



2021



INSURANCE
SERVICES

ACA Small Group Plans

One Southern Indiana
Endorsed Health Plans

Plan Brochure

Exclusive Health Insurance Provider of



About SIHO Insurance Services

SIHO Insurance Services, headquartered in Columbus, Indiana, was established in 1987 through the cooperative efforts of local physicians, hospitals, and employers who were concerned about the rising cost of health care.

SIHO was formed with a vision to provide *affordable health care benefits* by partnering with local medical providers and employers. One of the fastest growing Health Plan Administrators in the Midwest, SIHO strives to raise the *standard of health care and the quality of life in its communities*.

SIHO's promise to its customers is very simple: provide them with the *sophistication of a national carrier* while keeping the focus on *flexibility and cost-effectiveness as a top priority*.

SIHO prides itself on *helping customers have the best experience* possible.



www.siho.org

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One Southern Indiana Endorsed Health Plans



What is it?

SIHO Insurance Services has partnered with One Southern Indiana to offer endorsed fully insured health plans to members of One Southern Indiana. The plans are available for employers with 2-50 eligible employees. One Southern Indiana and the local health care delivery systems have worked together to design a product that is aligned to unique networks which offer access *and* cost savings.

Members will be able to select from multiple PPO plans and HSA options that provide comprehensive coverage along with a wellness program, and all networks have out-of-network coverage, meaning employees are still covered even when traveling.

Read on to discover 2021 plan options and requirements.

How do we get started?

Step 1

Select ONE of three networks – employer chooses one network regardless of number of plans to be offered to employees

Step 2

Choose desired plan design (see plans starting on page 6)



SIHO Norton/Clark Network
*representing over 1400 providers within
Southern IN and greater Louisville
Now including Harrison County Hospital*



SIHO Baptist Health Network
*representing over 1300 providers within
Southern IN and greater Louisville*

