

Marshfield Clinic

Health Insurance Benefit Summary

April 1, 2016 - March 31, 2017

Effective April 1, 2016 – \$200 Emergency room copays on all plans.

Reminders – changes effective January 1, 2015

- Marshfield Clinic’s HMO plans were replaced with point-of-service (POS) options. Participants will continue to have indemnity plan options.
- Maintenance medications must be filled at a Marshfield Clinic Pharmacy. New (first month) and one-time prescriptions may be filled at a non-Marshfield Clinic pharmacy one time per year, but refills need to be filled with a Marshfield Clinic Pharmacy (preferably mail order).
- A third health plan option was added. Participants have the option of Active Advantage and two High Deductible Health Plans. Each option has a POS and indemnity option, resulting in a total of six health plan options. The indemnity options include a higher premium and deductibles/coinsurance subject to the in-network benefits only.
- Active Advantage POS and Indemnity cover two problem-focused office visits per year for each member on the plan with a primary care provider.

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Selecting the right provider network

Marshfield Clinic offers a point-of-service network. This means that you will be able to see any provider. Providers will be designated as either in-network or out-of-network. In-network providers will result in a lower out-of-pocket cost to the member (lower deductible and coinsurance). Claims for out-of-network providers will be processed at the out-of-network benefit unless arrangements are made. (See exceptions below)

In-network providers include Marshfield Clinic, Ministry Healthcare and other selected providers.

Out-of-network providers include Aspirus, Oakleaf Surgical, Essentia Health, Mayo Clinic, UW Health Systems, etc. Services sought through these providers will result in DOUBLE the out-of-pocket costs.

Review the Provider Directory at www.securityhealth.org. To locate your provider:

- Select Find a Doctor
- Click on Search for a Doctor
- Select Marshfield Clinic Employer Sponsored Plan under the Select Your Health Plan menu.
- Choose your search criteria by choosing a specialty, doctor name, county, etc.

The Provider Directory provides a complete list of the providers. If your provider is not listed, they are **NOT** an in-network provider.

Point-of-service exceptions to network rules:

- Emergency and urgent care services will always be covered as in-network. You should call for approval prior to urgent care and as soon as possible in the case of emergency care.
- You will have coverage for out-of-network services at the in-network level if you request the services to be considered in-network prior to the visit and the services are NOT available with an in-network provider. Ex: transplants, certain therapies, etc.
- Students attending college full time may have coverage with an out-of-network provider for some follow-up services at an in-network level. Members requesting coverage at an in-network level will need approval prior to having the services or they will be paid as out-of-network.

Indemnity Network: The indemnity network allows you to seek care from any provider whether they are considered in-network or out-of-network. Security Health Plan will pay the usual, customary, and reasonable charges (UCR) for the service provided. Participants will be responsible for any charges over and above UCR.

Premiums for the indemnity plan are higher because you have no network restrictions. The services and covered procedures are NOT any different than with the POS options.

All plans have great preventive coverage

Preventive services are very important to catch illness early. Security Health Plan covers the preventive services listed below and included in your Schedule of Benefits regardless of your diagnosis. No matter what plan you choose your preventive services are covered 100 percent for the first service per calendar year (once every other year for colonoscopies). **This benefit is only available with in-network providers if you have one of the POS options.** POS members, if you use an out-of-network provider the preventive services will be subject to the applicable out-of-network deductible/coinsurance amounts. Members on the indemnity plan will have this benefit with any provider.

What is considered a preventive service?

- Preventive care focuses on care you should receive, based on national guidelines for your age, gender, and family history, to maintain your general health. Simply put, preventive care is something that everyone in your age range and gender would have done even if there are no health concerns.
- Problem-related care focuses on care for new health problems or follow-up care for an existing illness or condition. For example, if you have high cholesterol and go in for your preventive exam, the doctor will run certain tests that they would run for any patient they see and may run a few additional to treat your condition. The additional lab work or tests will be subject to your out-of-pocket maximums.

