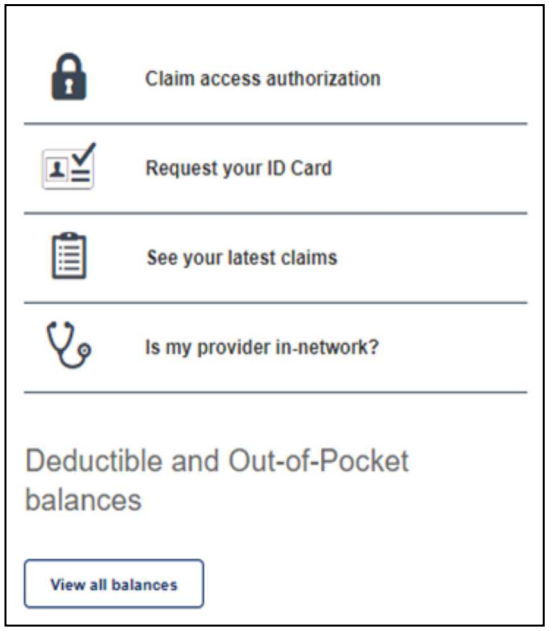
View up-to-date information on Deductibles, Out-of-Pocket Limits & Preventive Health Benefits usage.

Provider Lookup

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

Plan Documents

Verify benefits related to your current plan.



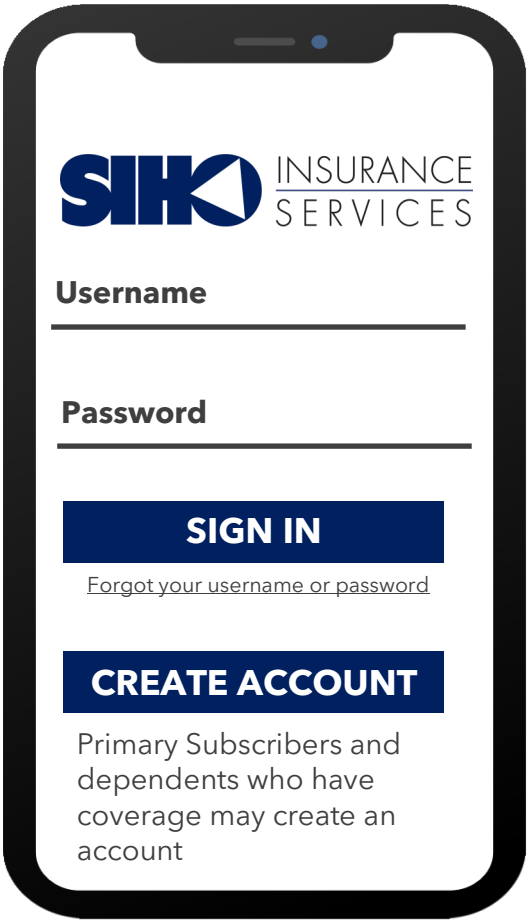
GET YOUR HEALTH INFO, WHEREVER YOU GO!

When you're out and about, the app puts your health plan at your fingertips.

Download it today to get instant access to your health plan details.

Available for Apple and Android!
Search "SIHO"

If you have questions, give us a call at 812-378-7070.
Hours: Monday - Friday | 8 AM - 6PM ET



FEATURES:

- **View Eligibility:** Shows active coverage and accumulator information such as total amount, paid amount, deductible identifiers, In-Network vs. Out-of-Network, and Individual vs. Family.
- **View Claims:** Configurable view of claim detail, claim status, date, provider, and patient responsibility.
- **Manage User Accounts:** Multiple options for members to manage their user account, including options for dependents.
- **Receive Push Notifications:** When a secure message has been sent a push notification as well as a badge notification will be sent to your mobile device.
- **Send Secure Messages:** Send questions to customer service about claims, eligibility, primary care physician changes, address changes, and request a new ID card.

Note: If you already have a Log-In account under the Member Portal, then your Log-In information for the Mobile App will be the same.

ID Card

Click on ID Card icon and email to recipient

OR

- Click on ID Card Icon and save for future access without logging into the mobile app in the future.
- Click on Confirm and logout of the mobile app
- For future access, simply click on the **View ID Card** button at the bottom of the mobile app
- Pinch, zoom and adjust your ID Card to display as needed

SIHO Customer Service

The SIHO Customer Service staff includes:

Member Services – Representatives who will help you understand your health care benefits and walk you through the claims process.

Medical Management – Nurses are available on site 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 to help them understand how the benefit program is working and to troubleshoot any concerns.

