Schedule of Benefits - HMO

MOSINEE SCHOOL DISTRICT
Benefit Year: January 1st Through December 31st
Effective Date: 07/01/2016

Security Health Plan certifies that you and any covered dependents have coverage as described in your Certificate and Schedule of Benefits as of the effective date shown on the letter you received with your identification cards, subject to the terms, conditions, exclusions, limitations and all other provisions of the group policy.

This Schedule shows your specific cost-sharing, as well as any additional benefits, limitations or exclusions not shown in your Certificate. It also provides a very general summary of your benefits for certain types of services; **you will need to read it in conjunction with your Certificate for details about your coverage.** Benefits are calculated according to the benefit year shown above. **NOTE: All services must be received from affiliated providers, except as otherwise described in the Certificate.**

Your Responsibilities	
Deductible This plan is intended to qualify as a high deductible health plan that may be paired with a health savings account; however, you should check with your tax advisor for guidance on your particular situation.	$1,300 per individual $2,600 per family The individual deductible does not apply under a family plan. One or more members of the family must meet the family deductible before benefits will be paid.
Coinsurance	20% of the next $5,000 per individual $10,000 per family
Annual out of pocket (Deductible & coinsurance)	$2,300 per individual $4,600 per family Only the family limit above applies to a family plan.
Dependent coverage follow up care In addition to the benefits described in the Follow-up Care section of the Certificate, dependents living outside of the service area are provided benefits for covered services from non-affiliated providers.	Such coverage shall be provided at the in network level of benefits.

Your Benefits	
Ambulance services	Subject to deductible and coinsurance
Anesthesia services	Subject to deductible and coinsurance
Chiropractic services	Subject to deductible and coinsurance
Durable medical equipment and medical supplies (Including insulin pump and supplies)	Subject to deductible and coinsurance
Hearing examinations	Subject to deductible and coinsurance
Home health care	Subject to deductible and coinsurance (Limited to 40 visits per individual per calendar year)
Hospice care	Subject to deductible and coinsurance
Hospital emergency room services	Subject to deductible and coinsurance

Your Benefits	
Hospital inpatient services (Including semi-private or special care room, operating room, ancillary services and supplies)	Subject to deductible and coinsurance
Hospital outpatient and surgical center services (Not including emergency room)	Subject to deductible and coinsurance
Maternity services	
• **Hospital services**	Subject to deductible and coinsurance
• **Physician services**	Subject to deductible and coinsurance
Mental health and substance abuse services	
• **Inpatient care**	Subject to deductible and coinsurance
• **Outpatient care**	Subject to deductible and coinsurance
• **Transitional care**	Subject to deductible and coinsurance
Office visits	Subject to deductible and coinsurance (Preventive exams covered at 100%)
Outpatient laboratory services	Subject to deductible and coinsurance
Outpatient radiology services	Subject to deductible and coinsurance
Outpatient therapy services	
• **Occupational therapy**	Subject to deductible and coinsurance
• **Physical therapy**	Subject to deductible and coinsurance
• **Speech therapy**	Subject to deductible and coinsurance
Physician services	
• **Hospital services**	Subject to deductible and coinsurance
• **Other services in an office**	Subject to deductible and coinsurance (Preventive immunizations covered at 100%)

Your Benefits	
Preventive benefit Please refer to Security Health Plan's Preventive Service Guidelines at www.securityhealth.org/preventive for service frequency recommendations.	
• **Comprehensive physical examination** (complete physical) ~ Well-baby care ~ Well-child care ~ Adolescent well-care ~ Adult well-care	Covered at 100%
• **Gynecological examination for women** (breast exam and pelvic exam)	1 per calendar year then subject to deductible and coinsurance
• **Digital prostate examination for men**	1 per calendar year then subject to deductible and coinsurance
• **Preventive hearing test**	1 per calendar year then subject to deductible and coinsurance
• **Comprehensive preventive vision examination**	1 per calendar year then subject to deductible and coinsurance
• **Mammogram to screen for breast cancer**	1 per calendar year then subject to deductible and coinsurance
• **Pap smear to screen for cervical cancer**	1 per calendar year then subject to deductible and coinsurance
• **Colonoscopy screening for colorectal cancer**	1 every two years then subject to deductible and coinsurance
• **Other screenings for colorectal cancer** ~ Sigmoidoscopy ~ Double contrast barium enema ~ Fecal occult blood testing	1 per calendar year then subject to deductible and coinsurance
• **Screening laboratory services** Including, but are not limited to: basic metabolic panel, comprehensive metabolic panel, general health panel, lipoprotein, lipid panel, glucose (blood sugar), complete blood count (CBC), hemoglobin, thyroid stimulating hormone (TSH), prostate specific antigen (PSA), and urinalysis.	Each laboratory service covered at 1 per calendar year then subject to deductible and coinsurance
• **Bone mineral density (dexa scan) to screen for osteoporosis in women**	1 per calendar year then subject to deductible and coinsurance
• **Chlamydia screening for women**	1 per calendar year then subject to deductible and coinsurance
• **Ultrasound for screen of an abdominal aortic aneurysm for men**	1 per calendar year then subject to deductible and coinsurance

Your Benefits	
• **Immunizations and vaccinations** (including those needed for travel)	Covered at 100%
Skilled nursing facility	Subject to deductible and coinsurance (Limited to 30 days per individual per confinement)
Surgical services	Subject to deductible and coinsurance
Temporomandibular joint disorders or TMJ non-surgical treatment	Subject to deductible and coinsurance
Transplant services	Subject to deductible and coinsurance
Vision examinations	Subject to deductible and coinsurance