Your preventive benefit as shown in your Schedule of Benefits	Frequency limit/coverage
Preventive benefit Please refer to the Security Health Plan wellness guide at www.securityhealth.org for recommendations on frequency of preventive services.	Not applicable
<ul style="list-style-type: none"> • Comprehensive physical examination (complete physical) <ul style="list-style-type: none"> – Well-baby care – Well-child care – Adolescent well – Adult well-care 	Covered at 100%
<ul style="list-style-type: none"> • Gynecological examination for women (breast exam and pelvic exam) 	One per calendar year, then subject to deductible/coinsurance
<ul style="list-style-type: none"> • Digital prostate examination for men 	One per calendar year, then subject to deductible/coinsurance
<ul style="list-style-type: none"> • Preventive hearing test 	One per calendar year, then subject to deductible/coinsurance
<ul style="list-style-type: none"> • Comprehensive preventive vision examination 	One per calendar year, then subject to deductible/coinsurance
<ul style="list-style-type: none"> • Mammogram to screen for breast cancer 	One per calendar year, then subject to deductible/coinsurance
<ul style="list-style-type: none"> • Pap smear to screen for cervical cancer 	One per calendar year, then subject to deductible/coinsurance
<ul style="list-style-type: none"> • Colonoscopy screening for colorectal cancer 	One every 2 years, then subject to deductible/coinsurance
<ul style="list-style-type: none"> • Other screenings for colorectal cancer <ul style="list-style-type: none"> – Sigmoidoscopy – Double contrast barium enema – Fecal occult blood testing 	One per calendar year, then subject to deductible/coinsurance
<ul style="list-style-type: none"> • Screening laboratory services Including, but 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 one per calendar year, then subject to deductible/coinsurance
<ul style="list-style-type: none"> • Bone mineral density (dexa) scan to screen for osteoporosis in women 	One per calendar year, then subject to deductible/coinsurance
<ul style="list-style-type: none"> • Chlamydia screening for women 	One per calendar year, then subject to deductible/coinsurance
<ul style="list-style-type: none"> • Ultrasound for screen of an abdominal aortic aneurysm for men 	One per calendar year, then subject to deductible/coinsurance
<ul style="list-style-type: none"> • Immunizations and vaccinations (including those needed for travel) 	Covered at 100%

Pre-tax Spending Accounts: Ways to save on your out-of-pocket deductibles, coinsurance and copays:

As you review and consider the six different health plan options, don't forget to consider which pre-tax spending account will work best for you. The savings is based on your tax bracket. Example: \$1,000 at 20 percent tax bracket = \$200 tax savings. Coupled with the added bonus of reduced stress due to knowing you have money available to pay your medical bills, pre-tax accounts are a good option for many participants. If possible consider one of the following savings options.

Medical Expense (General Purpose) Flex Spending Account (MEFSA):

- Active Advantage and HDHP participants who do not have a Health Savings Account (HSA) should consider this spending account.
- Participant elects how much to defer for the plan year. The amount is deducted equally out of 26 pay periods.
- Maximum election is \$2,550 per year.
- Be conservative when estimating expenses. Up to \$500 can be carried over to the next plan year. Excess dollars are forfeited.
- Participants can sign up to have their Security Health Plan medical claims automatically submitted for reimbursement.
- Reimbursements are direct deposited to participant's bank account.
- Money is available prior to the payroll deduction.

Limited Purpose Flex Spending Account:

- HSA participants only may want to consider this spending account.
- Same rules apply as the MEFSA except you will first need to meet the statutory minimum deductible of \$1,300 single or \$2,600 family/E+1 before you can use the account for medical expenses.

Health Savings Account (HSA):

- **ONLY** Qualified HDHP participants can participate in an HSA.
- Money is available as you fund the account.
- After enrollment into a Marshfield Clinic qualified HDHP, open a Fidelity Investments HSA.
 - Contact Human Resources to begin the HSA pre-tax payroll deduction.
- Participants can also elect a different financial institution for their HSA. Funding can be accomplished either with a post-tax payroll deduction or a direct contribution to the HSA. Tax savings are claimed on the state and federal income tax forms.
- Depending on the financial institution, upon opening an HSA, participants can request a debit card, checkbook or submit reimbursements requests on-line.
- Participants are responsible for maintaining receipts to prove expenses were valid.
- Annual maximum contribution is based on coverage type (single versus family). 2016 maximum contribution is \$3,350 single, \$6,750 family/E+1. Each year the amount is adjusted.
- Unused funds can be carried over each year with no maximum. Account earns interest based on the available investment options.

Active Advantage POS and Indemnity

Pharmacy Benefits: With Active Advantage plans you will have copays on your prescriptions. You do NOT need to meet your deductible before your pharmacy copays begin.

