

Marshfield Clinic Health System, Inc.

Health Insurance Benefits Effective 4/1/20

HDHP \$3,000/\$6,000 HMO, POS and Indemnity

Starting April 1, 2020, a third option will be available for the Active Advantage and HDHP medical plans. This third option is a HMO plan that does not have any out-of-network coverage.

HMO = HMO network includes Marshfield Clinic Health System providers and facilities along with other select providers. There is no out of network coverage with this plan. A complete list of HMO providers and facilities can be found at: www.securityhealth.org

POS = Point of Service in-network coverage includes Marshfield Clinic Health System providers and facilities along with other select providers. A complete list of in-network providers can be found at: www.securityhealth.org

Indemnity = No network restrictions

	HMO, POS In-network or Indemnity Coverage	POS Out-of-network
Deductible: (amount you pay before the health insurance begins to pay)	\$3,000 Single \$6,000 Family	\$6,000 Single \$12,000 Family
Coinsurance: (you pay a portion of the billed charge and the health insurance pays the rest)	0%	20%
Out-of-Pocket Limits (Deductible and Coinsurance ONLY)	\$3,000 Single \$6,000 Family	\$8,000 Single \$16,000 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, emergency room copays and pharmacy copays/coinsurance)	\$5,000 Single \$10,000 Family	\$10,000 Single \$20,000 Family

**Emergency Services are subject to in-network deductibles and copays. Emergency room copays are waived only if admitted inpatient. Observation stays, although within the hospital, are considered outpatient.

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 \$3,000 deductible they will only pay non-preventive prescription copays/coinsurance and emergency room copays until the end of the plan year or until they reach the maximum out-of-pocket. If any combination of the family meets the \$6,000 deductible the entire family deductible is met regardless of how many individuals are in your family. Prescription copays/coinsurance and emergency room copays will continue until the end of the plan year or until the maximum out-of-pocket has been met.
- 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.

You are responsible for the full cost of non-preventive pharmacy expenses until your deductible has been met. Please refer to the pharmacy benefits section for additional information regarding how pharmacy benefits apply.

Active Advantage HMO, POS and Indemnity

HMO = HMO network includes Marshfield Clinic Health System providers and facilities along with other select providers. There is no out of network coverage with this plan. A complete list of HMO providers and facilities can be found at: www.securityhealth.org

POS = Point of Service in-network coverage includes Marshfield Clinic Health System providers and facilities along with other select providers. A complete list of in-network providers can be found at: www.securityhealth.org

Indemnity = No network restrictions

	HMO, 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 then subject to deductible/coinsurance	\$200 Copay then subject to in-network benefits
Office Visits	2 office visits per benefit 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, emergency room copays and pharmacy copays/coinsurance)	\$6,550 Single \$13,100 Family	\$13,100 Single \$26,200 Family
Chronic Care Services for Diabetes, Asthma and High Blood Pressure	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 Care My Way nurseline and/or urgent care services.

**Emergency Services are subject to in-network deductibles and copays. Emergency room copays are waived only if admitted inpatient. Observation stays, although within the hospital, are considered outpatient.

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 plan 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.

Preventive Care

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/preventive-care 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 (breast exam and pelvic exam) 	One per calendar year, then subject to deductible/coinsurance
<ul style="list-style-type: none"> Digital prostate examination 	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 Sigmoidoscopy for colorectal cancer 	One every 5 years, then subject to deductible/coinsurance
<ul style="list-style-type: none"> Other screenings for colorectal cancer <ul style="list-style-type: none"> 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, breast cancer genetic testing, comprehensive metabolic panel, general health panel, lipoprotein, lipid panel, glucose (blood sugar), complete blood count (CBC), hemoglobin, thyroid stimulating hormone (TSH), pediatric lead poisoning screening, 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 	One per calendar year, then subject to deductible/coinsurance
<ul style="list-style-type: none"> Chlamydia screening 	One per calendar year, then subject to deductible/coinsurance
<ul style="list-style-type: none"> Ultrasound for screen of an abdominal aortic aneurysm 	One per calendar year, then subject to deductible/coinsurance
<ul style="list-style-type: none"> Breast feeding support and counseling. 	Covered at 100%

The Affordable Care Act (ACA) makes certain preventive drugs available to you at \$0:	Coverage
<ul style="list-style-type: none"> Aspirin Fluoride supplements Folic acid supplements Vitamin D Supplements Smoking Cessation products Bowel preparation products Statins Oral contraceptives Breast cancer prevention drugs Vaccines 	Covered at 100%

*ACA restrictions apply

If you have one of the Point of Service (POS) plans, Preventive Care benefits are only available with in-network providers.

Pharmacy Benefits

	MCHS pharmacy	Other pharmacies
Tier 1 Includes preferred generic drugs	\$5 copay per 1-month supply	\$10 copay per 1-month supply
Tier 2 Includes non-preferred generic drugs and preferred name brand drugs	\$30 copay per 1-month supply	\$50 copay per 1-month supply
Tier 3 Includes costly, non-preferred generic drugs and non-preferred brand drugs. In most cases, there are preferred alternatives on a lower tier.	\$60 copay per 1-month supply	Member pays the greater of \$100 or 50% with no maximum
Tier 4 Includes specialty drugs and some very high cost brand/generic drugs. Specialty drugs are generally high cost, treat rare conditions, and require special handling, in-depth patient education, and continuous monitoring.	25%	For limited distribution drugs which are only available through select pharmacies, 25% coinsurance will be assessed.
Additional Benefits		
Maintenance Drugs	Receive a 90-day supply of drugs with only 2-1/2 copays	One time fill
Preventive Drug List	Covered at 100%	Subject to copay
Diabetes Drugs and supplies: Includes coverage for formulary insulin, testing supplies and oral prescription drugs. Formulary list: www.securityhealth.org/prescription-tools	Covered at 100%	Covered at 100%

You must use a MCHS pharmacy for maintenance, preventive and specialty drugs.

Additional information regarding these plans can be obtained upon request by contacting the Benefits Department of Marshfield Clinic Health System at mcl.hr.benefits@marshfieldclinic.org

Please note that this is a summary of benefits offered and that if there are any discrepancies between this document and the official Plan Document, the Plan Document overrules all other documents at all times.



**Marshfield Clinic
Health System**