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
- On the PPO Plan Only, ALL labs are covered at 100% at CRH and affiliated providers

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: 812.373.9703 Toll Free: 844.425.4281
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 Inspire Network or to find a provider in the Inspire Network, call SIHO Customer Service or log on to the website to do a search: **www.siho.org**

Account Type	Types of Coverage	Applicability	Minimum Employee Contribution	Maximum Employee Contribution	Employer Contribution Amount
FSA/Flexible Spending Account	**PPO** from City, or no City insurance	FSA	$5.00 per pay/$130 annually	$130.76 per pay/$3,400 annually	None
HSA/Health Savings Account	**HDHP** (High Deductible Healthcare Plan)	HSA	$0 required; optional contributions	Employee Only: $134.61 per pay $4,500 annually including $1,000 City contribution Employee Plus: $288.46 per pay $9,000 annually including $1,500 City contribution	Employee Only: $500 in Jan/$500 in July ($1,000 annually) Employee Plus: $750 in Jan/ $750 in July ($1,500 annually)
	Eligibility				
Dependent Care Flexible Spending Account	Any full-time employee who is a caregiver for a child under the age of 13, or an elderly family member, or family member who is disabled	Preschool, before or after school care, summer camp, adult day care or caregivers Dependent FSA	$5.00 per pay/$130 annually	$288.46 per pay if individual/ married/filing jointly ($7,500 annually) $144.23 per pay ifmarried/filing separately ($3,750 annually)	None
Limited Dental/ Vision Flexible Spending Account	NOTE: Available to full-time employees electing HDHP coverage, or those electing no coverage at all	Can **ONLY** spend on Dental/ Vision expenses Flex Limited	$5.00 per pay/$130 annually	$130.76 per pay ($3,400 annually)	None

EHP HEALTH CLINIC AT NEXUSPARK (EHP)

FREE EMPLOYEE HEALTH AND WELLNESS CLINIC

WHAT IS EHP?

EHP Health Clinic at NexusPark is a practice managed through a collaborative relationship with Columbus Regional Health. The City of Columbus has contracted for this dedicated employee healthcare solution to serve our employees and family members.

The City of Columbus Health Clinic is available for use by any employee, retiree, or dependent covered under the City of Columbus health insurance (SIHO). Use of the clinic is a win-win for the City of Columbus and employees. You receive healthcare services in the clinic with no co-pay, and the City saves on healthcare costs through this dedicated, lower-cost service.

There is **NO CO-PAY for visits, labs or medications provided within the center.** Services in the center are paid for by the City of Columbus at a discounted cost, allowing both you and the City of Columbus to save money on healthcare costs.

The City of Columbus Health Clinic now offers access to a **registered dietitian** at no cost for employees enrolled in the City's health plan. Insured employees and dependents on the health plan may call the Clinic and make an appointment.

SERVICES OFFERED AT EHP INCLUDE:

- Primary and preventive care
- Pharmacy Services
- Immunizations
- DOT and sports physicals
- Laboratory Services
- Weight Management Services
- Health Assessments and Wellness
- Screening Services
- Health Coaching Services
- Chronic Care Management

Lab Work:

For HDHP Insured: Preventive Lab Work (Lipid Panel, Basic Metabolic Panel,Comprehensive Metabolic Panel, CompleteBlood Count, Thyroid Stimulating Hormone) covered 100%. Other Lab Work processed through insurance/employee cost responsibility.

For PPO Insured: CRH labs for primary care/outpatient care covered 100%.

MONDAY: 7AM - 5PM
TUESDAY: 7AM - 5PM
WEDNESDAY: 8AM - 6PM
THURSDAY: 8AM - 5PM
FRIDAY: Closed
SATURDAY: 7AM - 12PM
SUNDAY: Closed

NEED A SAME DAY APPOINTMENT?
CALL **376-5450** OR USE THE ONLINE APPOINTMENT SYSTEM LINK AT:
www.crh.org/mychart

CITY OF COLUMBUS HEALTH CLINIC

Phone: 812-376-5450 Fax: 812-375-8879
2100 25th Street, Ste I, Columbus, IN 47201



First Stop Health



columbusindiana
unexpected.unforgettable.

Getting started with virtual care.

Get convenient care for your body and mind — all via phone or video. City of Columbus Indiana provides First Stop Health to medically enrolled employees and their family members residing in their household.

24/7 Virtual Urgent Care

Available to all ages, urgent care is the easiest way to get quick, quality care for:

- Headache
- Rx Refill*
- Sinus Issues
- Skin Rash
- Cold, Flu & COVID-19
- And More!