Important information about your pharmacy benefits:

- You MUST use the Marshfield Clinic pharmacy for maintenance and specialty medications. Antibiotics and certain Schedule II controlled substances, including some medications for the treatment of pain or attention deficit, do not apply to the Marshfield Clinic pharmacy mandate. You may obtain these from any affiliated pharmacy when a Marshfield Clinic pharmacy is not available and applicable. Copayment/coinsurance will apply (see page 14 for directions on how to transfer medications.)
- If you are prescribed a medication and must fill it at a non-Marshfield Clinic pharmacy the higher copay will apply. **Only a 30-day supply of a maintenance medication will be allowed to be filled one time during the year.** After that you will have no coverage unless you transfer to the Marshfield Clinic pharmacy.
- A 1-month supply is considered a 30-day supply. Maintenance medications are allowed to be filled as a 90-day supply.
- For individuals over 65 or otherwise eligible for Medicare: This plan is creditable drug coverage.

	Marshfield Clinic pharmacy	Other pharmacies
Tier 1 Includes most generics and some Over the Counter (OTC) medications	\$5 copay per 1-month supply	\$10 copay per 1-month supply
Tier 2 Includes preferred name brand medications. In most cases these medications do not have a generic or generic alternative available	\$30 copay per 1-month supply	\$50 copay per 1-month supply
Tier 3 Includes non-preferred name brand medications. In most cases there is a generic alternative or equivalent available.	\$60 copay per 1-month supply	Member pays the greater of \$100 or 50% with no maximum
Specialty Medications	Subject to applicable tier	You must fill specialty Medications through the Marshfield Clinic Pharmacy
Additional Benefits		
Maintenance Medications	Receive a 90-day supply of medications with only 2-1/2 copays	Only coverage for a 1-month supply.
Generic Hypertension Medications	Covered at 100%	Subject to tier 1 copay
Diabetic Formulary: Insulin, testing supplies, and oral medications	Covered at 100%	

Active Advantage offers special coverage for asthma medications. Here is a list of Medications that will be covered at \$0 copay. Prescriptions must be filled at a Marshfield Clinic Pharmacy:

Inhaled Medications		Oral Medications		Miscellaneous Agents
Advair	Serevent	albuterol	zafirlukast	albuterol nebulization
Anoro Ellipta	Spiriva			budesonide nebulization
Atrovent	Symbicort	metaproterenol sulfate		cromolyn sodium nebulization
Combivent	Tudorza	montelukast		ipratropium bromide nebulization
Flovent	Ventolin HFA	terbutaline		ipratropium/albuterol nebulization
Pulmicort Flexhaler	Breo Ellipta	theophylline		levalbuterol nebulization

Active Advantage POS and Indemnity (continued)

Medical Benefits:

Important information about your medical benefits:

- This is NOT a qualified HDHP. You cannot have an HSA account with this plan.
- This plan covers two problem-related office visits billed by a primary care provider each calendar year for each member in your family.
- Out-of-pocket costs with an out-of-network provider will be applied to the in-network limit. In-network costs will NOT apply to the out-of-network limit.
- Participants with diabetes, asthma or high cholesterol: See your Schedule of Benefits for information regarding additional coverage.

	POS In-network OR Indemnity Coverage	POS Out-of-network
Deductible: (amount you pay before the health insurance begins to pay)	\$1,300 Single \$2,600 Family	\$2,600 Single \$5,200 Family
Coinsurance: (you pay a portion of the billed charge and the health insurance pays the rest)	20%	40%
Out-of-Pocket Limits (Deductible and Coinsurance ONLY)	\$2,500 Single \$5,000 Family	\$5,000 Single \$10,000 Family
Emergency Room Services**	\$200 Copay	
Office Visits	2 office visits per calendar year for problem-related services covered 100%. Must be with a primary care provider.* Additional subject to Out-of-Pocket Limits	Subject to Out-of-Pocket Limits
Preventive Services	Covered 100% (see page 3 for covered services)	Subject to Out-of-Pocket Limits
Maximum Out-of-Pocket: (includes the Out-of-Pocket Limit and ANY copays paid, pharmacy and medical)	\$6,550 Single \$13,100 Family	\$13,100 Single \$26,200 Family
Chronic Care Services for Diabetes, Asthma and High Cholesterol	100% coverage for some services. See Schedule of Benefits for details	Subject to Out-of-Pocket Limits

* **Primary care providers** include family practice, internal medicine, obstetrics/gynecology (OB/GYN) and pediatrics.