Pharmacy	
• Up to 30 days worth of medication constitutes a 1-month supply. For most maintenance medications you may receive up to a 90-day supply and if applicable, 1 copayment and/or coinsurance and/or deductible will be assessed. • Insulin and diabetic testing supplies are subject to deductible and maximum out-of-pocket amounts, if applicable. (This does not include insulin pumps and related supplies. Please refer to the durable medical equipment section of the Schedule of Benefits for coverage.) • 100% coverage for smoking cessation products, limited to 180 days per calendar year, as indicated in the Formulary Guide. • Limited coverage for sexual dysfunction medications, as indicated in the Formulary Guide. • Over-the-counter (OTC) medications are generally excluded; however, coverage may be provided for selected OTC medications with a prescription authorization, as indicated in the Formulary Guide. • The use of a specialty pharmacy may be required for select medications, as indicated in the Formulary Guide.	Subject to the $1,300 individual deductible and $2,600 family deductible per calendar year. After deductible, 20% coinsurance on next $5,000 per individual and $10,000 per family. Deductible, copayments and coinsurance may apply to the max out of pocket amounts. If the participant requests the brand name product for a medication where a generic is available, the participant must pay the applicable generic copayment/coinsurance plus the ancillary charge. The ancillary charge is the cost difference between the brand name product and the generic product. The ancillary charge will not count towards the prescription out-of-pocket limit.

Dependent Coverage
Dependent children are covered from birth through the end of the month they attain the age of 26. In addition, a child who meets the criteria above and is a full-time student as defined in the Certificate has an extension past age 26 IF the child was called to federal active duty in the National Guard or in a reserve component of the U.S. armed forces while the child was under 27 years of age and attending, on a full-time basis, an institution of higher learning. Such extension ends on the date described in the full-time student definition in the Certificate.

Additional Exclusions and Limitations	
Pre-certification The following services require pre-certification before care is provided. As a Security Health Plan member, you are responsible for notifying us before receiving these services. Please call us at 1-800-548-1224.	• Air ambulance transport • Clinical trials • Continuous Passive Motion (CPM) machine • Cosmetic/reconstructive surgery • Durable Medical Equipment (except: CPAP, oral appliance, continuous glucose monitoring; these services require a prior authorization form) • Elective inpatient admission including medical (acute and behavioral health) and surgical • Experimental or investigational services • Hospice • Non-emergent ambulance transport • Office procedure with site of service request other than in office setting • Outpatient procedure with site of service request as inpatient setting • Second opinion • Swing bed admission • TENS • Transplants

Additional Exclusions and Limitations	
Prior authorization Have your health care provider contact Security Health Plan to request a prior authorization for payment before the service is provided. Prior authorization is required for the services listed. Security Health Plan continually assesses prior authorizations that may be required for new prescriptions and newly approved medical services. Please check our website for a complete list of prior authorizations at www.securityhealth.org/authorization.	• 72-hour continuous glucose monitoring • Abdominoplasty • Amino acid formula • Antibiotic - antiviral intravenous infusion • Autologous cultured chondrocytes • Bone growth stimulator • Breast reconstruction post mastectomy • Carpal tunnel - median neuropathy - specialty consults • Chronic hip pain - osteoarthritis or meniscal degeneration - specialty consults • Chronic knee pain - osteoarthritis or meniscal degeneration - specialty consults • Concurrent outpatient therapy treatment • Continuous positive airway pressure (CPAP) - adult • Continuous positive airway pressure (CPAP) - children • Electrical stimulation and electromagnetic therapy • Enteral feeding • Fecal transplant • Hearing aids for members over 18 • Home Health prior authorization form: skilled nursing, physical therapy, occupational therapy, speech therapy • Home infusion - chemotherapy • Infuse bone graft • Initial outpatient therapy treatment • Insulin pumps • Intrastromal corneal ring segments • Intravenous immunoglobulin - subcutaneous immunoglobulin infusion • IV Infusion therapy authorization request: TPN and hydration • Lipectomy • Low back pain - orthopedic or neurosurgery consults • Low dose CT for lung cancer screening • Lung volume reduction surgery • Nonaffiliated provider request • Oral appliance for obstructive sleep apnea • Panniculectomy • Parenteral nutrition home infusion • Port wine stain - abnormal vascular lesion treatment • Radiation oncology • Reduction mammoplasty • Rhinoplasty • Septoplasty • Spinal cord stimulator • Surgical treatment for obesity • Synagis

Additional Exclusions and Limitations	
Shared decision making Shared decision making is a required step for some prior authorizations. After the prior authorization form has been submitted, members will be required to complete shared decision making prior to receiving the list of surgeries or specialty consults.	• Hysterectomy with fibroid diagnosis surgery • Carpal tunnel specialty consults • Chronic hip pain specialty consults • Chronic knee pain specialty consults • Low back pain specialty consults
Skilled nursing facility services For the skilled nursing facility services listed, you will need to work with your provider to notify NaviHealth.	• Acute rehabilitation admission • LTAC Admission • Skilled nursing facilities admission
High end imaging For all high-end imaging services, you may need to work with your provider to receive authorization from eviCore Healthcare, formerly MedSolutions.	