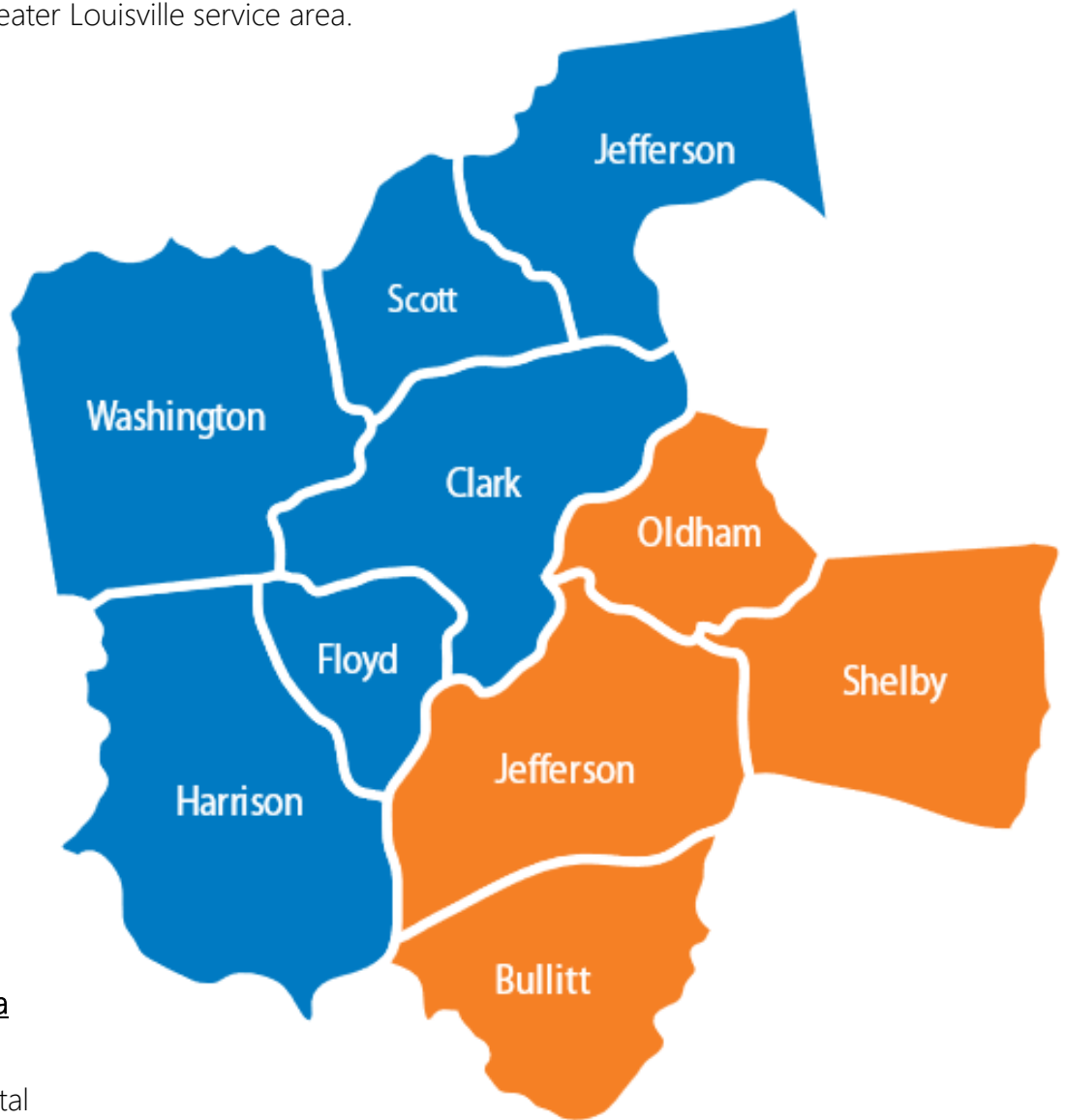


SIHO Norton/Clark & Baptist Network
*a combined network option
Now including Harrison County Hospital*

Network Map

In-network facilities

for Southern Indiana and Greater Louisville service area.



Norton Hospitals in area

- Clark Memorial Health
- Norton Audubon Hospital
- Norton Brownsboro Hospital
- Norton's Children's Hospital
- Norton Hospital
- Norton Women's & Children's Hospital
- Norton Children's Medical Center
- Harrison County Hospital



Baptist Hospitals in area

- Baptist Health Floyd
- Baptist Health Louisville
- Baptist Health La Grange

1si 2021 2-50 Endorsed Products-PPO

The employer must select one of the following: Norton/Clark, Baptist Health, or Combined (Norton/Clark & Baptist) Network.

	PC Choice \$2,000 / 20%	PC Choice \$2,500 / 20%	PC Choice \$3,000 / 20%	PC Choice \$3,500 / 50%
Plan Codes	SAT/SAP/SAM	SBT,SBP,SBM	SCT/SCP/SCM	SGT/SGP/SGM
Benefit Category:				
Annual Single Deductible	\$2,000	\$2,500	\$3,000	\$3,500
Annual Family Deductible	\$4,000	\$5,000	\$6,000	\$7,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$6,000	\$7,000	\$7,000	\$8,550
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$12,000	\$14,000	\$14,000	\$17,100
PCP Office Visit	\$30	\$30	\$30	\$35
Specialist Office Visit (20% for Ancillary Services)	\$60	\$60	\$60	\$80
Preventive Care	0%	0%	0%	\$0
Inpatient Hospital Services	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Emergency Room	\$300, 20%	\$300, 20%	\$400, 20%	Ded, 50%
Urgent Care Facility	\$75	\$75	\$100	\$100
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
PT/OT/Speech Therapy (20 visit annual max each)	\$60	\$60	\$60	\$80
Chiropractic Services (12 visit annual max)	\$60	\$60	\$60	\$80
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	\$30	\$30	\$30	\$35
Skilled Nursing Facility (90 visits)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Hospice	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Out of Network:				
Annual Single Deductible	\$6,000	\$7,500	\$9,000	\$10,500
Annual Family Deductible	\$12,000	\$15,000	\$18,000	\$21,000
Coinsurance for All Services*	50%	50%	50%	50%
Annual OOP Max - Single	\$24,450	\$24,450	\$24,450	\$25,650
Annual OOP Max - Family	\$48,900	\$48,900	\$48,900	\$51,300
Pharmacy:				
Generic Drug	\$5	\$5	\$5	\$10
Brand Name Formulary	\$40	\$40	\$40	\$50
Brand Name Non-Formulary	\$75	\$75	\$75	\$100
Specialty Drugs	25%	25%	25%	25%
Specialty Drug Max	\$500	\$500	\$500	\$500
Mail Order	2.5x	2.5x	2.5x	2.5x