Mental Healthcare

Ready to feel your best? Get confidential support from compassionate providers.

- Coaches help you avoid burnout, improve stress management and more.
- Therapists help manage anxiety, depression, grief, relationship issues and more.
- Doctors can provide care for your mental health, including prescriptions* for anxiety and depression when appropriate.

Activate your account

Use the last 4 digits of your SSN to claim your account!

firststophealth.com | 888-691-7867

*First Stop Health services are not intended to constitute a health plan. *Providers at First Stop Health do not prescribe controlled substances. Costs according to your medical plan may apply for prescriptions.*

wellbridge surgical

Discover WellBridge Surgical: A New Solution In Indiana

WellBridge Surgical delivers high-quality surgical services with up-front, all-inclusive, pricing. WellBridge is *what quality health care SHOULD cost.*

Need Surgery?

You pay $0*

Step 1: Call

Provide medical and insurance information

Surgeon information provided

Step 2: Consult

Surgeon office will call to schedule consultation at surgeon's office

Determine if surgery needed

Step 3: Schedule

Schedule Surgery

Step 4: Pre-Surgery

Confirm surgery date and details for surgery day

Discuss medical history and answer any questions

Step 5: Surgery

Day of Surgery

Step 6: Post-Surgery

Call from WellBridge Surgical 24 hours post surgery

Highly-skilled Surgeons

We hand-pick our Surgical Team from some of the most prominent surgeons in their fields. They are the same top-tier surgeons, performing the same procedures at other Indiana hospital networks. The only difference is that you get the benefits of their talents at dramatically reduced prices.

Procedures Include:

- General Surgery
- ENT (Ear Nose Throat)
- General Orthopedics
- Hand Surgery
- Urology
- Gynecology
- Podiatry
- Plastic Surgery (eligible procedures)
- GI Procedures (colonoscopies, etc.)

**Preventative services have no cost share for either plan*

***PPO Plan: No cost share for any procedures*

****HDHP Plan: Must first meet the deductible of $1,700*

*****Employee will receive $200 gift card for travel expenses upon completion of procedure*

columbusindiana
unexpected.unforgettable.

317.480.4200 | Info@wellbridgesurgical.com | wellbridgesurgical.com

Visit wellbridgesurgical.com for a full current price list.



State-of-the-Art Addiction Treatment Services

No-Cost Treatment for eligible members of **Columbus Indiana**

Experience comprehensive and compassionate care with no financial burden. Columbus Indiana members receive comprehensive levels of care at no cost:

- Medically-Monitored Detox
- Residential Care
- Partial Hospitalization (PHP)
- Intensive Outpatient (IOP)

24/7/365 Transportation Provided

We'll ensure you have access to treatment when you need it, with round-the-clock transportation to and from our nearest facility.

If you're struggling with addiction, don't wait. Get help now.

For immediate access to care or more information, please call **317-520-1681.**

Recovery Centers *of* America
AT INDIANAPOLIS

columbus indiana
unexpected.unforgettable.

Recovery Centers *of* America
AT INDIANAPOLIS





Evidence-Based Mental Health Treatment

Restoring Hope Through Residential and Outpatient Mental Health Services

RCA at Indianapolis' specialized mental health program serves adults 18+ who are struggling with depression, anxiety, PTSD, schizophrenia, bipolar disorder, and more, as well as individuals with co-occurring substance use disorder. We offer long-term support delivered in a community-based setting to promote healing through evidence-based treatment, connection, and compassionate care.

Designed For:

- Adults 18+ with mental health diagnoses (those with co-occurring substance use disorder diagnosis also welcome)
- Individuals whose daily functioning is disrupted, but don't meet criteria for inpatient psychiatric hospitalization or crisis stabilization

Why RCA?

- Evidence-based treatment modalities such as DBT and CBT
- Focus on both symptoms and root causes
- Licensed, compassionate clinicians
- In-network with most major insurances
- 24/7 admissions
- Transportation and case management support
- Seamless care transitions between levels of treatment



Residential Treatment:
Safe, Structured Care with 24/7 Support

Our mental health residential program supports individuals needing long term stabilization and structured care.

- Personalized, compassionate, evidence-based care in a safe, healing environment
- Comprehensive intake and psychiatric evaluation
- Weekly psychiatric follow-up and medication management
- Individual and group counseling
- Family education, coaching, and support
- 20+ hours/week of intensive clinical services
- Mindfulness, group therapy, expressive groups, fitness
- 24-hour nursing and supervision



Outpatient Treatment:
Flexible Support That Meets Your Needs

Start outpatient directly or step down from a higher level of care.

