Schedule of Benefits - HMO Premier

Group 502280 - EAU CLAIRE AREA SCHOOL DISTRICT
Benefit Year: July 1st through June 30th
Effective Date: 07/01/2021

SecurityHealth Plan℠

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	$5,000 per individual $10,000 per family
Coinsurance	20%
Office visit copayment	$50 copayment per office visit
Emergency room facility copayment (Waived if admitted to the hospital as an inpatient)	$250 copayment per visit
Annual out-of-pocket (Deductible, coinsurance & copayments)	$6,000 per individual $12,000 per family
Dependent wrap coverage 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
Care my way	Covered at 100%
Chiropractic services	$50 copayment per office visit (Applies for both chiropractic office visits and manipulation services received)
Dry needling	Subject to deductible and coinsurance (Limited to 20 visits per individual per calendar year)
Durable medical equipment and medical supplies (Including insulin pump and supplies) *~ Requires prior authorization*	Subject to deductible and coinsurance

Your Benefits	
Habilitative therapy	
• **Occupational therapy** *~ Requires prior authorization*	$50 copayment per visit
• **Physical therapy** *~ Requires prior authorization*	$50 copayment per visit
• **Speech therapy** *~ Requires prior authorization*	$50 copayment per visit
Hearing examinations	Subject to deductible and coinsurance
Home health care *~ Requires prior authorization*	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	
• **Emergency room facility** (Copayment waived if admitted to hospital as inpatient)	$250 copayment per visit
• **Other emergency room services**	Subject to deductible and coinsurance
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	Subject to deductible and coinsurance
Infusion therapy	
• **Outpatient services**	Subject to deductible and coinsurance
• **Home infusion services**	Covered at 100%
Maternity services	
• **Hospital services**	Subject to deductible and coinsurance
• **Physician services**	Subject to deductible and coinsurance
Mental health services	
• **Inpatient care**	Subject to deductible and coinsurance
• **Outpatient care**	6 days covered at 100% per calendar year then subject to deductible and coinsurance
• **Transitional care**	6 days covered at 100% per calendar year then subject to deductible and coinsurance

Your Benefits	
Nutritional counseling	Covered at 100% (Limited to 4 visits per calendar year)
Office visits	$50 copayment per office visit (Copayment does not apply to preventive exams)
Outpatient laboratory services	Covered at 100%
Outpatient radiology services	
• **CT scans, MRIs and PET scans**	Subject to deductible and coinsurance
• **Radiology services (except CT scans, MRIs and PET scans)**	Covered at 100%
Physician services	
• **Hospital services**	Subject to deductible and coinsurance
• **Other services in an office**	Subject to deductible and coinsurance (Preventive immunizations covered at 100%)

Schedule of Benefits - HMO Premier
Group 502280 - EAU CLAIRE AREA SCHOOL DISTRICT
Benefit Year: July 1st through June 30th
Effective Date: 07/01/2021

SecurityHealth Plan℠

Your Benefits	
Preventive benefit Please refer to Security Health Plan's Preventive Service Guidelines at www.securityhealth.org/preventive for service frequency recommendations and a list of screening laboratory services or contact us at 1-844-293-9624. • Routine preventive examination • Gynecological examination (breast exam and pelvic exam) • Digital prostate examination • Preventive hearing test • Preventive vision examination • Mammograms to screen for breast cancer • Pap Smears to screen for cervical cancer • Sigmoidoscopy, colonoscopy, and/or fecal occult blood testing to screen for colon or colorectal cancer • Screening laboratory services: Including, but are not limited to basic metabolic panel, BRCA (1 & 2) testing*, breast cancer genetic testing*, comprehensive metabolic panel, general health panel, lipoprotein, lipid panel, glucose (blood sugar), pediatric lead poisoning screening • Bone mineral density (dexa scan) for osteoporosis screening • Chlamydia screening • Ultrasound for screen of an abdominal aortic aneurysm • Breast feeding support and counseling • Immunizations and vaccinations (including those needed for travel) ***** *Requires prior authorization*	Covered at 100%
Rehabilitative therapy	
• **Occupational therapy** *~ Requires prior authorization*	$50 copayment per visit
• **Physical therapy** *~ Requires prior authorization*	$50 copayment per visit
• **Speech therapy** *~ Requires prior authorization*	$50 copayment per visit
Skilled nursing facility *~ Requires prior authorization*	Subject to deductible and coinsurance (Limited to 30 days per individual per confinement)
Substance use disorder services	
• **Inpatient care**	Subject to deductible and coinsurance
• **Outpatient care**	6 days covered at 100% per calendar year then subject to deductible and coinsurance
• **Transitional care**	15 days covered at 100% per calendar year then subject to deductible and coinsurance

Schedule of Benefits - HMO Premier
Group 502280 - EAU CLAIRE AREA SCHOOL DISTRICT
Benefit Year: July 1st through June 30th
Effective Date: 07/01/2021

SecurityHealth Plan℠

Your Benefits	
Surgical services	Subject to deductible and coinsurance
Temporomandibular joint disorders or TMJ non-surgical treatment *~ Requires prior authorization*	Subject to deductible and coinsurance (Limited to 4 physical/occupational visits for diagnosis of TMJ per year)
Transplant services *~ Requires prior authorization*	Subject to deductible and coinsurance
Urgent care services	
• **Urgent care office visits**	$50 copayment per office visit
• **Other urgent care services**	Subject to deductible and coinsurance
Vision examinations	Subject to deductible and coinsurance