Disclaimer: This is a draft of product offerings. The intention of this document is to provide an overview of the plans and does not include plan exclusions and limitations.

1si 2021 2-50 Endorsed Products-PPO

The employer must select one of the following: Norton/Clark, Baptist Health, or Combined (Norton/Clark & Baptist) Network.

	PC Choice \$4,000 / 20%	PC Choice \$5,000 / 20%	PC Choice \$5,000 / 50%	PC Choice \$6,500 / 20%
Plan Codes	SDT/SDP/SDM	SET/SEP/SEM	SHT/SHP/SHM	SFT/SFP/SFM
Benefit Category:				
Annual Single Deductible	\$4,000	\$5,000	\$5,000	\$6,500
Annual Family Deductible	\$8,000	\$10,000	\$10,000	\$13,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$8,550	\$8,550	\$8,550	\$8,550
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$17,100	\$17,100	\$17,100	\$17,100
PCP Office Visit	\$40	\$40	\$45	\$40
Specialist Office Visit (20% for Ancillary Services)	\$70	\$70	\$90	\$70
Preventive Care	0%	0%	\$0	0%
Inpatient Hospital Services	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 20%
Outpatient Hospital Services	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 20%
Professional Services (In & Out)	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 20%
Emergency Room	Ded, 20%	Ded, 20%	\$600, 50%	Ded, 20%
Urgent Care Facility	\$100	\$100	\$100	\$100
Ambulance	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 20%
PT/OT/Speech Therapy (20 visit annual max each)	\$70	\$70	\$90	\$70
Chiropractic Services (12 visit annual max)	\$70	\$70	\$90	\$70
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 20%
Inpatient Behavioral Health	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 20%
Outpatient Behavioral Health	\$40	\$40	\$45	\$40
Skilled Nursing Facility (90 visits)	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 20%
Acute Inpatient Rehabilitation	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 20%
Home Health (100 visits)	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 20%
Hospice	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 20%
Out of Network:				
Annual Single Deductible	\$12,000	\$15,000	\$15,000	\$19,500
Annual Family Deductible	\$24,000	\$30,000	\$30,000	\$39,000
Coinsurance for All Services*	50%	50%	50%	50%
Annual OOP Max - Single	\$25,650	\$25,650	\$25,650	\$25,650
Annual OOP Max - Family	\$51,300	\$51,300	\$51,300	\$51,300
Pharmacy:				
Generic Drug	\$15	\$10	\$10	\$10
Brand Name Formulary	\$50	\$50	\$50	\$50
Brand Name Non-Formulary	\$100	\$100	\$100	\$100
Specialty Drugs**	Ded, 25%	Ded, 25%	25%	Ded, 25%
Specialty Drug Deductible	\$250/\$500	\$250/\$500	\$250/\$500	\$250/\$500
Specialty Drug Max	\$500	\$500	\$500	\$500
Mail Order	2.5x	2.5x	2.5x	2.5x

** Specialty Drugs fall under a separate deductible, but do apply to the out of pocket maximum. Specialty Drug deductibles for these plans that must be met before coinsurance benefit are: \$250 Single/\$500 Family.