* When at all possible, participants are encouraged to use the nurseline and/or urgent care services.

** Emergency room copays are waived only if admitted inpatient. Observation stays, although within the hospital, are considered outpatient.

HDHP \$3,300/\$6,600 POS and Indemnity

Pharmacy Benefits: This is a QUALIFIED HDHP. You will pay the entire cost of your prescription drugs until your \$3,300 single or \$6,600 Family deductible is met. After that you will only have to pay copays for your prescriptions based on the grid below.

Important information about your pharmacy benefits:

- You MUST use the Marshfield Clinic pharmacy for maintenance and specialty medications. Antibiotics and certain Schedule II controlled substances, including some medications for the treatment of pain or attention deficit, do not apply to

the Marshfield Clinic pharmacy mandate. You may obtain these from any affiliated pharmacy when a Marshfield Clinic pharmacy is not available and applicable. Copayment/ coinsurance will apply (see page 14 for directions on how to transfer medications.)

- If you are prescribed a medication and must fill it at a non-Marshfield Clinic pharmacy the higher copay will apply. **Only a 30-day supply of a maintenance medication will be allowed to be filled one time during the year.** After that you will have no coverage unless you transfer to the Marshfield Clinic pharmacy.
- A 1-month supply is considered a 30-day supply. Maintenance medications are allowed to be filled as a 90-day supply.
- For individuals over 65 or otherwise eligible for Medicare: This plan is NOT creditable drug coverage.

YOU MUST first meet your deductible with medical and/or pharmacy expenses. **AFTER** deductible the pharmacy copayments below apply:

	Marshfield Clinic pharmacy	Other pharmacies
Tier 1 Includes most generics and some Over the Counter (OTC) medications	\$5 copay per 1-month supply	\$10 copay per 1-month supply
Tier 2 Includes preferred name brand medications. In most cases these medications do not have a generic or generic alternative available	\$30 copay per 1-month supply	\$50 copay per 1-month supply
Tier 3 Includes non-preferred name brand medications. In most cases there is a generic alternative or equivalent available.	\$60 copay per 1-month supply	Member pays the greater of \$100 or 50% with no maximum
Specialty Medications	Subject to applicable tier	You must fill specialty Medications through the Marshfield Clinic Pharmacy
Additional Benefits		
Maintenance Medications	Receive a 90-day supply of medications with only 2-1/2 copays	Only coverage for a 1-month supply.
Generic Hypertension Medications	Covered at 100%	Subject to tier 1 copay
Diabetic Formulary: Insulin, testing supplies, and oral medications	Covered at 100%	

HDHP \$3,300/\$6,600 POS and Indemnity (continued)

Medical Benefits:

Important information about your medical benefits:

- This is a qualified HDHP and you may contribute to an HSA account with this plan.
- If one person on your family plan meets their \$3,300 deductible they will only pay prescription copays till the end of the year. If any combination of the family meets the \$6,600 deductible the entire family deductible is met regardless of how many individuals are in your family.

- Out-of-pocket costs with an out-of-network provider will be applied to the in-network limit. In-network costs will NOT apply to the out-of-network limit.

	POS In-network <i>OR</i> Indemnity Coverage	POS Out-of-network
Deductible: (amount you pay before the health insurance begins to pay)	\$3,300 Single \$6,600 Family	\$6,600 Single \$12,200 Family
Coinsurance: (you pay a portion of the billed charge and the health insurance pays the rest)		20%
Out-of-Pocket Limits (Deductible and Coinsurance ONLY)	\$3,300 Single \$6,600 Family	\$8,600 Single \$17,200 Family
Emergency Room Services**	\$200 Copay then Subject to Deductible	\$200 Copay then Subject to In-network Benefits
Office Visits	Subject to Deductible	Subject to Out-of-Pocket Limits
Preventive Services	Covered 100% (see page 3 for covered services)	Subject to Out-of-Pocket Limits
Maximum Out-of-Pocket: (includes the Out-of-Pocket Limit and ANY copays paid, pharmacy and medical)	\$6,550 Single \$13,100 Family	\$13,100 Single \$26,200 Family

NOTE: After your deductible is met with either pharmacy or or medical charges, you will not pay additional dollars for covered medical charges with in-network providers. Only copayments on pharmacy charges continue after the deductible. Your maximum out-of-pocket is the amount of all deductible charges and copayments added together.