- Partial Hospitalization (PHP): 5 days/week, 5–6 hours/day
- Intensive Outpatient (IOP): 3-5 days/week, 3 hours/day
- Hybrid options: in-person, virtual, or both
- Medication management, therapy & case management

All programs follow LOCUS level guidelines and are not based on substance use care models.

Recovery Centers *of* America
AT INDIANAPOLIS

Recovery Centers of America at Indianapolis
8530 Township Line Rd,
Indianapolis, IN 46260

Restore hope—for yourself or your loved ones. Call today.

(877) 978-2387

Learn More

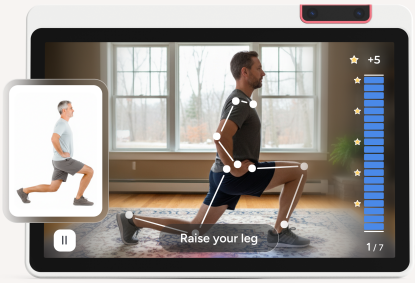


columbusindiana unexpected.unforgettable. | sword



Struggling with discomfort or pain? **Sword can help.**

$0 COST TO YOU



For chronic pain

Discover at-home AI physical therapy with **Thrive**. Your dedicated Physical Therapist will build a customized program based on your needs. Complete your sessions any time of day.



For women's pelvic health

Bloom is a pelvic health solution for women who suffer from bladder leakage, bowel disorders, pelvic pain, and more. Bloom will help you take control of your pelvic health for good.

Here's how it works

1 Connect with a PT

Your dedicated Doctor of Physical Therapy will create a program customized just for you.

2 Get your Sword kit

You'll receive a kit (either Thrive, or Bloom) to guide you during your sessions.

3 Stay connected

Chat 1:1 with your specialist anytime. They'll check in, monitor your progress and adjust your plan as needed.

4 Feel the relief

Complete your exercise sessions anytime, anywhere. Then feel the relief for yourself.

Enroll today in minutes for $0.00

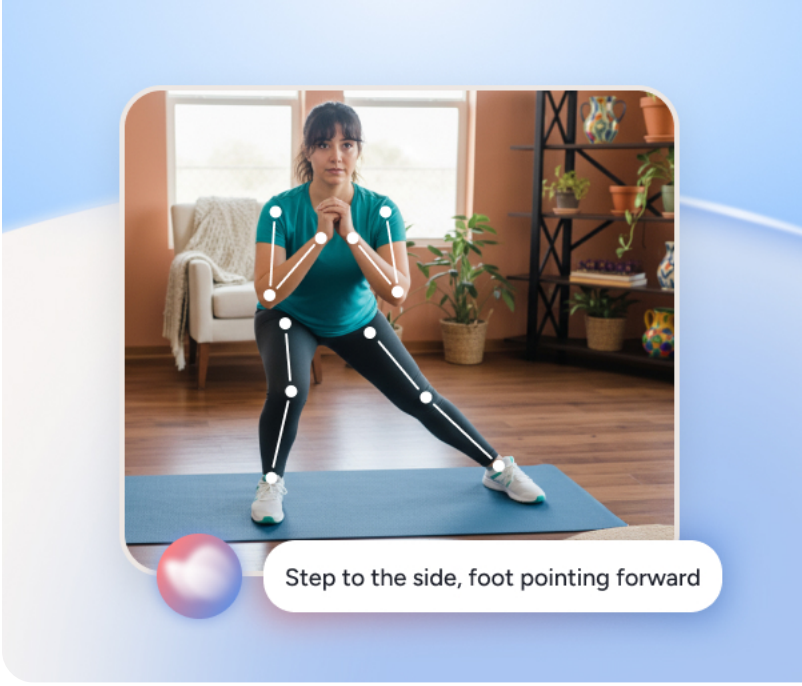
Scan the QR code or visit our website:

sword.health/platform/cityofcolumbusin/go

Available at no cost to employees, spouses and dependents, age 13+, who are enrolled in a company sponsored medical plan.

columbusindiana unexpected.unforgettable. | thrive

Relieve physical pain from the comfort of your home



Tired of experiencing persistent pain or loss of mobility? Struggling with discomfort?

Meet Sword Thrive, your new AI physical therapy program designed to help you overcome joint, back, and muscle pain—all from the comfort of home.

Combining Doctors of Physical Therapy (PTs) with easy-to-use technology, Thrive is more than just convenient, it is effective, holistic relief that's proven to work. 67% of members are pain-free by the end of their program[1].