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1si 2021 2-50 Endorsed Products-HSA

The employer must select one of the following: Norton/Clark, Baptist Health, or Combined (Norton/Clark & Baptist) Network.

	HSA \$2,800 / 20%	HSA \$3,500 / 20%	HSA \$4,100 / 20%
Plan Codes	T1T/T1P/T1M	T2T/T2P/T2M	T3T/T3P/T3M
Benefit Category:			
Annual Single Deductible	\$2,800	\$3,500	\$4,100
Annual Family Deductible	\$5,600	\$7,000	\$8,200
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$7,000	\$7,000	\$7,000
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$14,000	\$14,000	\$14,000
Family Deductible / OOP Max	Embedded	Embedded	Embedded
PCP Office Visit	Ded, 20%	Ded, 20%	Ded, 20%
Specialist Office Visit	Ded, 20%	Ded, 20%	Ded, 20%
Preventive Care	0%	0%	0%
Inpatient Hospital Services	Ded, 20%	Ded, 20%	Ded, 20%
Outpatient Hospital Services	Ded, 20%	Ded, 20%	Ded, 20%
Professional Services (In & Out)	Ded, 20%	Ded, 20%	Ded, 20%
Emergency Room	Ded, 20%	Ded, 20%	Ded, 20%
Urgent Care Facility	Ded, 20%	Ded, 20%	Ded, 20%
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%
PT/OT/Speech Therapy (20 visit annual max each)	Ded, 20%	Ded, 20%	Ded, 20%
Chiropractic Services (12 visit annual max)	Ded, 20%	Ded, 20%	Ded, 20%
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 20%	Ded, 20%
Inpatient Behavioral Health	Ded, 20%	Ded, 20%	Ded, 20%
Outpatient Behavioral Health	Ded, 20%	Ded, 20%	Ded, 20%
Skilled Nursing Facility (90 visits)	Ded, 20%	Ded, 20%	Ded, 20%
Acute Inpatient Rehabilitation	Ded, 20%	Ded, 20%	Ded, 20%
Home Health (100 visits)	Ded, 20%	Ded, 20%	Ded, 20%
Hospice	Ded, 20%	Ded, 20%	Ded, 20%
Out of Network:			
Annual Single Deductible	\$8,400	\$10,500	\$12,300
Annual Family Deductible	\$16,800	\$21,000	\$24,600
Coinsurance for All Services*	50%	50%	50%
Annual OOP Max - Single	\$21,000	\$21,000	\$21,000
Annual OOP Max - Family	\$42,000	\$42,000	\$42,000
Pharmacy:			
Generic Drug	Ded, \$15	Ded, 20%	Ded, 20%
Brand Name Formulary	Ded, \$45	Ded, 20%	Ded, 20%
Brand Name Non-Formulary	Ded, 20%	Ded, 20%	Ded, 20%
Specialty Drugs	Ded, 25%	Ded, 25%	Ded, 25%
Specialty Drug Max	\$500	\$500	\$500
Mail Order	2.5X	2.5x	2.5x

Disclaimer: This is a draft of product offerings. The intention of this document is to provide an overview of the plans and does not include plan exclusions and limitations.

Eligibility Requirements



Employers must be a member of the 1si chamber of commerce.



Employer's principle place of business must be Indiana. No more than 20% of enrolled employees can reside outside of the primary service area which is defined as Floyd, Clark, Harrison, Scott, Washington and Jefferson counties in Indiana and the greater Louisville area.



Participation requirement is 75% of total eligible population after excluding spousal waivers and waivers for other coverage.



Eligible employees must work at least 30 hours per week.