* **Primary care providers** include family practice, internal medicine, obstetrics/gynecology (OB/GYN) and pediatrics.

* When at all possible, participants are encouraged to use the nurseline and/or urgent care services.

** Emergency room copays are waived only if admitted inpatient. Observation stays, although within the hospital, are considered outpatient.

HDHP \$1,500/\$3,000 POS and Indemnity

Pharmacy Benefits: This is a QUALIFIED HDHP. You will pay the entire cost of your prescription drugs until your \$1,500 single coverage or \$3,000 family deductible is met.

Important: E+1 and Family participants: The \$3,000 family deductible must be met before the copays below apply.

Important information about your pharmacy benefits:

- You MUST use the Marshfield Clinic pharmacy for maintenance and specialty medications. Antibiotics and certain Schedule II controlled substances, including some medications for the treatment of

pain or attention deficit, do not apply to the Marshfield Clinic pharmacy mandate. You may obtain these from any affiliated pharmacy when a Marshfield Clinic pharmacy is not available and applicable. Copayment/coinsurance will apply (see page 14 for directions on how to transfer medications.)

- If you are prescribed a medication and must fill it at a non-Marshfield Clinic pharmacy the higher copay will apply. **Only a 30-day supply of a maintenance medication will be allowed to be filled one time during the year.** After that you will have no coverage unless you transfer to the Marshfield Clinic pharmacy.
- A 1-month supply is considered a 30-day supply. Maintenance medications are allowed to be filled as a 90-day supply.
- For individuals over 65 or otherwise eligible for Medicare. This plan is creditable drug coverage.

YOU MUST first meet your deductible with medical and/or pharmacy expenses. AFTER deductible the pharmacy copayments below apply:

	Marshfield Clinic pharmacy	Other pharmacies
Tier 1 Includes most generics and some Over the Counter (OTC) medications	\$5 copay per 1-month supply	\$10 copay per 1-month supply
Tier 2 Includes preferred name brand medications. In most cases these medications do not have a generic or generic alternative available	\$30 copay per 1-month supply	\$50 copay per 1-month supply
Tier 3 Includes non-preferred name brand medications. In most cases there is a generic alternative or equivalent available.	\$60 copay per 1-month supply	Member pays the greater of \$100 or 50% with no maximum
Specialty Medications	Subject to applicable tier	You must fill specialty Medications through the Marshfield Clinic Pharmacy
Additional Benefits		
Maintenance Medications	Receive a 90-day supply of medications with only 2-1/2 copays	Only coverage for a 1-month supply.
Generic Hypertension Medications	Covered at 100%	Subject to tier 1 copay
Diabetic Formulary: Insulin, testing supplies, and oral medications	Covered at 100%	

HDHP \$1,500/\$3,000 POS and Indemnity (continued)

Medical Benefits:

Important information about your medical benefit:

- This is a qualified HDHP and you may contribute to an HSA account with this plan.
- Family and E+1 participants: One person on your plan can meet the entire \$3,000 family deductible but will **NEVER** exceed the individual \$5,000 maximum out-of-pocket listed below when using in-network providers. See examples of coverage on pages 11, 12 and 13.

- Out-of-pocket costs with an out-of-network provider will be applied to the in-network limit. In-network costs will NOT apply to the out-of-network limit.

	POS In-network OR Indemnity Coverage	POS Out-of-network
Deductible: (amount you pay before the health insurance begins to pay)	\$1,500 Single \$3,000 Family	\$3,000 Single \$6,000 Family
Coinsurance: (you pay a portion of the billed charge and the health insurance pays the rest)	20%	40%
Out-of-Pocket Limits (Deductible and Coinsurance ONLY)	\$5,000 Single \$10,000 Family	\$10,000 Single \$20,000 Family
Emergency Room Services**	\$200 Copay then Subject to Out-of-Pocket Maximum	\$200 Copay then Subject to In-network Benefits
Office Visits	Subject to Deductible	Subject to Out-of-Pocket Limits
Preventive Services	Covered 100% (see page 3 for covered services)	Subject to Out-of-Pocket Limits
Maximum Out-of-Pocket: (includes the Out-of-Pocket Limit and ANY copays paid, pharmacy and medical)	\$5,000 Single \$10,000 Family	\$10,000 Single \$20,000 Family

On this plan the out-of-pocket limit and maximum out-of-pocket are the same. The maximum medical and pharmacy expense for one member per year will not exceed \$5,000 when using in-network providers (\$3,000 family deductible plus 20 percent coinsurance up to \$5,000 out-of-pocket maximum).