Pharmacy	
• Up to 30 days worth of prescription drugs constitutes a 1-month supply. For most maintenance prescription drugs you may receive up to a 90-day supply and if applicable, 3 copayments and/or coinsurance and/or deductible will be assessed. • Pharmacy mail service may supply maintenance prescription drugs in a 90-day supply and if applicable, 2 copayments and/or coinsurance and/or deductible will be assessed. • 100% coverage for tier 1 and tier 2 insulin and diabetic testing supplies. (Not subject to deductible, if applicable.) • 100% coverage for smoking cessation products, limited to 180 days per year. • The use of a specialty pharmacy may be required for select prescription drugs, as indicated in the Formulary Guide. • Prescription drugs may require prior authorization. The most up-to-date prescription drug list can be found on our website at www.securityhealth.org/prescription-tools	$5 copayment per tier 1 prescription or refill. $25 copayment per tier 2 prescription or refill. $50 copayment per tier 3 prescription or refill. 25% coinsurance per TIER 4 prescription or refill (specialty prescription drugs). Deductible, copayments and coinsurance may apply to the max out of pocket amounts. If the participant requests the brand name prescription drug where a generic is available, the participant must pay the applicable copayment/coinsurance plus the ancillary charge. The ancillary charge is the cost difference between the brand name prescription drug and the generic prescription drug. 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.

Prior Authorization

The following services require you to obtain prior authorization before receiving the service. Your health care provider can start the prior authorization process by downloading a printable Prior Authorization Form at www.securityhealth.org/authorization or contact us at 1-800-548-1224.

Medical Services

- Abdominoplasty
- Air ambulance transport
- Amino Acid Formula
- Autologous Cultured Chondrocytes
- Cardiac catheterization for elective and outpatient procedures
- Clinical trials
- Cosmetic and reconstructive surgery
- Elective inpatient Admission including medical (acute and behavioral health) and surgical
- Elective outpatient procedures such as, but not limited to: carpal tunnel surgery, knee arthroscopy, back surgeries at all levels
- Electroconvulsive therapy (after 10 visits)
- Enteral feeding
- Technologies not commonly accepted as standard of care
- Femoro-acetabular surgery for hip impingement syndrome
- Gender reassignment
- Genetic testing
- Home health including but not limited to skilled nursing, physical therapy, occupational therapy, speech therapy
- Infuse bone graft
- Interventional pain management services
- Non-network provider request
- Non-emergent ambulance transport
- Outpatient procedure with site of service request as inpatient setting
- Outpatient therapy treatment (occupational therapy, physical therapy, speech therapy)
- Second opinion
- Skin substitutes
- Sleep Study
- Spinal cord stimulation
- Swing bed admission
- Transplants
- TMJ
- Vagus nerve stimulator

This list of medical services is not all inclusive. The most up-to-date medical services list requiring prior authorizations can be found on our website at www.securityhealth.org/authorization. You can also call our Customer Service Department at 1-844-293-9624 to find out what medical services require prior authorization.

Durable Medical Equipment

For most durable medical equipment (DME), you will need to work with your provider to receive prior authorization from Northwood at 1-866-532-1344.

The most up-to-date eligible durable medical equipment list can be found on our website at www.securityhealth.org/DME. You can also call our Customer Service Department at 1-800-472-2363 to find out what durable medical equipment is on the eligible list.

High-end imaging / Radiation oncology
For all high-end imaging and radiation oncology services, including but not limited to CT scans, PET scans, MRAs and MRIs, you will need to work with your provider to receive prior authorization from eviCore healthcare. For high-end imaging www.evicore.com Phone 1-888-693-3211 Fax an eviCore request form (available online) to 1-888-693-3210 For radiation oncology www.carecorenational.com Phone 1-888-444-6185

Skilled Nursing Facility Services
For the skilled nursing facility services listed, you will need to work with your provider to notify NaviHealth at 1-855-512-7002 (Fax 1-855-847-7243). • Acute rehabilitation admission • Long term acute care admission • Skilled nursing facilities admission

Medical Benefit Drugs
Medical benefit drugs may require prior authorization. The most up-to-date medical benefit drug list can be found on our website at www.securityhealth.org/SpecialtyRx. Medical benefit drugs may be added or removed from this list quarterly on a calendar year basis. You can also call our Customer Service Department at 1-844-293-9624 to find out what medical benefit drugs require prior authorization. For medical benefit drug prior authorization, you will need to work with your provider to notify Magellan at 1-800-424-8243.

Home Infusions
Home infusion drugs may require prior authorization. The most up-to-date Home Infusion drug list can be found on our website at www.securityhealth.org/homeinfusion. Home infusion drugs may be added or removed from this list quarterly on a calendar year basis. You can also call our Customer Service Department at 1-844-293-9624 to find out what medical benefit drugs require prior authorization for home infusion.

Statement of Nondiscrimination
Security Health Plan of WI, Inc., complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status.

Limited English Proficiency Services
ENGLISH: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-472-2363 (TTY:711). ATENCION: Si habla espanol, tiene a su disposicion servicios gratuitos de asistencia linguistica. Llame al 1-800-472-2363 (TTY: 711). LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-472-2363 (TTY: 711).