Product Components

WELLNESS

SIHO will offer the following services for employers that participate in the Health Plan:

- Telephonic Health Coaching (for employees that need guidance and support)
- Yearly Biometric Screenings
- Educational Materials and Events
- Flu Shots

TELADOC



Access to a doctor
anytime, anywhere

www.teladoc.com



A welcome kit will be mailed to your home with instructions for setting up your Teladoc® account, completing your medical history and requesting a consult. Once you're set up, a Teladoc doctor is always just a call or click away.

DIABETES MANAGEMENT



DIABETES
MANAGEMENT
PROGRAM
INCLUDED!

PEDIATRIC DENTAL & VISION INFORMATION INCLUDED IN FOLLOWING PAGES.

For employers with 2-50 eligible employees.
(Included for dependents under age 19.)



Delta Dental of Indiana
2021 Certified EHB Dental Benefit Plans
Delta Dental PPOSM (Point-of-Service)

<p>The following benefits include the <u>Certified EHB Dental Benefits</u> covered by Delta Dental of Indiana.</p> <p>Please mark the plan of your choice.</p> <p>Coverage Effective Dates: 1/1/2021 - 12/31/2021</p>	<input type="checkbox"/> Plan A Low Pediatric Dental Plan (age 18 and under)		
	Delta Dental PPO Dentist	Delta Dental Premier* Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays
	Diagnostic & Preventive		
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	90%	80%	80%
Emergency Palliative Treatment - to temporarily relieve pain	90%	80%	80%
Radiographs - X-rays	90%	80%	80%
Sealants - to prevent decay of permanent teeth	90%	80%	80%
Basic Services			
Minor Restorative Services - fillings and crown repair	50%	50%	50%
Oral Surgery Services - extractions and dental surgery	50%	50%	50%
Endodontic Services - root canals	50%	50%	50%
Periodontic Services - to treat gum disease	50%	50%	50%
Relines and Repairs - prosthetic appliances	50%	50%	50%
Other Basic Services - misc. services	50%	50%	50%
Major Services			
Major Restorative Services - crowns	50%	50%	50%
Prosthetic Services - bridges, dentures, implants, and crowns over implants	50%	50%	50%
Orthodontic Services			
Orthodontic Services - braces (when medically necessary)	50%	50%	50%
Orthodontic Age Limit -	Up to age 19		
Plan maximum	N/A		
Maximum out of pocket: per person / per family per calendar year. The Maximum applies for all EHB covered services provided by a PPO or Premier Dentist.	\$350 / \$700		
Deductible - per person / per family per calendar year. The Deductible does not apply to exams, cleanings, fluoride, space maintainers, emergency palliative treatment, sealants, and orthodontics.	\$50 / \$150		

† Above plan designs assume Delta Dental's standard limitations unless otherwise noted.

An individual will be considered age 18 and under until the end of the Benefit Year in which the individual attains the age of 19.



**Protect
your vision
with VSP.®**

SIHO partners with VSP to provide vision coverage for children.



Your child is fully covered for an eye exam and glasses or contacts every year.

Your child's eyes deserve the best care to keep them healthy year after year. Plus, with VSP, you'll get a great value on eye care and eyewear for your child.

You'll like what you see with VSP.

Log in to vsp.com to:

- Find a VSP doctor who's right for your child.
- Review your child's benefit information and plan coverage before an appointment.
- At the appointment, tell them your child has VSP.

That's it! We'll handle the rest—there are no claim forms to complete when your child sees a VSP doctor.

Eye Exams for Children

80% of what we learn is through our eyes. Many states require that children get a comprehensive eye exam before Kindergarten. Schedule an eye exam for your child at the beginning of every school year and start the year off right. Visit vsp.com to find a VSP doctor that specializes in pediatric eye care.

Visit vsp.com for more details on your child's vision benefit and the exclusive savings and promotions for VSP members.