* **Primary care providers** include family practice, internal medicine, obstetrics/gynecology (OB/GYN) and pediatrics.

* When at all possible, participants are encouraged to use the nurseline and/or urgent care services.

** Emergency room copays are waived only if admitted inpatient. Observation stays, although within the hospital, are considered outpatient.

How do the plans work?

Coverage example #1

Joan is on a Employee+1 plan:

- Joan has a preventive exam on January 5 and discusses her migraine headaches during that visit. The cost was \$150 for the additional office visit.
- On February 6, Joan’s spouse goes in to have foot surgery and the cost is \$8,000.
- On March 18, Joan becomes ill with strep throat. She uses the urgent care and NOT her PCP. The bill is \$180 for an office visit and \$90 for a strep culture.
- On April 13, Joan fills her Singulair Rx – cost is \$270
- On April 28, Joan has a mole removed – cost is \$480
- On May 10, Joan’s spouse breaks arm – services cost \$10,000
- On June 8, Joan’s spouse’s cast is removed – cost is \$600

Date of service	Patient	Option 1 Active Advantage POS	Option 2 HDHP \$3,300/\$6,600 POS	Option 3 HDHP \$1,500/\$3,000 POS
5-Jan	Joan	\$0 preventive exam – this plan covers 2 free PCP visits per year.	\$150	\$150
6-Feb	Spouse	\$2,500 single out-of-pocket maximum is met (\$1,300 deductible and \$1,200 - 20% coinsurance up to maximum). Spouse will have no more out-of-pocket costs for the year.	\$3,300 single out-of-pocket maximum is met. Spouse will have no more out-of-pocket maximum for the year.	\$3,880 = \$2,850 deductible, \$150 of the family deductible was met with the charge above. (The additional charge is applied to the 20% coinsurance.)
18-Mar	Joan	\$270 deductible	\$270 deductible	\$54 (20% coinsurance) (Family deductible was met with the charge above.)
13-Apr	Joan	\$0 Asthma medication on list covered at 100%	\$270 deductible	\$30 tier 2 copay. Copays start after the deductible is met.
28-Apr	Joan	\$480	\$480	\$96 (20% coinsurance)
10-May	Spouse	\$0	\$0	\$1,120 (20% x \$5,600, at which point spouse reaches individual maximum of \$5,000).
8-June	Spouse	\$0	\$0	\$0
Total out-of-pocket for year		\$3,250	\$4,470	\$5,330

Coverage example #2

Jim is on a single plan:

- On February 6, Jim fills a tier 3 maintenance medication at a non-Marshfield Clinic pharmacy – it costs \$150
- On March 8, Jim attempts to fill his prescription again at a non-Marshfield Clinic pharmacy.
- On March 10, Jim fills a 3-month supply of tier 3 medication at a Marshfield Clinic pharmacy – cost is \$400
- On March 18, Jim goes in for a colonoscopy
- On April 14, Jim goes in for an MRI after an accident – cost is \$1,800

Date of service	Option 1 Active Advantage POS	Option 2 HDHP \$3,300/\$6,600 POS	Option 3 HDHP \$1,500/\$3,000 POS
6-Feb	\$100 tier 3 medication through non-Marshfield Clinic Pharmacy	\$150	\$150
8-Mar	NO coverage		
10-Mar	\$150 – 2-1/2 copays when using Marshfield Clinic pharmacy	\$400	\$400
18-Mar	\$0	\$0	\$0
14-Apr	\$1,400 (\$1,300 deductible plus 20% of the remaining \$500)	\$1,800	\$1,120 (\$950 deductible plus 20% x \$850)
Total out-of-pocket for year	\$1,650	\$2,350	\$1,670

Coverage example #3

Sue has a family plan:

- On March 8, Sue fills her tier 2 prescription and it cost \$600 for a 3-month supply
- On June 8, Sue’s son has an emergency appendectomy while in Minnesota – cost is \$25,000
- On July 15, Sue’s husband has a sleep study – cost is \$1200
- On August 10, Sue has her wisdom teeth removed – cost is \$4,000
- On Sept. 8, Sue’s daughter goes to her PCP for a problem-focused visit and they run several lab tests. The cost of the exam is \$150 and the lab tests are \$1,000