1

Pick your PT

Match with a dedicated Physical Therapist who will design and deliver a customized plan to tackle your unique pain.

2

Get your Thrive Kit

The Thrive Kit includes the Thrive Pad, a tablet with guided exercises and motion-tracking technology.

3

1:1 support

Chat with your PT in the Sword Health app. They'll monitor your progress & customize your program.

4

Feel the relief

Complete your exercise sessions whenever is most convenient for you. Then feel pain relief for yourself.

Scan the QR code, visit our website, or call us.

Pain doesn't wait. Why should you?

Enroll at no-cost.

sword.health/thrive/cityofcolumbusin/go

(385) 498-4640 Access code: 995



1. Sword BoB 2023

Available at no cost to employees, spouses and dependents, age 13+, who are enrolled in a company sponsored medical plan.

columbusindiana unexpected.unforgettable. | bloom

Bloom, your no-cost women's health benefit



Looking for relief from bladder leaks, constipation, period cramps, pregnancy discomfort or postpartum issues?

Enroll in Bloom and work with a Women's Health Specialist who will create a personalized plan you can do in just minutes a day to help address your symptoms – from the comfort of home.

Bloom helps relieve:

- Leakage (bladder or bowel)
- Painful period cramps
- Frequent peeing
- Pregnancy discomfort
- Postpartum issues
- Pain during or after intimacy
- And more

1

Enroll in minutes

Answer a few questions and schedule a call with your Women's Health Specialist.

2

Get your Bloom kit

Your kit includes the Bloom Pod, a small intravaginal device that pairs with the Sword Health app to help you track your progress.

3

Connect with your Specialist

She will guide you in the Sword Health app and adjust your program as you progress.

4

Feel better

Complete short, guided sessions in 10 minutes a day from home and feel the difference in weeks!*

Scan the QR code, visit our website, or call us.

Start feeling better.

Enroll at no-cost.

sword.health/bloom/cityofcolumbusin/go

(385) 533-0019 Access code: 995



1. *Those that score 5/7 or higher on PGIC scale after 9 sessions | Sword 2024 member base.

Available at no cost to female employees, spouses and dependents, age 18+, who are enrolled in a company sponsored medical plan.

DENTAL INSURANCE

NETWORK ACCESS PLANS THROUGH GUARDIAN

In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings, and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

Out of Network Benefits

The City of Columbus has out-of-network coverage for dental benefits. Many of the benefits are set up with the same member cost share for services. Dental providers do have the choice to be in network with certain dental carriers or remain out of network. Below are some important things to know if your dental provider if out of network.

1. Provide your insurance information at the time of services. The provider may say they are out of network and may not want to accept the insurance. Ask them to file it anyway and let them know you have a very strong out of network benefit.
2. If the provider submits the claim and does not collect upfront payment, the plan will pay its responsibility based on the plan document.
3. You may be asked by the provider to pay something up front for your services while they wait on the payment from Guardian. After the claim has been paid, and if you made an up-front payment, you will likely be due a reimbursement from the dental provider.
4. If the provider is unwilling to submit the claim to Guardian, you have the ability to submit the information directly.

The City of Columbus plan is set up to pay a very strong amount for out-of-network services compared to most plans. It is possible that you do get balance billed for out of network services – the difference between what the plan allows and the amount the provider billed. It is recommended to use an in network dental provider where possible.

		Amount You Pay	
		Option 1	Option 2
Type of Service		In Network / Out of Network	In Network / Out of Network
Deductible		**$50**	**$50 Deductible**
Annual Maximum		**$1,000**	**$1,500**
Preventive Services		Covered 100%, Deductible Waived	Covered 100%, Deductible Waived
Basic Services		Covered 60%, After Deductible	Covered 80%, After Deductible
Major Services		Covered 40%, After Deductible	Covered 50%, After Deductible
Orthodontic Care		Not Available	Covered 50%, Lifetime Max $1,000
Biweekly Payroll Deductions			
	Employee Premiums	**Employee Only: $16.03** **Employee + 1: $31.28** **Family: $47.95**	**Employee Only: $20.47** **Employee + 1: $39.87** **Family: $61.35**

VISION INSURANCE

NETWORK ACCESS PLANS THROUGH GUARDIAN

Driving to work, reading a news article, and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

City of Columbus's vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses. The following chart outlines the In-Network vision benefits we offer for 2027.