Contact us:
vsp.com | 800.877.7195

Your VSP Vision Benefits Summary

Taking care of your child's eyes with VSP includes a covered-in-full benefit outlined below. You'll have access to the highest quality vision care from a VSP doctor you can trust. Visit vsp.com to find a doctor who's right for your child and one who carries children's frames from our exclusive Otis & Piper™ Eyewear Collection.

VSP Provider Network: VSP Advantage

Benefit	Description	Copay (Your cost)	Frequency
Your coverage with a VSP Advantage Doctor			
WellVision Exam®	<ul style="list-style-type: none"> A thorough eye exam that tests for childhood eye health and vision issues, like nearsightedness, amblyopia (lazy eye), and strabismus (cross-eye) 	\$0	Every 12 months
Prescription Glasses			
Frames	<ul style="list-style-type: none"> Frames from our exclusive Otis & Piper Eyewear Collection 	\$0	Every 12 months
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, lined trifocal, or lenticular lenses Polycarbonate, scratch-resistant coating, and UV protection 	\$0	Every 12 months
Lens Enhancements	<ul style="list-style-type: none"> Average savings of 20% on lens enhancements 		Every 12 months
Contacts (Instead of glasses)	<ul style="list-style-type: none"> Contact lens exam and a minimum three-month supply of contact lenses are covered in full. Ask your VSP doctor which contacts qualify for your child's plan. 	\$0	Every 12 months
Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none"> 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP doctor within 12 months of your last WellVision Exam 		
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		
Your Coverage with Out-of-network Providers			
Visit vsp.com for details, if you plan to see a provider other than a VSP doctor. You pay 100% of the provider's billed amount.			
<small>Once your child's benefit is effective, visit vsp.com for details. VSP guarantees coverage from VSP doctors only. Coverage information is subject to change. In the event of a conflict between this information and the applicable contract, the terms of the contract will prevail. Coverage terminates at the end of the month following the child's 19th birthday.</small>			

Contact us. vsp.com | 800.877.7195

How to Get A Quote?

We will need the following to fulfill your quote request.

1. Employer Information

Name, Location

2. Effective Date

3. Complete Census

EE, Spouse, Dependents, DOB, Zip Code

4. Current Plan Design & Rates

5. Desired Plan Options

Contact Us!

For Product Inquiries:

Contact	Traci Wright
Phone	812.314.2500 ext. 1022
Email	traci.wright@siho.org

For Quote Requests:

Contact	Carolyn Dailey
Phone	812.378.7071
Email	carolyn.dailey@siho.org

SOLD GROUP CHECKLIST

When submitting a new group to SIHO, please adhere to the following guidelines to ensure greater overall satisfaction for the new group implementation.

- Employer application completed for medical coverage with network selection.
- Employee applications and waivers completed for all eligible employees.
- If the employer is offering multiple deductibles upon SIHO's approval, the employee's choice needs to be clearly noted on their application
- UC-1 wage & tax statement (most current) marked by the employer indicating which employees are part-time, seasonal or terminated.
- Proposal rate sheet with the employer's initials acknowledging the plan and rates the employer chooses to offer to their employees.
- Binder check for first month's premium.
- List of any employees currently on COBRA coverage. SIHO will need term date, reason for term, paid through date of COBRA coverage.
- If pediatric dental through Delta Dental is selected, SIHO will need a HIPAA signature page for group set-up.

CLICK

www.siho.org



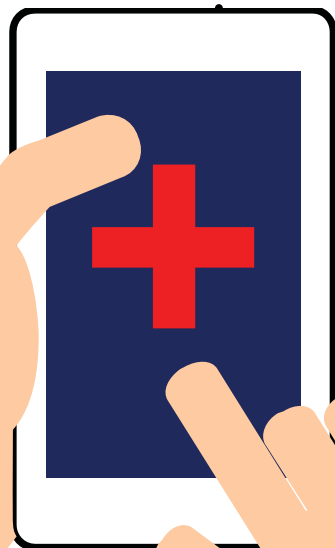
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INSURANCE
SERVICES

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