Date of service	Patient	Option 1 Active Advantage POS	Option 2 HDHP \$3,300/\$6,600 POS	Option 3 HDHP \$1,500/\$3,000 POS
8-Mar	Sue	\$75 copay (2½ copays for a 3-month supply when using Marshfield Clinic pharmacy)	\$600	\$600
8-Jun	Son	\$2,500 out-of-pocket is met (\$1,300 plus \$1,200 in coinsurance).	\$3,300 deductible is met.	\$5,000 individual maximum is met. \$2,400 family deductible (\$600 from above was already applied to the deductible) and 20% of the remainder until member paid \$5,000.
15-Jul	Husband	\$1,200 deductible	\$1,200 deductible	\$240 (\$1,200 x 20%) family deductible was met. Only 20% coinsurance applies moving forward for the rest of the family.
10-Aug	Sue	\$880 (\$100 remaining family deductible (\$1,200 met above) and 20% of next \$3,900).	\$1,500 - deductible for family is now met (\$6,600 minus \$5,100 combined deductible from above).	\$800 (\$4,000 x 20%)
8-Sep	Daughter	\$200 (PCP visit is free. \$1,000 x 20% = \$200)	\$0	\$230 (\$1,150 x 20%)
Total out-of-pocket for year		\$4,855	\$6,600	\$6,870

Frequently asked questions

Q: Are the prescription drug plans the same for all of the plans?

A: The prescription drug benefit is the same for all plans regardless if you have the Indemnity or POS plan. The main difference between the prescription drug plan on Active Advantage and the High Deductible plans is that on the HDHPs you must meet the deductible before copays start.

Q: Why can't I have an HSA with Active Advantage? It has a high deductible.

A: The federal government decides the criteria that must be met in order for a health insurance option to be considered a HDHP. One of the rules is that you cannot have any coverage for any services other than preventive before the deductible is met. Since the Active Advantage has copays on the prescription drug benefit that begin right away (before the deductible is met) this is not a qualified HDHP.

Q: I have a controlled medication (ex. some pain and AdHd meds) that needs to be physically picked up at a pharmacy every month and I don't live near a Marshfield Clinic pharmacy. What do I do?

A: This type of medication is considered a controlled medication, meaning you must physically submit the prescription to the pharmacist in person in order for them to fill the medication. This type of medication is exempt from the Marshfield Clinic-only mandate. You may obtain it from any affiliated pharmacy when a Marshfield Clinic is not available. The applicable copayment will apply.

How to move your prescriptions

Moving your prescription is an easy 2-step process, but may take 1 week to complete, so plan ahead. If at all possible you may want to have your doctor send the prescription to be filled at a Marshfield Clinic pharmacy right away. The doctor should fax the prescription to a Marshfield Clinic pharmacy.

Step one: Call the Marshfield Clinic Pharmacy at 715-389-5900 to advise where you have your current prescription.

Step two: The pharmacist will call the current pharmacy to make a pharmacy to pharmacy transfer.

How to select the mail order pharmacy option

The Marshfield Clinic Mail Order pharmacy is a fast, convenient, and less expensive alternative for you to receive your medications. In addition, during business hours you will always have access to a pharmacist. Simply call the number below to discuss any questions you may have.

If you would like to have the prescription mailed to your home use the following steps:

Step one: Have the doctor fax your prescription to 1-855-409-0596.

Step two: Call 715-389-5900 from 8 a.m. to 6 p.m., Monday through Friday. They will set up a payment method with you that can include credit card, debit card or HSA payments.

Contact Security Health Plan with questions

Customer Service: 715-221-6702 or 1-877-509-1952 ext. 16702
Pharmacy Services: 1-877-873-5611

Go online for more information

Website: www.securityhealth.org

Formulary: Go to www.securityhealth.org/prescription-tools/group-rx-look-up, then type in the name of the drug under Brand & Generic Name Search

Provider Directory: Refer to the Provider Directory at www.securityhealth.org. To locate your provider select **Find a Doctor**, click on **Search for a Doctor**, then under the **Select Your Health Plan** menu, select **Marshfield Clinic Employer Sponsored Plan**. This provides a complete list of the providers and the network level. If your provider is not listed, typically they are not an in-network provider.

SecurityHealth PlanSM

Promises kept, plain and simple.[®]

1515 North Saint Joseph Avenue
PO Box 8000
Marshfield, WI 54449-8000

1-800-472-2363
715-221-9555
TTY 711
Fax 715-221-9500

www.securityhealth.org