	Amount You Pay	
Type of Service	**VSP Network**	**Davis Network**
Exam Copay	**$10**	**$10**
Frequency	Once per Calendar Year	Once per Calendar Year
Base Lenses		
Single	100% Covered	100% Covered
Bifocal	100% Covered	100% Covered
Trifocal	100% Covered	100% Covered
Frequency	Once per Calendar Year	Once per Calendar Year
Contact Lenses (Elective)	**$130**	**$130**
Frequency	Once per Calendar Year	Once per Calendar Year
Frame Retail	**$130**	**$130**
Frequency	Every Other Calendar Year	Every Other Calendar Year
Biweekly Payroll Deductions		
Employee Premiums	**Employee Only: $5.36** **Employee + 1: $8.13** **Family: $14.31**	**Employee Only: $4.41** **Employee + 1: $6.69** **Family: $11.75**

DISABILITY INCOME BENEFITS

SHORT-TERM DISABILITY / LONG-TERM DISABILITY

The City of Columbus provides full-time non-public safety employees with long-term disability income benefits. Without disability coverage, you and your family may struggle to get by if you miss work due to an injury or illness. (Public Safety employees have PERF disability protections).

At City of Columbus, we want to do everything we can to protect you and your family. That's why City of Columbus pays for the full cost of long-term disability insurance—meaning that you owe nothing out of pocket.

The City of Columbus provides full-time non-public safety employees with up to 13 weeks' short term disability (STD) coverage, if they medically qualify, after one year of employment. All PTO, including STD counts toward FMLA leave.

	Short-term Disability	Long-term Disability
Benefits Begin	Injury: Day 1 Illness: Day 8 Maximum length of STD is 91 days.	Injury: 91st Day Sickness: 91st Day
Pre-Existing Condition Period	N/A	3 months / 12 months
Percentage of Income Replaced	60% of weekly salary up to a maximum of $600.00 per week	60% of your monthly pre-disability earnings, up to a maximum monthly benefit of $5,000
Employee Premiums	Coverage is provided at no cost to you. The City of Columbus pays 100% of the total premium.	Coverage is provided at no cost to you. The City of Columbus pays 100% of the total premium.

LIFE INSURANCE BENEFITS

BASIC LIFE INSURANCE / VOLUNTARY LIFE INSURANCE

BASIC LIFE INSURANCE

Life insurance can help provide financial security for your loved ones in the event something happens to you. As a full-time employee, the City of Columbus provides $50,000 in group life insurance and accidental death & dismemberment (AD&D) coverage. There are automatic reductions in coverage at age 65-70. The City covers the full cost of this benefit, so you do not have to pay any monthly premiums.

This benefit has also been enhanced to include portability, allowing you to continue coverage as an individual plan if you leave City employment. Please contact Human Resources if you would like to update your beneficiary information.

VOLUNTARY LIFE INSURANCE

While City of Columbus offers Basic life insurance, some employees may want to purchase additional coverage. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying supplemental coverage.

The City is increasing the Voluntary Life Insurance benefit to an initial maximum of $150,000, and can be purchased in $10,000 increments. For this open enrollment, the City is making this initial enrollment, with no medical questions, available to all current full time employees for calendar year 2027. If you do not currently have voluntary life insurance, we encourage you to consider a purchase of at least $10,000 while this offer of no medical questions is available, so that in later years, a Guaranteed Increase in Benefits with no medical questions, of $10,000 a year, is available to you.

IMPORTANT CHANGES COMING IN 2027

The City of Columbus is moving to a new life insurance provider for 2027. Here's what that means for you:

- **Already enrolled in supplemental life insurance?** You'll be automatically transferred to the new carrier. No action needed!
- **Not enrolled?** You'll have a **one-time opportunity** to purchase voluntary supplemental life insurance without answering any medical questions.

Interested? Contact our Benefits Specialist at benefits@columbus.in.gov to enroll for yourself, your spouse, or your unmarried child under age 26.

KEY ENROLLMENT OPPORTUNITIES

New Hire – First Day of Employment

When you begin work at the City, you have **one day only** to purchase life insurance without answering medical questions. Just starting your career? Even if you don't yet have a mortgage, spouse, or children, we recommend purchasing at least $10,000 in voluntary supplemental coverage. This locks in your opportunity for guaranteed benefit increases later.

Life Events — Marriage or New Child

Getting married or having a child? You have **30 days** from the event to purchase voluntary spouse or child life insurance without answering medical questions. After that window closes, you can still purchase supplemental coverage, but you'll need to pass medical underwriting to qualify.

Life comes with challenges.

AllOne Health is here to help.

AllOne Health can help you reduce stress, improve mental health, and make life easier by connecting you to the right information, resources, and referrals.

All services are free, confidential, and available to you and your family members. This includes access to short-term counseling and the wide range of services listed below:

Mental Health Sessions
Manage stress, anxiety, and depression, resolve conflict, improve relationships, and address any personal issues. Choose from in-person sessions, video counseling, or telephonic counseling.

Life Coaching
Reach personal and professional goals, manage life transitions, overcome obstacles, strengthen relationships, and achieve greater balance.

Financial Consultation
Build financial wellness related to budgeting, buying a home, paying off debt, resolving general tax questions, preventing identity theft, and saving for retirement or tuition.

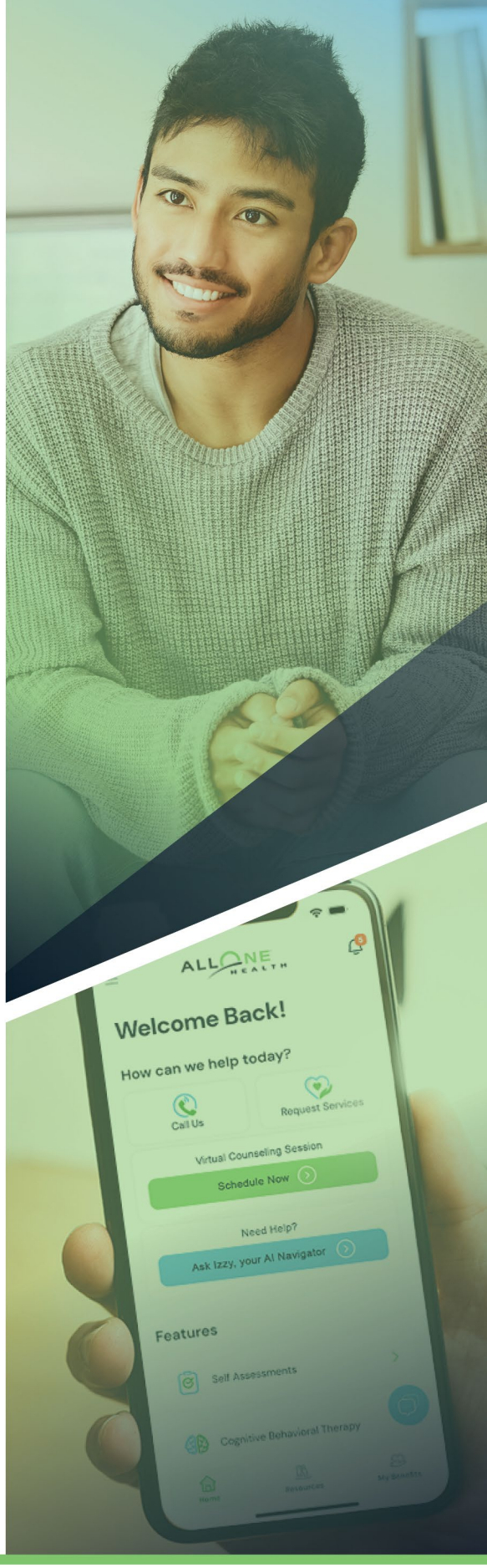
Legal Referrals
Receive referrals for personal legal matters including estate planning, wills, real estate, bankruptcy, divorce, custody, and more.

Work-Life Resources and Referrals
Obtain information and referrals when seeking childcare, adoption, special needs support, eldercare, housing, transportation, education, and pet care.

Personal Assistance
Save time with referrals for travel and entertainment, seeking professional services, cleaning services, home food delivery, and managing everyday tasks.

Medical Advocacy
Get help navigating insurance, obtaining doctor referrals, securing medical equipment, and planning for transitional care and discharge.

Member Portal and the AllOne Health App
Instantly access 24/7/365 mental health support with self-scheduled virtual counseling sessions, on-demand self-help resources, and guidance from Izzy, your AI navigator. Download the AllOne Health App and use the company code below to sign up.



Contact AllOne Health
Call: 800-451-1834
Visit: www.allonehealth.com/portal
Company Code: LS0313

Download the AllOne Health App

ALLONE HEALTH

The New AllOne Health **Member Portal** Is Here

The AllOne Health Member Portal has been rebuilt to work seamlessly with the AllOne Health mobile app, giving you simple, secure access to support anytime, anywhere.

HOW TO GET STARTED

1. **Sign Up for the New Member Portal**
   Visit allonehealth.com/portal
2. **Create Your Account**
   Create your account by entering your email, password and the **Company Code** at the bottom of this flyer.
3. **Use One Login Everywhere**
   Your login works for ***both*** the online portal and the mobile app. You can download the **AllOne Health App** from the Apple App Store or Google Play.

WHAT TO EXPECT

- ✓ One login for both the portal and mobile app
- ✓ Faster access to counseling, resources, and support
- ✓ Modern, mobile-friendly experience
- ✓ Built to support your whole health

START EXPLORING

Book Virtual Counseling Sessions

Chat with Izzy, Your AI Mental Health Navigator

Submit Requests and Find Resources

Call Directly for 24/7 Live Human Support

IMPORTANT LOGIN INFORMATION

The old AllOne Health portal is being retired, and your old portal email and password will NOT work in the new portal or app.

- **If you already downloaded the new AllOne Health App** and created an account, use the same login for the portal
- **New users** will need to create a new account using their company code listed at the bottom of this flyer



Sign Up Today
Support is always within reach—built around you.
Call: 800-451-1834
Visit: allonehealth.com/portal
Company Code: LS0313

ALLONE HEALTH

2027 City of Columbus Full-Time Employee Fitness Benefit

AEI Fitness Center

Department of PARKS & REC Columbus, IN

MEMBERSHIP OPTIONS

New for 2027! Get up to 2 total memberships for yourself or your dependent(s)

Open Gym Membership: $5/person/pay period

~~$35/Month~~

Take complete control of your training with access during our open gym hours.
Clean, well-equiped, and ready when you are!
Add-on single class sessions for $5 per class.

Unlimited Class Membership: $18/person/pay period

~~$149/Month~~

Personalized support of attentive coaching in a small group setting.
Membership includes open gym access.
Six distinct classes, choose your workout based on how you feel!

Strength Essentials
(BEGINNER TO INTERMEDIATE)
Build full body strength while learning proper technique and fundamental movements.

Signature Strength
(ADVANCED)
Focus on advanced technique and build serious strength using barbells and compound lifts.

Elevate
(INTERMEDIATE)
Boost strength and endurance with intervals of resistance exercises, carries, and cardio.

Amplify
(BEGINNER TO INTERMEDIATE)
Stay moving with high-energy circuits of cardio and primarily bodyweight movements.

Kinetic
(INTERMEDIATE)
Move better and easier with training that develops balance, coordination, and postural strength.

Precover
(ALL LEVELS)
Prepare for your next workout or recover from your last with guided mobility, flexibility, and recovery techniques to reduce soreness and keep you feeling your best.








Contact AEI Fitness Center to set up a tour, ask questions, or enroll.
Scan the QR code above for gym information and hours.

812-669-5310 | aeifitnesscenter.com | NexusPark Entrance 2

IMPORTANT CONTACTS

BENEFITS OFFERED	PROVIDER	PHONE	WEBSITE / EMAIL
	Benefits Specialist	**812-376-2570**	**benefits@columbus.in.gov**
Medical & Short-term Disability	SIHO Insurance	812-378-7070	memberservices@siho.org
Find a Provider			https://www.siho.org/provider-directory.html
Dental	Guardian	1-888-482-7342	https://www.guardianlife.com/
Find a Provider			Find a Dentist (guardiananytime.com)
Vision	Guardian	1-888-482-7342	https://www.guardianlife.com/
Find a Provider			Find a Vision Provider (guardiananytime.com)
Health Savings Account	Lively	1-888-576-4837	hello@livelyme.com / https://livelyme.com
Flexible Spending Account	Lively	1-888-576-4837	hello@livelyme.com / https://livelyme.com
Virtual Urgent Care & Mental Healthcare	First Stop Health	888-691-7867	Firststophealth.com
Virtual Physical Therapy	Sword Health (Thrive & Bloom)	Thrive (385)498-4640 Access Code: 995 Bloom (385)533-0019 Access Code: 995	sword.health/platform/cityofcolumbusin/go sword.health/thrive/cityofcolumbusin/go sword.health/bloom/cityofcolumbusin/go
Life Insurance & Long-term Disability	City of Columbus Benefit Specialist	812-376-2571	benefits@columbus.in.gov
Employee Assistance Program	AllOne Health	1-800-822-4847	https://allonehealthmemberportal.mylifeexpert.com/login Company Code: LS0313
Pharmacy Plan	Optum	1-800-356-3477 / 877-656-9604	www.optumrx.com/
Travel Assistance	City of Columbus Benefit Specialist	812-376-2571	benefits@columbus.in.gov
Deferred Compensation	Edward Jones – Lisa Duke	812-378-3012	
Healthcare Navigator		812-376-5136	

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.



columbusindiana

unexpected.unforgettable.